



FACILITY CHECKLIST

Please complete this form at the beginning of every use of the facility. If you find a serious cleaning issue, please let the Kitchen Manager know immediately.

User/Production Manager Name:

Business Name:

Date/Time:

1. Y/N Were all surfaces clean; all equipment clean and in its proper place; racks in ovens; etc.?
Comments:

2. Y/N Were all kitchen garbage cans empty or in a reasonable state of fullness and clean?
Comments:

3. Y/N Were floors in the kitchen swept and clean? Comments:

4. Y/N Were hand sinks and wash sinks clean and wiped dry? Comments:

5. Y/N Were the storage areas clean and in order (Dry, cold, as well as mop sink/area?)
Comments:

6. Additional Comments:



PRODUCTION SHEET

Name/s of Everyone on Crew:

Time at Beginning of Set-up:
Time at Start of Processing:
Time Finished Processing:
Time Left Kitchen (After Cleaning):
Equipment Used:

What Did You Produce Today?	Units Produced	Value of Goods Produced (total retail or wholesale value)
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Farmers Only:
Raw Commodity Processed:

Amount of Commodity:

Value of Commodity after processing:

Facility Incident Report (use back side of paper if necessary):