Agency Food Safety Self-Assessment - Food Pantry

Name of Agency			Date of Assessment	
SE	CTION 1: FOOD STORAGE	YES	NO	Comments/ Corrective Actions
1.	Are canned foods in acceptable condition? (no swollen, leaking, or rusted)			
2.	Are home canned foods accepted?			
3.	Packaged foods are in acceptable condition?			
4.	All baby formula/food is within expiration date?			
5.	All food products stored (≈ 6") off the floor on racks or shelves?			
6.	Are all food products properly labeled?			
7.	Is the dry storage room clean, organized, and well-ventilated? (Ideally 50-70° F)			
8.	Are foods being rotated first in, first out/expired (FIFO or FEFO)?			
9.	Are non-food items stored in designated shelving?			
10.	Are all chemicals (whether being used or distributed) properly labeled and stored away from food products? (Chemicals must be stored separately or below food or food related items)			
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SE	ECTION 2: TEMPERATURE CONTROL	YES	NO	Comments/ Corrective Actions
11	. All freezers hold food at 0° F or below?			
12				
13				
14				
15	Are foods stored to properly to avoid potential cross-contamination? (i.e. raw below ready to eat foods)			
16	. Is product stacked to allow adequate circulation around edges and sides?			

17.	Freezer and coolers are clean and in good repair (gaskets/seals)?		
18.	If perishable food is transported in unrefrigerated vehicles are passive devices (coolers w/ice packs, thermal blankets) used?		
19.	Are transportation vehicles clean and in good condition to prevent any potential for cross-contamination?		

SE	CTION 3: PERSONNEL	YES	NO	Comments/Corrective Actions
20.	Have staff/volunteers received food safety training (such as ServSafe Food Handler Guide for Food Banking or equivalent)?			
21.	Staff/volunteers practice proper hygiene (i.e. handwashing, no eating/drinking/smoking)?			
22.	If applicable, are disposable gloves available for staff/volunteers?			
23.	Staff/volunteers are in good health and are not working with flu-like symptoms (i.e. vomiting, diarrhea, fever)?			

SE	CTION 4: SANITARY FACILITIES	YES	NO	Comments/ Corrective Actions
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24.	Are the restrooms clean and in good repair?			
25.	Is a hand sink provided and accessible for handwashing only?			
26.	Is the hand sink able to produce warm/hot water (~100°F)?			
27.	Are paper towels provided in a dispenser or a working hot air dryer?			
28.	Is hand soap provided in dispensers?			
29.	Is toilet paper provided in a dispenser?			
30.	Are there covered waste bins in the restrooms?			
31.	Are signs posted to remind staff to wash their hands?			

SE	CTION 5: FACILITY DESIGN & MAINTENANCE	YES	NO	Comments/ Corrective Actions
32.	Do doors and windows seal tightly?			
33.	Are the walls, ceilings, and floors clean and in good condition?			
34.	Are all doors and outer openings closed when not in use OR screened when open?			
35.	Is the building free of any exposed pipes leaking or dripping condensation on products?			
36.	Is the lighting shielded or somehow protected from breakage in food areas?			
37.	Is the lighting working and adequate?			
SE	CTION 6: PEST CONTROL	YES	NO	Comments/ Corrective Actions
38.	Does a licensed pest control company provide service?			
39.	Is a pest control sighting log being used and is kept with the pest control service reports?			
40.	Is the pantry and surrounding areas free of pests or evidence of pests? If evidence of pests is found, call a pest control professional immediately			
41.	Are pesticides stored away from food storage areas?			
42.	Is rodent bait used inside the building?			
SE	CTION 7: GARBAGE & OUTSIDE GROUNDS	YES	NO	Comments/ Corrective Actions

44.	Is the garbage enclosure and area around the building kept clean and free of debris?		
45.	Are weeds and grass cut and kept at least two feet away from the edge of the building?		