
SUPPORT SERVICES JOB AID

NAF Facilities and Construction Contracting Inspect Facility/FF&E

DO THIS TASK WHEN

- Prescribed by local or higher authority/policy.
- Scheduled preventive maintenance (PM) program dates, times, events occur.
- Establishing or reviewing/revising a PM, inspection, safety, or sanitation program for your facility's internal and external spaces and/or for your machinery, tools, vehicles, and equipment.
- Assigning staff member responsibility for inspection and maintenance of your facility's internal and external spaces and/or for your Program's machinery, tools, vehicles, and equipment.
- Conducting opening/closing walk-through procedures.
- A Command or staff official is scheduled to visit your Program's facilities/spaces.
- Command or higher staff visits are scheduled/anticipated (e.g., security, fire, safety/NAVOSH, risk management, preventive medicine, etc.).
- Zone inspections are scheduled/anticipated.
- Open house or other major activities are scheduled.
- Following security breach.

**DO THIS
TASK WHEN
(cont.)**

- Indoctrinating new staff members.
 - New machinery, tools, vehicles, or equipment are introduced into the Program, business or office.
 - New spaces are acquired/constructed for the Program, business or office.
 - The condition of the Program's facilities and machinery, tools, vehicles, and equipment are one of the obvious reasons for customer defections, dissatisfaction, or increasing complaints.
 - The condition of the Program's facilities and machinery, tools, vehicles, or equipment are deteriorating more rapidly than is normal "wear & tear".
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REFERENCES

- CNICINST 1710.3, Operation of Morale, Welfare, and Recreation MWR Programs.
 - OPNAVINST 3500.39, Operational Risk Management.
 - Local policy on inspections and inspection criteria.
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**SUPPLIES/
RESOURCES**

- Blank checklists.
 - PM schedule and assignments.
 - Up-to-date standard operating procedures (SOPs).
 - Excerpts/copies of all inspection, servicing, maintenance contracts.
 - Copies of existing warranties.
 - Equipment installation guides.
 - Manufacturers' operating/maintenance manuals.
 - PM schedules/checklists.
 - Typical office supplies.
-

**THIS TASK
IS DONE
CORRECTLY
WHEN**

- Scheduled inspections are performed when due.
- Scheduled inspections are performed using locally prepared checklists.
- Appropriate maintenance is accomplished in accordance with prescribed standards.
- All the Program's machinery, tools, vehicles, equipment (FF&E), minor property, and supplies are inspected as needed and as scheduled.
- All internal and external spaces are inspected as needed and as scheduled.
- All excess, unserviceable, and obsolete machinery, tools, vehicles, and equipment are identified and disposed of properly.

**THIS TASK
IS DONE
CORRECTLY
WHEN (cont.)**

- The results of inspections by departments with oversight or inspection authority are positive and require minimal corrective action.
 - Corrective action is scheduled to ensure prompt accomplishment and avoids repeat deficiencies.
 - Customer service quality is heightened due to effective inspection procedures and PM.
-

NOTES

You need to inspect your facilities and your furniture, fixtures and equipment (FF&E), minor property and supplies frequently to ensure they remain in top condition.

This task will help you:

- Prepare and use inspection checklists.
- Assign inspection and maintenance responsibilities.
- Confirm accomplishment of required/scheduled inspections and maintenances.
- Determine which type inspections are required and how to accomplish them.
- Provide maintenance in accordance with policy and instructions.
- Ensure excess, unserviceable, and obsolete machinery, tools, vehicles, and equipment are identified and disposed of properly.

**NOTES
(cont.)**

Maintaining your facility and your FF&E in top-notch condition ensures:

- Customer safety.
 - A level of equipment reliability that contributes to customer confidence, enjoyment, and satisfaction.
 - Reduced/controlled maintenance costs.
 - Extended service life of machinery, tools, vehicles, and equipment and facilities.
-

NETWORK

All your colleagues on your base and throughout the armed forces MWR systems have this same requirement. Share with them what you've developed and ask them for copies of their inspection and maintenance checklists. Don't neglect your active duty neighbors – the Navy uses many automated inspection systems, so take a look at some of their designs. And finally, look at your industry competitors.

Take every opportunity to ask the Program managers in your FFR Department as well as your colleagues around the FFR system:

- How they accomplish their inspections and PM?
- What techniques they've employed to establish an effective relationship with their vendors, suppliers, and contractors?
- What communication and project management systems/software they've found useful to their PM and inspection programs?
- What techniques they've employed to establish an effective relationship with the on-base departments responsible for inspection and maintenance of various aspects of their Programs?
- What vendors, suppliers, and contractors they rely on and why?

