

Form 1

Daily Sanitation Control Record with all 8 Key Sanitation Areas

| Daily Sanitation Control Record | | | | | | |
|---|-------------|------------|---------------|-------------|--------------|--------------------------|
| Report Date: | | | Firm Name: | | | |
| Line 1: Raw seafood (not ready-to-eat) Line 2: Ready-to-eat | | | Firm Address: | | | |
| Sanitation Area and Goal | Pre-Op Time | Start Time | 4 Hour Time | 8 Hour Time | Post-Op Time | Comments and Corrections |
| 1) Safety of water (See Monthly Sanitation Control Record) • Back Siphonage – Hose (S/U)* | | | | | | |
| 2) Condition and cleanliness of food contact surfaces (See Monthly Sanitation Control Record) • Equipment cleaned and sanitized Line 1: (S/U) Line 2: (S/U) | | | | | | |
| • Sanitizer Strength Sanitizer Type _____ Strength _____ ppm Line 1: (ppm) Line 2: (ppm) | | | | | | |
| • Allergen cross-contact controls performed during each production changeover (S/U) | | | | | | |
| • Gloves and aprons clean and in good repair Line 1: (S/U) Line 2: (S/U) | | | | | | |

*S = Satisfactory / U = Unsatisfactory

Form 1 (cont.)

| Sanitation Area and Goal | Pre-Op Time | Start Time | 4 Hour Time | 8 Hour Time | Post-Op Time | Comments and Corrections |
|---|-------------|------------|-------------|-------------|--------------|--------------------------|
| | | | | | | |
| 3) Prevention of cross-contamination (See Monthly Sanitation Control Record) <ul style="list-style-type: none"> • Hands, gloves, equipment, and utensils washed/sanitized after contact with unsanitary objects (S/U) • Employees working on raw products, wash and sanitize hands/gloves/outerwear before working with cooked products (S/U) • Unpackaged cooked products separated from raw products (S/U) • Allergenic ingredients are clearly labeled during storage and production (S/U) • Production is scheduled to prevent allergen cross-contact | | | | | | |
| 4) Maintenance of hand washing, hand sanitizing, and toilet facilities <ul style="list-style-type: none"> • Hand washing and hand sanitizing stations adequate <ul style="list-style-type: none"> Line 1: (S/U) Line 2: (S/U) • Hand sanitizing station <ul style="list-style-type: none"> Sanitizer Type _____ Strength _____ ppm Line 2: (ppm) • Toilets clean, properly functioning, and adequately supplied (S/U) | | | | | | |
| 5) Protection from adulterants and 6) Labeling, storage, and use of toxic compounds <ul style="list-style-type: none"> • Product protected from contamination and allergen cross-contact (S/U) • Cleaning compounds, lubricants, and pesticides labeled and stored properly (S/U) | | | | | | |
| 7) Employee health <ul style="list-style-type: none"> • Employees do not show signs of medical problems (S/U) | | | | | | |
| 8) Exclusion of pests <ul style="list-style-type: none"> • Pests excluded from processing area (S/U) | | | | | | |
| S = Satisfactory / U = Unsatisfactory | | | | | | |
| Signature or initials _____ | | | Date _____ | | | |