



GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

3500 ESTATE RICHMOND
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1303 HOSPITAL GROUND, SUITE 10
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FOOD SERVICE MANAGER SELF-INSPECTION CHECKLIST

General Requirements for the Establishment

	YES	NO	CORRECTIVE ACTION
Establishment has a current Health Permit	<input type="checkbox"/>	<input type="checkbox"/>	_____
All individuals handling food has a current Health Card	<input type="checkbox"/>	<input type="checkbox"/>	_____
There is a Certified Food Protection Manager present at all times	<input type="checkbox"/>	<input type="checkbox"/>	_____
The no smoking sign is posted	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employee(s) wear proper uniform including proper shoes	<input type="checkbox"/>	<input type="checkbox"/>	_____

Employee Health, Good Hygienic Practices, Preventing Contamination by Hands

	YES	NO	CORRECTIVE ACTION
Ill/sick food workers are properly restricted from food service or excluded from work	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hands are washed thoroughly using proper hand-washing procedures at critical points	<input type="checkbox"/>	<input type="checkbox"/>	_____
No bare hand contact with ready to eat food or a pre-approved alternative procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gloves are changed at critical points	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food is handled with utensils or clean gloved hands	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utensils are handled to avoid touching parts that will be indirect contact with food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eating, drinking, or chewing gum are only observed in designated areas away from work areas	<input type="checkbox"/>	<input type="checkbox"/>	_____
No discharge from eyes, nose mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Employees take appropriate action when coughing or sneezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disposable tissues are used and disposed of when coughing/blowing nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate handwashing sinks are properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handwashing sinks are stocked with paper towels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Handwashing sinks are stocked with soap	<input type="checkbox"/>	<input type="checkbox"/>	_____

Approved Source

	YES	NO	CORRECTIVE ACTION
Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food in good condition, safe, & unaltered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>	_____

Protection from contamination			
	YES	NO	CORRECTIVE ACTION
Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemicals are stored away from food and other food-related supplies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper disposal of returned, previously served, reconditioned, & unsafe food	<input type="checkbox"/>	<input type="checkbox"/>	_____
There are no leaking, dented, or rusted canned goods in storage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food-contact surfaces cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wiping cloths are stored in sanitizing solution while in use	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are washed and sanitized between uses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Work surfaces are clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Can opener is clean to sight and touch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small equipment is inverted, covered, or otherwise protected from dust or contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time/Temperature Control for Safety			
	YES	NO	CORRECTIVE ACTION
Proper cooking time & temperatures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerators are holding at 41 °F or below	<input type="checkbox"/>	<input type="checkbox"/>	_____
Freezers are holding at 0 °F	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>	_____
Time as a Public Health Control; procedures & records	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper date marking and disposal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Consumer advisory			
	YES	NO	CORRECTIVE ACTION
Consumer advisory posted for raw/undercooked food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Highly Susceptible Populations			
	YES	NO	CORRECTIVE ACTION
Pasteurized foods used; prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food/Color Additives and Toxic Substances			
	YES	NO	CORRECTIVE ACTION
Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toxic substances and chemicals are properly identified, stored & used	<input type="checkbox"/>	<input type="checkbox"/>	_____
Conformance with Approved Procedures			
	YES	NO	CORRECTIVE ACTION
Compliance with variance/specialized process/HACPP	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safe Food and Water			
	YES	NO	CORRECTIVE ACTION
Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water & ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ice has a single function (used for consumption or cooling)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>	_____
Food Temperature Control			
	YES	NO	CORRECTIVE ACTION

Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>	
Units are clean	<input type="checkbox"/>	<input type="checkbox"/>	
Food is protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	
Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>	
Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>	
Frozen food is thawed under refrigeration or in cold running water	<input type="checkbox"/>	<input type="checkbox"/>	
Thermometers provided & accurate	<input type="checkbox"/>	<input type="checkbox"/>	

Food Identification

	YES	NO	CORRECTIVE ACTION
Plant food properly labeled; original container	<input type="checkbox"/>	<input type="checkbox"/>	

Prevention of Food Contamination

	YES	NO	CORRECTIVE ACTION
Insects, rodents, & animals	<input type="checkbox"/>	<input type="checkbox"/>	
Screens are on open windows and doors	<input type="checkbox"/>	<input type="checkbox"/>	
No evidence of pests is present	<input type="checkbox"/>	<input type="checkbox"/>	
Holes, cracks/crevices, gaps, leaks are not present	<input type="checkbox"/>	<input type="checkbox"/>	
Only pesticides approved and EPA registered are used at the establishment	<input type="checkbox"/>	<input type="checkbox"/>	
Contamination prevented during food preparation, storage & display	<input type="checkbox"/>	<input type="checkbox"/>	
Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	
Hair restraint is worn	<input type="checkbox"/>	<input type="checkbox"/>	
Fingernails are short, unpolished, and clean	<input type="checkbox"/>	<input type="checkbox"/>	
Jewelry is limited to watch, simple earrings, and plain ring	<input type="checkbox"/>	<input type="checkbox"/>	
Wiping cloths properly used & stored in sanitizing solution	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical sanitizer is at the proper dilution	<input type="checkbox"/>	<input type="checkbox"/>	
Washing fruits & vegetables	<input type="checkbox"/>	<input type="checkbox"/>	

Proper Use of Utensils

	YES	NO	CORRECTIVE ACTION
In-use utensils properly stored	<input type="checkbox"/>	<input type="checkbox"/>	
Utensils, equipment & linens properly stored, dried, & handled	<input type="checkbox"/>	<input type="checkbox"/>	
Single-use/single-service articles properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>	

Utensils, Equipment and Vending

	YES	NO	CORRECTIVE ACTION
Food & non-food contact surfaces cleanable, properly designed, constructed, & used	<input type="checkbox"/>	<input type="checkbox"/>	
Warewashing facilities installed maintained, & used; test strips available	<input type="checkbox"/>	<input type="checkbox"/>	
Non-food contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>	

Physical Facilities

	YES	NO	CORRECTIVE ACTION
Hot & cold water available at adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing installed with proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>	
Sewage & waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet facilities properly constructed, supplied, & cleaned	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage & refuse properly disposed & facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage cans emptied as necessary	<input type="checkbox"/>	<input type="checkbox"/>	

Boxes and containers removed from the site	<input type="checkbox"/>	<input type="checkbox"/>	_____
Loading dock and area around dumpster are clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dumpster is closed	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical facilities installed, maintained, & clean	<input type="checkbox"/>	<input type="checkbox"/>	_____
Adequate ventilation & lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>	_____