

Daily Checklist

Supervisor _____

Month _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Badges																															
Hairnets																															
Gloves																															
Temp Logs																															
Pots/pans																															
Trayline																															
Beverages																															
Hot Foods																															
Cold Foods																															
Café																															
Deli Bar																															
Salad Bar																															
Hot Foods																															
Dishmachine																															
T-sticks																															
Trash lids																															
Baking Rack																															
Refrigerator/Reach-ins																															
Temperature																															
Lables																															
Dates																															
Covered																															
Freezer																															
Temperature																															
Lables																															
Dates																															
Covered																															
Vents																															
Fans																															
Lights and Fixtures																															
Ceiling and Walls																															
Bin Scoops																															
Ice scoops																															
Destination 10 Eval																															

Problem _____
 Date _____

Corrective Action _____
 Date _____

