

**WEEKLY OPENING HSE CHECKLIST**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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:*** *Look for presence of hand soap or hand sanitiser and blue roll.* |
| 1. Are all hand wash basins provided with suitable hand wash facilities?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Look for presence of hand soap and blue roll.* |
| 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 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:*** *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 ae clear of obstructions and that fire fighting equipment such as fire blankets or fire extinguishers are available.* |
| 1. Is all relevant allergen information available?
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Guidance:*** *Ensure your allergen folder is up to date and contains accurate information about today’s menu.* |
| **Actions Required:**  |
|  |
| **CHECKED BY:** | **DATE:** |

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