



EHS Off-Campus Kitchen Inspection Form

House _____ Address _____ Date _____

Inspections provided by the University of Michigan Department of Environment, Health & Safety (EHS), Operational Health and Safety Program. Please contact our office at (734) 647-1142 with any questions or comments.

Check One: Fraternity Sorority Cooperative Housing Unit

Personnel		Yes	NO	NA or NO	Take Action If...
1.	Sick Cook/Chef Present				Yes
2.	Proper Handwashing Observed				No
3.	Cross Contamination Observed				Yes
4.	Disposable Gloves Available				No
5.	Disposable Gloves Used				No
6.	Drinking, Eating, Smoking, Gum/Tobacco Chewing in Food Service Area				Yes
Sinks/Handwashing					
7.	Sanitizer Test Strips Available				No
8.	Wiping Cloths Stored in Sanitizer Bucket				No
9.	Sanitizer Concentration Correct				No
10.	Dishmachine in Good Repair				No
11.	Dishmachine Sanitizes Properly (Chemical or Hot Water)				No
12.	Clean Dishes, Pot & Pans/Free of Food Debris/Air Dried				No
13.	Handwash Sinks Easily Accessible				No
14.	Soap at All Handwash Sinks				No
15.	Paper Towels at Handwash Sinks				No
16.	Hot and Cold Water at All Sinks				No
17.	Plumbing System in Good Repair				No
Dry Storage					
18.	Expired Product Present				Yes
19.	Swollen/Dented/Rusted Cans				Yes
20.	Food 6" off the Floor				No
21.	Storage Area is Clean and Well Lit				No
Frozen Food Holding					
22.	Expired Product Present				Yes
23.	Freezer #1 Product Temperature				>28 °F
24.	Freezer #2 Product Temperature				>28 °F
25.	Freezer #3 Product Temperature				>28 °F
26.	Freezer Clean & In Good Repair				No
27.	Thermometers in Each Unit				No

Cold Food Holding		Yes	NO	NA or NO	Take Action If...
28.	Raw/RTE Foods Stored Separately				No
29.	RTE, PHF Properly Datemarked				No
30.	Expired Food Present				Yes
31.	Rapid Cooling Processes Used				No
32.	Cooler #1 Product Temperature				>41°F
33.	Cooler #2 Product Temperature				>41°F
34.	Cooler #3 Product Temperature				>41°F
35.	Cooler #4 Product Temperature				>41°F
36.	Coolers Clean & In Good Repair				No
37.	Thermometers in Each Unit				No
Hot Food Cooking/Holding					
38.	Stove/Oven/Griddle/Grill Works				No
39.	Chafers/Sterno Available				No
40.	Foods Improperly Reheated				Yes
41.	Hot Holding #1 Product Temp.				<135°F
42.	Hot Holding #2 Product Temp.				<135°F
43.	Hot Holding #3 Product Temp.				<135°F
44.	Microwave(s): Clean				No
45.	Other Equipment: Clean				No
46.	Equipment in Good Repair				No
47.	Exhaust Hood Works				No
48.	Grease Filters in Place/Clean				No
49.	Working, Calibrated Food Thermometer Available				No
Miscellaneous					
50.	Walls, Floors, Ceilings in Good Condition				No
51.	Lighting Guarded or Shielded				No
52.	Sewage Backup into Kitchen				Yes
53.	Insect/Rodent Infestation Present				Yes
54.	Chemicals Labeled and Stored Away From Food				No
55.	Mops, Brooms, Buckets Available				No
56.	Clean & Supplied Restroom Available for the Cook				No

Inspected By: _____

Person-in-Charge: _____

- Routine Inspection Follow-Up Inspection
 Approved Continued Failed

