



SELF INSPECTION FORM

21306 Illinois Route 9 • Tremont, IL 61568-9252
(309) 925-5511 or 477-2223, ext. 272

Directions: To do an effective self-inspection you must allow yourself time to completely review your facility and your employees. Document all deficiencies and the corrective action that was taken. Take extra time to review your temperature monitoring charts and HACCP plan (if required).

SECTION ONE				
ESTABLISHMENT NAME		ADDRESS		DATE OF INSPECTION
CITY		TIME OF INSPECTION	NAME AND TITLE OF PERSON CONDUCTING THE INSPECTION	
SECTION TWO				
Temperature	PRODUCTS AND TEMPERATURE (attach copy of monitoring charts)			CORRECTIVE ACTIONS
Critical Processes				
Cooking				
Hot Holding				
Cool Down				
Re-heating				
SECTION THREE				
Personal Hygiene	OBSERVE EMPLOYEES FOR A MINIMUM OF 10 MINUTES AND NOTE ANY POOR PRACTICES			CORRECTIVE ACTIONS
Poor Practices/List those observed				
Bare hand contact/Improper Glove Use				
Illness				
SECTION FOUR				
Cross Contamination	INSPECT ALL COOLERS AND RAW FOOD PREPARATION AREA			CORRECTIVE ACTIONS
Storage				
Preparation areas				
SECTION FIVE				
Sanitation	Wiping cloths	Manual dishwashing	Mechanical Dishwashing	CORRECTIVE ACTONS
Concentration or Temperature Chemical Used for Sanitizing_____				

SECTION SIX		
NON-CRITICAL	YES	NO
Is a consumer advisory posted if undercooked animal product is served?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees wearing clean clothes and hair restraints?	<input type="checkbox"/>	<input type="checkbox"/>
Are thermometers calibrated? How often? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are thermometers provided near the doors of all refrigerators and freezers?	<input type="checkbox"/>	<input type="checkbox"/>
Are frozen foods thawed properly? How are they thawed? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are foods in storage areas including walkins covered?	<input type="checkbox"/>	<input type="checkbox"/>
Is all food stored at least 6 inches off of the floor?	<input type="checkbox"/>	<input type="checkbox"/>
Are test strips provided for testing sanitizer concentration?	<input type="checkbox"/>	<input type="checkbox"/>
Are all equipment and utensils properly constructed and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Are lights shielded in all storage, preparation, and ware washing areas and in refrigeration units? Is lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>
Are restrooms mechanically vented to the outside? Is ventilation adequate for equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are restrooms supplied with soap, sanitary hand drying device, covered waste can, self-closing door?	<input type="checkbox"/>	<input type="checkbox"/>
Are floors clean and in good repair? Are walls and ceilings clean and in good repair?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of pests (flies, roaches, ants, etc.)? Are exterior doors self-closing with no gaps present?	<input type="checkbox"/>	<input type="checkbox"/>
Is all plumbing maintained in proper working condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are dumpsters covered and on an asphalt or concrete surface?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

LIST OTHER CONDITIONS THAT NEED CORRECTION AND ACTION TAKEN

SECTION SEVEN

Risk classification High Medium Low
 Certificated Manager present as required Yes No ID # _____ Exp. Date _____ (attach list if more than one)

<i>Owner or Agent:</i>	<i>Date</i>
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