**WEEKLY OPENING HSE CHECKLIST**

Tick the relevant box for each day to confirm that the appropriate action / check has been carried out.

**UNIT:** **UNIT NO:** **WEEK COMMENCING:**

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| **Checks** | | **Monday** | | | | **Tuesday** | | **Wednesday** | | **Thursday** | | | **Friday** | | **Saturday** | | **Sunday** | |
| **Yes** | | **No** | | **Yes** | **No** | **Yes** | **No** | **Yes** | | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| 1. Are the catering premises free of evidence of pests? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Look along skirting boards, under counters & fixed equipment for droppings/smear marks. Check traps for new evidence of pest activity. Check for evidence of damaged stock or gnaw marks to furniture.* | | | | | | | | | | | | | | | | | | |
| 1. Is the kitchen clean and tidy? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check if the cleaning from the previous day / shift been undertaken adequately. Has the kitchen been left in a tidy manner with all rubbish removed.* | | | | | | | | | | | | | | | | | | |
| 1. Is there a supply of hot running water to wash hand basins and wash sinks? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Turn on the hot water taps and run until warm water pulls through.* | | | | | | | | | | | | | | | | | | |
| 1. Are all hand wash basins provided with suitable hand wash facilities? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *All wash hand basins must have anti-bacterial soap and paper towels. They must be clean and easy to access.* | | | | | | | | | | | | | | | | | | |
| 1. Are all services and utilities working correctly? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check that water / drainage / gas / electricity / heating / ventilation systems are present and working correctly.* | | | | | | | | | | | | | | | | | | |
| 1. Is all catering equipment in good working order? | |  | |  | |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check the previous Closing Checklist for any reported damaged equipment. Check complex equipment (e.g. mandolins, can openers, mixers), to ensure all parts, including screws and fittings are secure and not loose.* | | | | | | | | | | | | | | | | | | |
| 1. Are all staff reporting for work fit and well and wearing the correct uniform / PPE? |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check all staff are fit to work and not suffering from any symptoms of sickness or diarrhoea. Ensure the correct uniform and PPE are provided and worn by colleagues.* | | | | | | | | | | | | | | | | | | |
| 1. Have all agency staff been properly inducted? |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check if the agency induction record been completed before they commence work including site specific H&S / fire evacuation procedures and the Compass allergen information process.* | | | | | | | | | | | | | | | | | | |
| 1. Are all fire exit routes kept clear and is the fire-fighting equipment available in the relevant locations? |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check all fire exit routes from the kitchen and restaurant are clear of obstructions and that firefighting equipment such as fire blankets and fire extinguishers are available.* | | | | | | | | | | | | | | | | | | |
| 1. Is all relevant allergen information available? |  | |  | |  | |  |  |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure the allergen information is complete and up to date. If using an allergen tablet, ensure this is on and working correctly.* | | | | | | | | | | | | | | | | | | |
| **Actions Required:** | | | | | | | | | | | | | | | | | | |
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| **CHECKED BY:** | | | | | | | | | | | **DATE:** | | | | | | | |

Manager to check the record and sign before filing. Retain for 6 months