

DAILY SANITATION REPORT - Shellstock Shipper/Reshipper

Firm Name: _____

Year: _____

Firm Address: _____

Certification #: _____

	MON	TUE	WED	THUR	FRI	SAT	SUN
Date: _____ →	/	/	/	/	/	/	/
Time of Observation: _____ →							
SAFETY OF WATER: Check for backflow devices; backflow preventers on all hose bibs Ice clean and from a safe source.							
CONDITION/CLEANLINESS OF FOOD CONTACT SURFACES: Ice handling equipment is cleaned and sanitized; properly stored. Ice handling equipment is properly constructed; in good repair.							
Food contact surfaces are clean and sanitized; properly stored							
Food contact surfaces are properly constructed; in good repair.							
PREVENTION OF CROSS CONTAMINATION: Product is protected from splash & biological cross-contamination Product not directly in contact with floor of cooler. Product separated by lot.							
Personal items not stored in processing area. No eating or tobacco use in processing area.							
Employees' hands are washed after any breaks from work.							
MAINTENANCE OF HAND-WASHING, HAND-SANITIZING, AND TOILET FACILITIES: Toilet and Hand-washing facilities are checked for cleanliness, supplies, and warm water; operating and accessible.							
PROTECTION FROM ADULTERANTS: Light fixtures are shielded. Product protected during transfer.							
Food and food contact surfaces are protected from condensate, overhead drippage, or other adulterants.							
PROPER LABELING, STORAGE, AND USE OF TOXIC COMPOUNDS: Cleaning supplies stored properly and away from product. Toxic compounds labeled, stored, and used properly.							
Sanitizing agent is measured and used correctly. Type of sanitizer:	PPM	PPM	PPM	PPM	PPM	PPM	PPM
All supplies labeled. Chemicals separated by type; cleaners, sanitizers, petroleum based products, and pesticides.							
CONTROL OF EMPLOYEES WITH ADVERSE HEALTH CONDITIONS: Employees healthy, without wounds or sores; those with unhealthy conditions are reassigned to other non-critical duties.							
EXCLUSION OF PEST: There are no pest, rodents, insects, etc., in area.							
Initials of recorder:							

*Please use corrective action reports when necessary. **Please indicate with a mark day(s) not in operation. **Do Not Leave Blank.**