

DAILY SANITATION REPORT - Shellstock Shipper/Reshipper

Firm Name: _____

Week of: _____

	MON	TUE	WED	THUR	FRI	SAT	SUN
	/	_/_	_/_	_/_	_/_	_/_	_/_
SAFETY OF WATER: Backflow preventers on all hose bibs, ice clean and from a safe source.							
Private well: Passing water test within the past 6 months.							
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.							
Employee's 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 and stored properly.							
Toxic compounds used properly.							
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 OBSERVER:							

*Please note corrections made to listed items on the back of this sheet, along with date of correction

Reviewed By: _____

Date _____