And when you discover information that makes a significant improvement in your PM and inspection programs, share it with the entire field--contact your FFR Division Program Manager via your MWR chain of command.

AUTOMATION

This task, Inspect Facility/FF&E, is much easier and effective if you automate the inspection processes.

A paper-based system is better than no system, but a computer-based automation of this process can provide:

- Daily reminders (ticklers) of what needs to be inspected.
- Printouts of your various checklists.
- Inspection and maintenance cost tracking.
- Expanded details of the maintenance and inspection steps/procedures.
- Illustrated parts lists.
- Multiple report options.

Example:

- By facility.
 - By equipment type.
 - By inspection type.
 - By inspectors (staff).
 - By dollar values/worth/cost.
 - Depreciation scheduling.
 - Time tracking.
 - Ability to add/delete/modify inspection procedures, tasks, steps.
 - Ability to add/delete items on the maintenance schedule.
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PROCEDURE

Step 1 Decide what to do regarding your PM program for your facilities and FF&E.

| IF YOU: | AND: | THEN: |
|---|--|---|
| Have a PM program as described in Establish & Monitor a Facility/FF&E Maintenance Program | You recently reviewed it and found the program to be <i>complete</i> and <i>up-to-date</i> . | Continue with Step 2. |
| | You have NOT recently reviewed the program | Complete all the steps in Establish & Monitor a Facility/FF&E Maintenance Program before doing this task. |
| | You believe the program to be <i>incomplete</i> OR <i>out-of-date</i> . | |
| Do NOT have a PM program as described in Establish & Monitor a Facility/FF&E Maintenance Program | → | |

NOTE: You need a PM program in place that ensures regularly scheduled inspections and maintenance actions. Otherwise you and your staff will leap from one problem to the next, seemingly never able to “catch-up”! (See Establish & Monitor a Facility/FF&E Maintenance Program.)

Step 2 Prepare a list of everything in your Program that requires inspection, maintenance, periodic lubrication/adjustment, safety checks/inspection, replacement cycles/schedules, sanitation operations, including all your facility’s internal and external spaces.

NOTE: This step is already done if you’ve completed Establish & Monitor a Facility/FF&E Maintenance Program.

Step 3 Contact Public Works or building manager to identify all their inspection, service, and maintenance responsibilities for APF FF&E within your Program.

| IF RESPONSIBILITY IS: | THEN: |
|--|---|
| Public Works, building manager or other department | <ol style="list-style-type: none">1. Contact them to learn their maintenance schedule.2. Monitor to ensure compliance. |
| Your Program's | Continue with Step 4. |

Step 4 Gather all the inspection checklists you are currently using in your PM program or otherwise in your Program.

NOTE:

Review the checklists that begin at the end of this task.

- These are included to give you examples of the type checklists you might use in your Program.
- You may modify these forms to suit your local needs or make copies of the examples and apply them as is. You can, of course, design your own forms using any appropriate software application or perhaps your marketing office.
- Ask your immediate supervisor and your colleagues if they are aware of any checklists that you *should* be using or if they have any you might be able to adapt to your Program.

Step 5 Compare your checklists and those provided at the end of this task to the list you gathered in Step 4.

Ensure you have inspection and maintenance checklists for:

- ☐ All your facility's internal and external spaces.
- ☐ Each major equipment item used in your Program.
- ☐ Each vehicle used in your Program.
- ☐ The tools used in your Program.
- ☐ Each item you would classify as FF&E, minor property, and supplies.

NOTE:

For this task, *inspection* and *maintenance* checklists differ in that inspection checklists guide the inspection process, while maintenance checklists detail cleaning, adjusting, aligning, lubricating, sanitizing, replenishing, refilling, charging, replacements, resupply, assembly/disassembly, safety/operational tests, etc.

Both types should include the frequency of performance, quality requirements/standards, who is responsible, and provide spaces for dates, times, annotations/notes/comments, and inspector validation.

