

Monthly Sanitation Control Record

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Firm Name: _____ Firm Address: _____		Date: _____
Sanitation Area	Decision	Comments/Corrections
1) Safety of water • Safe and sanitary source (S/U) (Annual) • No cross-connections in hard plumbing (S/U)		
2) Condition and cleanliness of food contact surfaces • Processing equipment and utensils in suitable condition (S/U)		
3) Prevention of cross contamination • Physical conditions of plant and layout equipment (S/U)		
S = Satisfactory / U = Unsatisfactory Additional Comments:		
Signature or initials: _____		