DAILY SANITATION AUDIT FORM – Shellstock shipper, Reshipper

Firm Name: _____   YEAR:_____

Firm Address: _____

*Initial entry when checked Enter Date of entry--→ Enter Time of entry--→	_/_	_/_	_/_	_/_	_/_	_/_	_/_
SAFETY OF WATER: approved water supply, check for backflow devices							
CONDITION/CLEANLINESS OF FOOD CONTACT SURFACES: Ice shovels, Ice scoop, bins, ice machines, and shellfish contact surfaces Cleaned, sanitized, good condition, properly stored							
Concentration of Sanitizer (Record Amount) Chlorine 100-200 ppm, Iodine 25 ppm, Quaternary Ammonia 200 ppm Test Kits provided and used to check solution.							
PREVENTION OF CROSS CONTAMINATION: Product is protected from splash, condensate drip, not stored below raw food							
Product not directly in contact with floor of cooler. Product separated by lot							
Personal items not stored in processing area. No eating or tobacco use in processing area							
Employee hands are washed after any breaks from work							
MAINTENANCE OF HAND-WASHING, HAND-SANITIZING, AND TOILET FACILITIES: Toilet and Hand-washing facilities are checked for cleanliness, supplies and warm water							
PROTECTION FROM ADULTERANTS: Light fixtures shielded, product protected during transfer							
PROPER LABELING, STORAGE AND USE OF TOXIC COMPOUNDS: Cleaning supplies stored properly and away from product							
All supplies labeled to identify contents and intended use							
CONTROL OF EMPLOYEES WITH ADVERSE HEALTH CONDITIONS: Employees with unhealthy conditions are reassigned to other duties							
EXCLUSION OF PESTS: There are no pest, rodents, insects, etc., in area							
Initial entry when checked --→							

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Please note below any corrections that had to be made to the above listed items

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