## **Dining Facility Issuance and Clearing Checklist**

Food Service Provider :

Food Service Provider POC and Phone:

Date and Time:



Date and Time:							
Explain any damages/issues:		Issued		Cleared			
		Acceptable		Accep	Acceptable		
	Interior of Dining Facility	YES	NO	YES	NO		
1	Is area free of tools, equipment, supplies, clutter & debris?						
2	All dining room tables wiped and neatly placed against back wall?						
3	All dining tables are in good condition and not broken?						
4	Garbage is removed and disposed properly at Trash point?						
5	Storage room is swept and mopped clean?						
6	Floors are swept & moppped without any streaks?						
	Ovens and Stoves	•					
7	Ovens are cleared of food and cleaned?						
8	All debris is cleared from behind the equipment?						
9	Each burner is clean of any spills & put back correctly?						
10	Range hoods are wiped down & cleaned w/ stainless steel polish?						
11	Access covers below oven doors are clean?						
	Sinks and Basins						
12	Sinks are cleared of food particles, Run HOT water for a few minutes?						
13	All soap is removed?						
14	Sinks are wiped down with no soap scum, stains or foul odors?						
	Grills	ī					
	Top of the grills & bottom shelves are cleaned?						
16	Grease trap and catch is clear of food and grease?						
17	All food debris is cleared from behind the equipment?						
	Stainless Steel Tables	T					
	Tables are wiped down & cleaned with stainless steel polish?						
19	All food debris is cleared from behind the equipment?						
	Steam Tables / Cold Table	1	1				
	Tables are Wiped down and cleaned?						
	Dry, with no water left in the <b>steam table</b> ?						
22	Clear of food particles & plexi glass is cleaned?						
23	All food debris is cleared from behind the equipment?						
24	Both Steam Table / Cold Table is shut off?						
	Refrigeration, Freezer, Walk-In, Ice Machine	1					
25	Completely empty, NO FOOD? (no exceptions)						
_	All shelves are in the proper location?						
27	Inside walls & shelves are wiped down and cleaned?						
28	Check Ice Machines (plugged in & make sure they are producing ice)						
	Warming Ovens						
29	Completely empty, NO FOOD? (no exceptions)						
30	All shelves are in the proper location? (3 per oven)						
31	Inside & outside wiped down and cleaned?						
32	All food debris is cleared from behind the equipment?						
33	Warming oven is turned off?						

		Issued		Cleared	
	Dining Facility Issuance and Clearing Checklist  Tilt Skillet	Acceptable		Acceptable	
24		T			l
34 35	Clear of all food particles, wiped down inside & outside cleaned?				
33	Dry, with no water remaining & Tilt skillet is Turned Off?  Coffee Machine	YES	NO	YES	NO
36	Coffee Urn is clear of filters and grines?	TES	NO	TES	NO
37	Urn is wiped out and cleaned?				
38	Water is filled in Coffee Urn (at least 1/2 fill)?	1			
39	Coffee Urn is shut OFF?	1			
39	Microwave Oven				
40		T	T		l
40	Clear of all food residue, the inside is wiped down and CLEAN?				
41	Exterior wiped down and cleaned with stainless steel polish?				
42	Toaster Clean of all food mortiales?	I			
	Clear of all food particles?				
43	Exterior wiped down and cleaned with stainless steel polish?				
	Exterior of Dining Room	1			l
	Free of tools, equipment, supplies, rubbish, clutter and debris?				
45	All gargbage is removed and disposed properly at trash collection point?	1			
46	All non-disposable crates clean, organized and neatly stacked?				
47	All trash bins empty and with fresh liner?	1			
	All doors secured?				
49	Trash Carts emptied and hosed cleaned				
	Vendor Name (Print & Sign)		Date		
Issuing	COTR Name (Print & Sign)		Date		
	CSTS Representative Name (Print & Sign)		Date		
	Vendor Name (Print & Sign)		Date		
Clearing	COTR Name (Print & Sign)		Date		
	CSTS Representative Name (Print & Sign)		Date		