Step 6 For each inspection and maintenance checklist, decide how often you or your staff members should conduct the inspection or maintenance procedures.

| IF THE INSPECTION/MAINTENANCE IS FOR: | THEN YOU MAY WANT TO SPECIFY A FREQUENCY OF: |
|--|---|
| Start-up/close-up (including shifts) | <ul style="list-style-type: none"> Daily at specified times |
| Safety, injury/risk prevention areas/issues/measures | <ul style="list-style-type: none"> Daily, at specified times, on-going/constant |
| Sanitation | <ul style="list-style-type: none"> After each use Daily, weekly, monthly New staff member indoctrination Team/staff meetings Posted as a guide |
| Maintenance | <ul style="list-style-type: none"> Daily, weekly, monthly, as prescribed by the manufacturer |
| Security | <ul style="list-style-type: none"> On going, daily, weekly Prior to official inspections After a report of a violation |
| Food storage/preparation areas | <ul style="list-style-type: none"> Beginning/end of shift Throughout shift After food/supply deliveries After food preparation/service |
| Staff spaces | <ul style="list-style-type: none"> On-going, daily, at specified time(s) Beginning/end of shift Weekly/monthly |
| Customer areas | <ul style="list-style-type: none"> After each use Daily, at specified time(s) Beginning/end of shift Weekly/monthly Seasonal |
| Bathrooms, locker rooms, and showers | <ul style="list-style-type: none"> Daily, at specified time(s) Beginning/end of shift Weekly |
| Program equipment, machinery, tools | <ul style="list-style-type: none"> Beginning/end of shift Daily, weekly, monthly, as prescribed by the manufacturer Seasonal |
| Program vehicles | <ul style="list-style-type: none"> Beginning/end of shift or each use Daily, weekly, monthly, as prescribed by the manufacturer |

Step 7 Prepare (in draft form) new and/or revised inspection and maintenance checklists based on your findings and accomplishments in Steps 1-6 above.

Apply the following technique for preparing and or revising checklists:

- ☐ Actually go through the process with one or more accomplished staff members who do the inspection well.
- ☐ Watch what they do and record, in order (sequence), everything he/she does.
- ☐ At every decision point, ask the performer:
 - Why he/she did the step at all?
 - How he/she knew to do the step?
 - How he/she knew when the step should be done?
 - How he/she knew what should be done?
 - What methods and techniques he/she applies and why?
 - How he/she would determine if any item is excess, unserviceable, obsolete and what to do?
 - What precautions, if any, are important?
 - What preparation, if any, is necessary?
 - What notifications, communications, coordinations, if any, are important?
 - What supplies, equipment are needed?
 - How he/she recognizes that the inspection or maintenance procedure is done correctly?
 - What, if anything, he/she has to do AFTER the task is completed?
 - What guidance is needed; SOPs, instructions, etc.

Step 8 Test each new/revised draft inspection and maintenance checklist to ensure the checklist:

- ☐ Accomplishes all requirements of your PM program.
- ☐ Accomplishes all requirements of your local (or higher authority) inspection and maintenance requirements.
- ☐ Covers all your facility's internal and external spaces. (e.g., walls, doors, windows, floors, lighting, signage, and decorations. Also the parking areas, trash areas, store rooms, lounges and office areas, bathrooms, locker rooms, entry ways, decks, lawns, fields, loading docks, fencing, field lights, etc.)
- ☐ Covers all major equipment/machinery items used in your Program, business or office that would stop or significantly hinder operations. (e.g., HVAC, water heaters, generators, compressors, refrigerators, ovens, grills, POS systems, office equipment, computers, P.A./music systems, pin setters, first aid kits/supplies, defibrillators, etc.)
- ☐ Covers each item you would classify as FF&E, minor property and supplies. (e.g., sinks, toilets, showers, water fountains, signs, marquees, scoreboards, desks, chairs, counters, tables, registers, phones, play ground equipment, sports and recreation equipment, etc.)
- ☐ Covers each vehicle used in your Program. (e.g., vans, sedans, pickups, buses, boats, trailers, tractors, mowers, street sweepers, carts, etc.)
- ☐ Covers hazardous materials (HAZMAT) restrictions and handling requirements.

**Step 8
(cont.)**

- ☐ Indicates what the inspector/maintenance person is supposed to do when he/she encounters a problem.
- ☐ Are sequenced in a logical order..., that is, the order most convenient and logical to the user.
- ☐ Have similar appearing formats/designs and includes art work where needed.
- ☐ Are written in the “lingo” of the intended users.
- ☐ Are free of unnecessary verbiage.
- ☐ Are free of typos, spelling, and grammatical errors.
- ☐ Include frequency of performance.
- ☐ Indicate the responsible performer.
- ☐ Explains what to do with items that are thought to be excess, unserviceable, or obsolete.
- ☐ Include applicable performance standards.
- ☐ Provide for dating, signing, and countersigning/validation as applicable.
- ☐ Time required for retention of files per SECNAV M-5210.1, Department of the Navy Records Management Manual.

