



SHOPS INSPECTION FORM

Name of Company/Owner.....
Inspection Date Inspecting Officer

FOOD PREPARATION AREA/KITCHEN & BAR

Amenities	Satisfactory	Unsatisfactory	Comments
1. Floor			
2. Walls			
3. Ceiling			
4. Cooking Area			
5. Window Screen			
6. Wash Basin			
7. Dish Washing Area			
8. Ventilation			
9. Utensils Used			
10. Chemicals/Storage			
11. Fire Extinguisher			
12. No. of Staff			

FOOD HANDLERS

	Medical Exam	Comments
Wearing proper PPE		
Male		
Female		
Date and Record		

FOOD STORAGE

Amenities	Satisfactory	Unsatisfactory	Comments
Refrigerators			
Coolers			
Temperature			

DINING ROOM

Amenities	Satisfactory	Unsatisfactory	Comments
Wash basin			
No. of Dining table			
Floor			
Walls			
Ceiling			
Light & Ventilation			
No. Of Staff			
Paint			