

UNIVERSITY OF MICHIGAN OFF-CAMPUS HOUSING KITCHEN INSPECTION FORM

House _____ Address _____ Date _____

Inspections provided by the University of Michigan Department of Occupational Safety and Environmental Health (OSEH), Operational Safety and Community Health Program. Please contact our office at (734) 647-1142 with any questions or comments.

Check One: Fraternity Sorority Cooperative Housing Unit

Personnel		Yes	No	NA or NO	Take Action If:
1	Sick Cook/Chef Present				Yes
2	Proper Handwashing Observed				No
3	Cross Contamination Observed				Yes
4	Disposable Gloves Available				No
5	Disposable Gloves Used				No
6	Drinking, Eating, Smoking, Gum/Tobacco Chewing in Food Service Area				Yes

Sinks/Handwashing		Yes	No	NA or NO	Take Action If:
7	Sanitizer Test Strips Available				No
8	Wiping Cloths Stored in Sanitizer Bucket				No
9	Sanitizer Concentration Correct				No
10	Dishmachine in Good Repair				No
11	Dishmachine Sanitizes Properly (Chemical or Hot Water)				No
12	Clean Dishes, Pots & Pans/Free of Food Debris/Air Dried				No
13	Handwash Sinks Easily Accessible				No
14	Soap at All Handwash Sinks				No
15	Paper Towels at Handwash Sinks				No
16	Hot and Cold Water at All Sinks				No
17	Plumbing System in Good Repair				No

Dry Storage		Yes	No	NA or NO	Take Action If:
18	Expired Product Present				Yes
19	Swollen/Dented/Rusted Cans				Yes
20	Food 6" Off the Floor				No
21	Storage Area is Clean				No
22	Storage Area is Well Lit				No

Frozen Food Holding		Yes	No	NA or NO	Take Action If:
23	Expired Product Present				Yes
24	Freezer #1 Product Temperature				>28°F
25	Freezer #2 Product Temperature				>28°F
26	Freezer #3 Product Temperature				>28°F
27	Freezers Clean & In Good Repair				No
28	Thermometers in Each Unit				No

Cold Food Holding		Yes	No	NA or NO	Take Action If:
29	Raw / RTE Foods Stored Separately				No
30	RTE, PHF Properly Datemarked				No
31	Expired Food Present				Yes
32	Rapid Cooling Procedures Used				No
33	Cooler #1 Product Temperature				>41°F
34	Cooler #2 Product Temperature				>41°F
35	Cooler #3 Product Temperature				>41°F
36	Cooler #4 Product Temperature				>41°F
37	Coolers Clean & In Good Repair				No
38	Thermometers in Each Unit				No

Hot Food Cooking/Holding		Yes	No	NA or NO	Take Action If:
39	Stove/Oven/Griddle/Grill Works				No
40	Chafers/Sterno Available				No
41	Foods Improperly Reheated				Yes
42	Hot Holding #1 Product Temp.				<135°F
43	Hot Holding #2 Product Temp.				<135°F
44	Hot Holding #3 Product Temp.				<135°F
45	Microwave(s): Clean				No
46	Other Equipment: Clean				No
47	Equipment in Good Repair				No
48	Exhaust Hood Works				No
49	Grease Filters In Place/Clean Working, Calibrated Food Thermometer Available				No

Miscellaneous		Yes	No	NA or NO	Take Action If:
51	Walls, Floors, Ceilings in Good Condition				No
52	Lighting Guarded or Shielded				No
53	Sewage Backup into Kitchen				Yes
54	Insect/Rodent Infestation Present				Yes
55	Chemicals Labeled and Stored Away From Food				No
56	Mops, Brooms, Buckets Available				No
57	Clean & Supplied Restroom Available for the Cook				No

Inspected By: _____

Person-In-Charge: _____

- Routine Inspection Follow-Up Inspection
 Approved Continued Failed