

# Food Handling Safety Assessment Form

This **food handling safety assessment** form sample is designed to evaluate proper hygiene and safety practices in food preparation areas. It helps identify potential hazards to ensure compliance with health regulations. Using this form supports maintaining high standards in food safety management.

## Assessment Details

Assessment Date		Location	
Assessor Name		Department/Area	

## Hygiene & Personal Practices

Item	Compliant	Non-Compliant	N/A	Comments
Handwashing facilities available and operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food handlers wear clean uniforms and hair restraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hands washed properly at appropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No jewelry or personal items in food prep area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Food Handling & Preparation

Item	Compliant	Non-Compliant	N/A	Comments
Food is stored at proper temperatures (hot/cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Raw and cooked foods are kept separate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean utensils used for each food type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work surfaces cleaned and sanitized regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Facility & Equipment

Item	Compliant	Non-Compliant	N/A	Comments
Floors, walls, and ceilings are clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment is maintained and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage containers are covered and regularly emptied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Corrective Actions/Notes

Issue Identified	Corrective Action	Responsible Person	Date Completed

**Signature**

Assessor Signature: \_\_\_\_\_

Date: \_\_\_\_\_