

Client Site Follow-Up: Food Service

General Information:

Company Name: _____ Date: _____

Any changes to client operations? What? _____

Any changes to employee duties? What? _____

Any accidents or injuries since previous visit? _____

Are corrective measures (if any) still followed and effective? _____

Client Onsite Review:

Condition:	Good	Bad	NA	Comment
Housekeeping practices (floors, aisles and stairs are clean)?				
Material storage (organized, stable & secure)?				
Building exits (adequate, marked and no obstructions)?				
Emergency evacuation plans posted?				
Portable fire extinguishers accessible?				
Adequate lighting?				
Adequate ventilation?				
Are MSDS' available & hazardous materials properly labeled?				
Proper storage and use of equipment/tools?				
Auto extinguishing system covers on cooking appliances?				
Are range hoods vented & operating when ranges are?				
Are inspection tags current?				
Is all electrical equipment & cords properly grounded?				
Is equipment in good working condition?				
Are GFCI's outlets available in wet or damp areas?				
Are guards in place and used on slicers and similar devices?				
Controls to protect employees from hot grease and oil?				
Are employees using slip resistant footwear?				
Are slip resistant mats in place?				
Is proper PPE (gloves, eye protection, etc.) used?				
Anti-fatigue mats in place for extended standing?				
Procedures to prevent injuries from extended pulling/pushing/reaching?				
Procedures to prevent injuries from extended bending/stooping/twisting?				
Procedures to prevent injuries from extended & detailed hand/eye work?				

Is this facility still a safe place for our employees to work? _____

Staffing Representative: _____ Date: _____

* OSHA Establishment Search (<https://www.osha.gov/pls/imis/establishment.html>)

**Obtained from the OSHA Summary Page (<https://www.osha.gov/recordkeeping/tutorial/508.html>)

*** Obtained from the Bureau of Labor Statistics (<http://www.bls.gov/news.release/pdf/osh.pdf>)