

SAN CLEMENTE LITTLE LEAGUE

CONCESSION STAND - WEEKLY CHECK LIST

Date: _____

A) Deliveries

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|---|------------------------------|-----------------------------|
| 1. All products meet visual quality standards and have no off odors (no spoilage). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. All packaging is in good condition. (Not wet, no stains, leaks, holes, tears or crushing). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Items put away in proper order (frozen, refrigerated, dry storage); in 30 minutes or less. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Code dates are current. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

B) Food Temperature and Specifications

NOTE: Ensure that thermometer kit meter and probes are calibrated prior to taking temperatures. (Use ice and cold water procedure for probes, temperature reads 32o F All refrigerators and freezers must have a properly functioning thermometer in place (built in or clamped on, easily visible, and not glass).

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| 5. Soft drink, Ice machine and Ice bin are free of soil. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Temperature of coffee/tea water is 180o F. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Cup and lid dispensers are clean and in good repair. Cup and lid holders are clean. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Ice machine is clean, and sanitized. There is no standing water. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Water filter follower needle is not in the red zone. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Ensure that syrup tanks are flushed clean and sanitized. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. CO2 canisters are chained and locked in the upright position. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Freezer/Food Storage Date: _____ Date: _____ Date: _____ | | |
| 12. Freezer interior is clean and sanitized | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Temperature of freezer is 20o F. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Refrigerator/Food Storage Date: _____ Date: _____ Date: _____ | | |
| 14. Refrigerator interior is clean and sanitized. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Temperature of refrigerator is 33-43o F | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Interior light is working and is properly shielded. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Shelving is clean, free of rust and in good repair. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. All items stored correctly on shelves (covered and a minimum of 6" off the floor. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fryer Area Date: _____ Date: _____ Date: _____ | | |

C) Sanitation

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| 30. Proper dishwashing method used. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Hand sanitizer dispensers are mounted and in use. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Personal items stored correctly (medication, drinks, food, clothing, etc.). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. Floors clean | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 34. No sign of pest infestation (insects, rodents, etc.) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 35. All trash is emptied from the inside containers. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

D) Chemicals

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|---|------------------------------|-----------------------------|
| 38. Chemicals stored in locked containers and not on the same shelf or the shelf above food ingredients, product packaging materials, food storage pans or tables where food is prepared. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 39. Maintain manufacturer's labels on or label containers accordingly. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

E) Other

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|---|------------------------------|-----------------------------|
| 40. Concession stand workers (Team Mom and Parents) have gone through the leagues initiation safety and food preparation training before working in the concession stand. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 41. Children under 15 are not allowed in the concession stand. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 42. A fire extinguisher with a current certification is in plain sight. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 43. A fully stocked First-Aid kit is in plain sight. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |