

TEMPORARY FOOD STAND SANITATION CHECKLIST

NAME/ORGANIZATION _____ EVENT _____

Routine Revisit Date _____
 Contact Person / Phone _____

CODE	CODE DESCRIPTION	YES	NO	N/A	N/O	Corrected
2-102.11	Manager demonstrates proper knowledge -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-401.11	No eating, drinking, smoking in food area -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-201.11	Food from approved source (no home canned food) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-501.16	Food temperatures (Hot and Cold Holding) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Menu / Hot: 135+ _____					
	Menu / Cold: 41- _____					
3-403.11	Reheating is adequate -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-204.112	Thermometers: Present in all refrig. units, accurate -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-302.12	Bayonet Thermometers: present, accurate (0-220) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-102.11	No galvanized, enamelware, stoneware, wooden utensils -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-202.11	Tables/surfaces: non-absorbent, easily cleanable-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-203.11	Handwashing facility/station available / onsite -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-301.12	Use of proper handwashing technique -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-301.11	Hand soap is present -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-301.12	Paper towels are available for hand drying -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-402.13	Proper disposal of wastewater -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-301.12	Provisions for washing, rinsing & sanitizing utensils -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-501.114	Sanitizer present & being used -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-302.14	Sanitizer test devices available & being used -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-304.11	Employees wear clean outer clothing -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-402.11	Hair restraints in use -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-303.11	No direct contact between food and ice -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-305.11	All food 6 inches off ground, covered, protected -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4-903.11	Single service items 6 inches off ground, clean, dry -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-301.11	No bare-hand contact with ready-to-eat food (gloves) -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5-501.113	Nonabsorbent Trash can with lid available & in use -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-301.13	Canopy present & adequate over food prep/serving area-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-402.11	Adequate access to a restroom -----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-202.11	Light bulbs coated, shielded or shatter resistant-----	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

Received by: _____ Health Dept. Rep _____

Macon County Health Department
 503 N Missouri, Macon, MO 63552
 660-385-4711

Public Health hazard contact number after business hours 1 800 392 0272

8-404.11 Ceasing Operations and Reporting.

(A) Except as specified in ¶ (B) of this section, an operator shall immediately discontinue operations and notify the regulatory authority if an imminent health hazard may exist because of an emergency such as a fire, flood, extended interruption of electrical or water service, sewage backup, misuse of poisonous or toxic materials, onset of an apparent foodborne illness outbreak, gross unsanitary occurrence or condition, or other circumstance that may endanger public health. P

(B) *An operator need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard.*