DAILY SANITATION AUDIT FORM - Shellstock Shipper, Reshipper

Firm Name:							
Firm Address:							
Week of:							
*Initial entry when checked	T						l
Enter Date of entry	_/_	_/_	_/_	_/_	_/_	_/_	/
Enter Time of entry							
SAFETY OF WATER: approved supply water,							
Check for backflow devices							
CONDITION/CLEANLINESS OF FOOD CONTACT	1					+	
SURFACES: Ice shovels, Ice scoop, bins, ice machines and							
shellfish contact surfaces :							
Cleaned, sanitized, good condition, properly stored							
Concentration of Sanitizer(Record Amount) Chlorine							
100-200 ppm; Iodine 25 ppm							
Quaternary Ammonia 200 ppm							
Test Kits provided and used to check solution.							
						<u> </u>	
PREVENTION OF CROSS CONTAMINATION:							
Product is protected from splash, condensate drip, not stored							
below raw food						_	<u> </u>
Product not directly in contact with floor of cooler							
Product separated by lot							1
Personal items not stored in processing area							
No eating or tobacco use in processing area						_	<u> </u>
Employee hands are washed after any breaks from work.							1
MAINTENANCE OF HAND-WASHING, HAND-							
SANITIZING, AND TOILET FACILITIES:							
Toilet and Hand-washing facilities are checked for							
cleanliness, supplies and warm water. PROTECTION FROM ADULTERANTS:	+					-	
Light fixtures shielded, product protected during transfer.							
PROPER LABELING, STORAGE AND USE OF	+					-	├
TOXIC COMPOUNDS:							
Cleaning supplies stored properly and away from product.							
All supplies labeled to identify contents and intended use.	+						
**							1
CONTROL OF EMPLOYEES WITH ADVERSE							
HEALTH CONDITIONS: Employees with unhealthy							
conditions are reassigned to other duties							1
EXCLUSION OF PEST:							
There are no pest, rodents, insects, etc., in area, including							
cats, dogs and other animals in the facility.	+						-
Initial entry when checked	4 41	1	1' / 1	• • •	**		
**Please note below any corrections that had to be made	to the	above	nsted	items			
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