



# GOOD RETAIL PRACTICES

These activities are necessary for compliance with the FDA (Food and Drug Administration) Food Code and are necessary in order to develop a food safety system based upon HACCP (Hazard Analysis and Critical Control Point).

<b>Management / Personnel</b>		<b>Corrective Action</b>
1. No workers ill with foodborne agents	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Clean clothes; hair restraints; clean aprons	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Demonstration of knowledge by PIC, staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Good hygienic practices; hair restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Food</b>		
5. Properly date marked/labeled	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Properly thawed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. No cross-contamination/storage	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. No cross-contamination/equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. No cross-contamination/personnel	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Facilities and Equipment</b>		
10. Food contact surfaces clean; in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Non-food contact surfaces clean; in good repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Dishwashing facilities functioning properly	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Wiping cloths properly stored; sanitizer level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Lighting shielded; satisfactory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Floors, walls, ceiling, attached equipment clean	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Floors, walls, ceiling, attached equipment; repair	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Water, Plumbing, Waste</b>		
17. Handwash sinks equipped; accessible	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Water source approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Hot, cold water; provided, adequate supply	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Sanitary facilities satisfactory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Vermin Control</b>		
21. Presence/evidence of vermin	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Outer openings protected	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Safety</b>		
23. Fire suppression, extinguishers; adequate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Electrical; gas; exiting systems satisfactory	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Other</b>		
25. Toxic compounds properly labeled, stored, used	<input type="checkbox"/> Yes <input type="checkbox"/> No	