

Form 3

Periodic Sanitation Control Record with 5 of the 8 Key Sanitation Areas

Periodic Sanitation Control Record			
Firm Name: _____		Date: _____	
Firm Address: _____			
Condition	S	U	Comments/Corrections
1) Safety of water:			
a) Municipal water bill (annually).			
b) Building plumbing inspection report (when plumbing is modified)			
3) Prevention of cross contamination:			Name(s)
a) Production supervisors have received basic food sanitation training (when hired).			
5) Protection from adulteration:			
a) Invoices for food-grade chemicals checked at receiving before chemicals are stored.			
6) Labeling, storage and use of toxic compounds:			
a) Labels or documents for toxic compounds checked at receiving before compounds are stored.			
8) Exclusion of pests:			
a) Pest management firm's report is satisfactory (every other month).			
S = Satisfactory / U = Unsatisfactory			
Comments and Corrections:			
Report by: _____			