**WEEKLY CLOSING 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. Has all food been stored away correctly? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure no food is left out in the kitchen and that all food is stored in its designated location overnight.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Is all food within Use By date codes? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check all ready-to-eat foods to ensure they are still within the manufacturers or Compass generated Use By date for the following service’s use.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the kitchen clean and tidy, and all work surfaces sanitised? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure all cleaning tasks have been undertaken adequately.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Has all waste been removed from the kitchen? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *The kitchen must be left in a tidy manner, and all waste must be removed.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Have all cleaning chemicals been stored away correctly? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *All cleaning chemicals should be stored away in their designated storage area.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Has all catering equipment been left in good working order and have all defects to fixtures and fittings been reported? | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check that any defective equipment or fixtures have been logged and reported to the appropriate maintenance provider (Client or Compass). List the specific item or work order number in the Action box below.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Are all food temperature records completed correctly? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check the temperature records to ensure staff have completed all necessary temperature checks and that they are within the parameters required. If not, ensure the right corrective actions have been taken and recorded.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Have any food comments been logged? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check customer comments for any food complaints or allegations of illness. Ensure these are properly recorded on the AIR (Accident Incident Reporting) system.* | | | | | | | | | | | | | | | | | | | | | |
| 1. Has all equipment, except for fridges and freezers, been turned off and have the premises been made secure? |  | |  | |  | |  | |  | |  | |  | |  |  |  |  |  |  |  |
| ***Guidance:*** *Check that all equipment, such as cookers, ovens and deep fat fryers, has been turned off. Ensure any external doors and windows have been locked.* | | | | | | | | | | | | | | | | | | | | | |
| **Handover Actions:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **CHECKED BY:** | | | | | | | | | | | | | | **DATE:** | | | | | | | |

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