Step 9 Route your new/revised draft inspection and maintenance checklist for review and approval.

Depending on the content of the checklist and your local policies, routing may include:

- Your staff members who will be required to use the checklist(s).
- Your immediate supervisor.
- The FFR Deputy/Director.
- Safety/NAVOSH office.
- Public Works.
- Legal.
- FFR Region or higher.

☐ Set a date for return (2 weeks should be sufficient).

☐ Explain what you expect each reviewer to do, and NOT to do.

☐ Route no higher than needed.

Step 10 Enter edits and accommodate applicable comments from the results of Step 9 above. (Provide positive feedback to everyone who helps on this step.)

Step 11 Determine the best media for each checklist.

| IF THE CHECKLIST: | AND: | THEN: |
|---|--|---|
| Will be used in a roving type inspection | You do NOT want or are NOT required to maintain copies for the record. | Make copies of the finalized checklists on plain paper. |
| Will be used in one area or by one piece of equipment/ machinery. | You want or are required to maintain copies for the record. | <ol style="list-style-type: none"> 1. Make copies of the checklists. 3. Make a copy for the record. |
| | You do NOT want or are NOT required to maintain copies for the record. | <ol style="list-style-type: none"> 1. Have the checklist prepared as a sign. <p style="text-align: center;">-OR-</p> <ol style="list-style-type: none"> 2. Laminate the checklist. 3. Post the sign or laminated checklist conspicuously in the area or near the applicable equipment/ machinery. |

Step 12 Indoctrinate your staff on their responsibilities, assignments, and tasks and in the use of your Program's inspection and maintenance checklists.

- ☐ Ensure each staff member knows his/her individual PM program responsibilities and can demonstrate:
 - What he/she is supposed to check/inspect, when, and how often.
 - What he/she is supposed to do during each check/inspection.
 - What he/she is supposed to do when a discrepancy is discovered.
 - What he/she is supposed to do with any item believed to be excess, unserviceable, obsolete.
 - How he/she is to perform applicable cleaning, adjustments, sanitation, lubrication, and repair/replacement steps.
 - Applicable safety precautions.
 - Applicable regulations.
 - The location of everything and/or each item detailed on the checklist.
 - The location of all necessary tools, supplies and equipment needed to accomplish the inspection/maintenance requirement.
 - The safe, appropriate, and economical use of all maintenance supplies.
 - All applicable hazardous materials (HAZMAT) conditions and policy are accomplished.
 - The quality requirements for each maintenance action.
- ☐ Ensure each staff member has access to copies of up-to-date inspection and maintenance checklists and operating guidelines/instructions.
- ☐ Ensure each staff member has access to the tools, equipment and supplies necessary to perform their assigned inspection and maintenance responsibilities.
- ☐ Document the indoctrination.

| |
|--|
| <p>NOTE: Checklists are NOT training. They are to be used as on-the-job reminders and <u>should only be used by trained staff members</u>.</p> |
|--|

Step 13 Monitor your PM program and the use of your inspection and maintenance checklists.

☐ Observe and spot-check to ensure staff is using the checklists:

- At the right date, day, and/or time.
- By the assigned staff member.
- Correctly and completely.

☐ Reinforce the continued correct use of checklists.

| IF MANAGEMENT TOOL IS: | THEN: |
|---|--|
| <p>Used:</p> <ul style="list-style-type: none"> • At the right day and/or time • By the assigned staff member • Correctly and completely (e.g., all boxes, dates, and initial spaces are filled in) • And filed as designed | <ol style="list-style-type: none"> 1. Tell the staff member what he/she did correct. 2. Reinforce why use of management tool is important. 3. Provide appropriate reward. 4. Observe/monitor future use of the checklist(s). 5. Document for future evaluations. |
| <p>NOT used:</p> <ul style="list-style-type: none"> • At the right time • By the right staff member • Correctly and completely (e.g., all boxes, dates, and initial spaces are filled in) • And filed as designed | <ol style="list-style-type: none"> 1. Tell the staff member what he/she is NOT doing correctly. 2. Tell why use of management tool is important and demonstrate how to use, (if needed). 3. Confirm staff member understands why and how to use management tool. 4. Observe/monitor future use of the checklist(s). 5. Document as support for corrective actions. |

NOTE:

Accountability is the key to the success of your PM program and, for that matter, all staff performance.

