

Integrated Pest Management-Cafeteria Inspection Checklist

School Name: _____

Date/Time of Inspection: _____ Inspector: _____

| Building Exterior: | Satisfactory | Unsatisfactory | Comments for Facilities/Maintenance |
|--------------------------------------|--------------|----------------|-------------------------------------|
| 1. Garbage storage area | _____ | _____ | _____ |
| 2. Garbage handling system | _____ | _____ | _____ |
| 3. Perimeter walls | _____ | _____ | _____ |
| 4. Perimeter windows/openings | _____ | _____ | _____ |
| 5. Roof areas | _____ | _____ | _____ |
| 6. Parking lot and/or drainage areas | _____ | _____ | _____ |
| 7. Weeds and surrounding landscape | _____ | _____ | _____ |
| 8. Rodent-proofing | _____ | _____ | _____ |
| 9. Other _____ | _____ | _____ | _____ |
| | | | |
| Building Interior | | | |
| 1. Walls | _____ | _____ | _____ |
| 2. Floors | _____ | _____ | _____ |
| 3. Ceilings | _____ | _____ | _____ |
| 4. Floor drains | _____ | _____ | _____ |
| 5. Lighting | _____ | _____ | _____ |
| 6. Ventilation/Air handling equip. | _____ | _____ | _____ |
| 7. Other _____ | _____ | _____ | _____ |
| | | | |
| Food Storage | | | |
| 1. Dry food storage area | _____ | _____ | _____ |
| 2. Damaged/spoiled dry food | _____ | _____ | _____ |
| 3. Empty container storage | _____ | _____ | _____ |
| 4. Refrigerated areas | _____ | _____ | _____ |
| 5. Overall sanitation | _____ | _____ | _____ |
| 6. Other _____ | _____ | _____ | _____ |
| | | | _____ |

| | Satisfactory | Unsatisfactory | Comments for Facilities/Maintenance |
|--|--------------|----------------|-------------------------------------|
| Food Preparation/Distribution Areas | | | |
| 1. Counter and surface areas | _____ | _____ | _____ |
| 2. Food serving lines | _____ | _____ | _____ |
| 3. Spaces around appliances/equip. | _____ | _____ | _____ |
| 4. Other _____ | _____ | _____ | _____ |
| Other Kitchen Areas | | | |
| 1. Dishwashing areas | _____ | _____ | _____ |
| 2. Garbage/Trash areas | _____ | _____ | _____ |
| 3. Tray return area | _____ | _____ | _____ |
| 4. Storage area for pots/pans/plates | _____ | _____ | _____ |
| 5. Other _____ | _____ | _____ | _____ |
| Utility Areas and Bathroom | | | |
| 1. Sinks and waterclosets | _____ | _____ | _____ |
| 2. Custodian's closet/work area | _____ | _____ | _____ |
| 3. Other _____ | _____ | _____ | _____ |
| Lunchroom area | | | |
| 1. Tables/chairs | _____ | _____ | _____ |
| 2. Office areas | _____ | _____ | _____ |
| 3. Vending machine area | _____ | _____ | _____ |
| 4. Other _____ | _____ | _____ | _____ |

Recommendation to cafeteria employees to aid in pest prevention: _____

This report reviewed by _____ (name) _____ (title)

This report reviewed on _____ (date)

Action taken: _____