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**COMPASS GROUP UK & IRELAND**

**FOOD VAN DAILY OPENING AND CLOSING CHECKLIST**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OPENING CHECKS (AT THE START OF THE DAY)** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** |
| 1. Is the exterior and interior of the van and cab clean and tidy?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Check if the cleaning from the previous day / shift been undertaken adequately.*  |
| 1. Are all surfaces of the service area and service equipment cleaned and sanitised?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Check internally if the cleaning from the previous day / shift been undertaken adequately. Has the food storage and display unit been left in a tidy manner with all rubbish removed.* |
| 1. Has the hand wash basin been filled with warm water for effective hand washing, with paper towel and hand soap?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Look for presence of warm water in the basin unit, hand soap or hand sanitiser and blue roll.* |
| 1. Is all catering equipment in good working order?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Check the previous day / shift closing checklist for evidence or any reported damaged equipment* |
| 1. Are all staff reporting for work fit and well and wearing the correct uniform / PPE?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Confirm that 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. Temperature record sheets and working probe available with wipes?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure all due diligence records are available and there is a working probe available. Probe accuracy should be checked monthly using the appropriate form* |
| 1. Has the hand wash sink been filled?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure the water tank has been filled, the unit is clean, and the hot water tank is powered up and there is hand soap and paper towel available* |
| **CLOSING CHECKS (AT THE END OF THE DAY)** | **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, and all food waste disposed of?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure no perishable food is left out in the van and that all food is stored in its designated locations overnight.* |
| 1. Are all surfaces of the service area and service equipment cleaned and sanitised?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure all surfaces and equipment has been cleaned and sanitised at the end of the shift.* |
| 1. Is all equipment still working correctly and turned off as appropriate?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Where there are any defects as a result of the daily service ensure these are recorded below and reported to your manager. Ensure all equipment is turned off and made safe as per the manufacture’s guidance* |
| 1. Has the food waste bin been emptied and cleaned?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *empty the bin, clean the bin and fit new bin bag ready for the next food run.*  |
| **HANDOVER ACTIONS:** |
| **CHECKED BY:**  | **DATE:**  |

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