Glorious Crab Company Bayside, Maryland

Daily Sanitation Audit Form

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Sanitation Condition	Start-up Time Pass/Fail	4 hours Time Pass/Fail	8 hours Time Pass/Fail	Observations after 12 hours or Comments/ Corrections
	1 ass/1 all	1 ass/1 all	1 ass/1 all	Corrections
Equipment cleaning and sanitizing			1	
 a. Equipment cleaned and sanitized before start-up. 				
b. Concentration of sanitizer used for the sanitizing equipment (type/ppm).				
c. Product residue removed during breaks.				
d. Picking utensils (knives, plastic containers) cleaned and sanitized at each weigh-up.				
2. Employee attire				
a. Gloves, hair restraints and aprons clean and in good repair.				
3. Cross contamination				
a. Employees' hands, gloves, equipment and utensils that contact unsanitary objects are washed and sanitized before contacting products.				
b. Employees from raw crab areas do not contact cooked crab surfaces unless hands, gloves and aprons are washed and sanitized; red gloves = cooked.				
4. Handwashing and sanitizing facilities.				
a. Adequate supplies				
b. Conc. of chlorine in hand dips (record ppm).				
Picking room at handwashing station				
Picking room #1, hand dips				
Picking room #2, hand dips				
Packing room				

Sanitation Condition	Start-up	4 hours	8 hours	Observations after 12	
	Time	Time	Time	hours or	
				Comments/	
	Pass/Fail	Pass/Fail	Pass/Fail	Corrections	
5. Protection from adulterants	r ass/r an	r ass/r an	r ass/r all		
5. Protection from adulterants					
a. Cleaning compounds labeled and stored properly. Water chlorinator functioning.					
b. Lubricants labeled and stored properly					
c. Pesticides labeled and stored properly					
d. Product protected from condensate					
e. Product protected from floor splash					
6. Cooler storage					
a. Unpackaged, cooked crab separated from raw product. No significant condensate.					
7. Employee health					
a. Employees do not show signs of medical problems that could compromise product					
8. Toilet facilities					
a. Toilets are clean, supplied with toilet paper and functioning properly					
9. Pests					
a. Pests controlled as required by contract					
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Firm Name: Address:					
Date: Supervisor/Technician:					