

DAILY SANITATION AUDIT FORM – Shellstock Shipper, Reshipper

Firm Name: _____

Firm Address: _____

Week of: _____

*Initial entry when checked							
Enter Date of entry ----->	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Enter Time of entry ----->							
SAFETY OF WATER: approved supply water, 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 PEST: There are no pest, rodents, insects, etc., in area, including cats, dogs and other animals in the facility.							
Initial entry when checked ----->							

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