If you want sustained superior performance, then require it, train for it, observe it, acknowledge and reward it..., and hold every staff member equally accountable. Anything less is NOT acceptable in today's business climate.

- Step 14** Provide guidance/appoint someone to be present when you cannot be there for an inspection in which you are typically involved or you usually perform.
- Step 15** Conduct periodic walk-through and spot-check inspections of your facility using appropriate checklist(s).
- Step 16** Verify ALL inspections and maintenance/service operations performed by contractors, vendors, and other Navy departments.

NOTE:

This is a very important management responsibility!

You manage a PM program and hold yourself and your staff accountable to high quality inspections and maintenance of your facility spaces and your Program's FF&E.

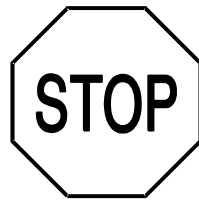
Therefore you should hold your contractors, vendors, and other Navy/military/host Departments to these same high standards.

The difficulty is that you have considerable control of yourself and your staff, but much less with your outside service providers. Tact, consideration, and patience, as well as up-front, honest communication will go a long way towards getting the quality, performance standards, and timeliness you expect. Find out precisely what the outside services are "supposed" to accomplish.

Meet with your providers face-to-face to discuss quality standards beforehand as well as in follow-up. Communicate frequently to maintain a positive, problem-solving relationship..., and do this even when things are perfectly okay with your outside service providers.

Ensure you have authority to make direct contact with outside or on-base service providers.

- Step 17** Take corrective action where required to repair damage and/or replace missing items. (Refer to Correct Facility/FF&E Discrepancies.)
- Step 18** Document and follow-up on your walk-through and spot-check inspection as appropriate.
- Step 19** File documentation as appropriate.



Congratulations! You've completed this task.

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INSPECTION & MAINTENANCE CHECKLISTS

CHECKLIST

| |
|---|
| Bar Back's Closing Checklist |
| Bar Back's Daily Cleaning Checklist |
| Bar Back's Opening Checklist |
| Bartender's Closing Checklist |
| Bartender's Daily Cleaning Checklist |
| Bartender's Opening Checklist |
| Building Safety Checklist |
| Dishwashing Area Daily Cleaning Assignments |
| Disposal/Trash Area Checklist |
| Door Host's Closing Checklist |
| Door Host's Opening Checklist |
| Dry Storage Checklist |
| Equipment Daily Cleaning Checklist |
| Equipment Weekly Cleaning Schedule |
| Facility Inspection Checklist |
| Food Preparation Area Daily Cleaning Assignments |
| Freezer Storage Checklist |
| Non-Industrial Safety and Health Checklist |
| Operator's Vehicle Maintenance/Service Checklist |
| Prevent Cuts Checklist |
| Prevent Personal Injury Checklist |
| Prevent Pest/Rodent Infestation Checklist |
| Preventive Maintenance Schedule |
| Random Equipment Maintenance/Service Inspection Checklist |
| Recreation Center Daily Inspection Checklist |
| Refrigerator Storage Checklist |
| Server's Closing Checklist |
| Server's Daily Cleaning Checklist |
| Server's Opening Checklist |
| Service Area Daily Cleaning Assignments |
| Weekly Preventive Maintenance/Service Schedule |

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| WEEKLY PREVENTIVE MAINTENANCE/SERVICE SCHEDULE | | | |
|--|------|------------|----------|
| FACILITY _____ | | DATE _____ | |
| Items to Check | Okay | NOT Okay | Comments |
| Light fixtures: Clean, de-grease, and replace burnt out bulbs. | | | |
| Vents: Remove, clean, and replace. | | | |
| Compressors, A/C, and other filters: Clean and/or replace. | | | |
| Char-broilers and grills: Dismantle, de-grease, and decarbonize. | | | |
| Ice machines: Defrost, clean, and sanitize. | | | |
| Refrigerator/Freezers: Defrost, de-ice, clean, and sanitize. | | | |
| Heavy equipment: Strip, clean, and oil, if required. | | | |
| Stoves/Burners: Clean and clear jets. | | | |
| Ovens/Griddles: De-grease, test temperature, and calibrate, if needed. | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| PREVENT PEST/RODENT INFESTATION CHECKLIST | | | |
|--|----|-----------------|----------|
| DATE: _____ | | Initials: _____ | |
| CHECK FOR: | OK | NOT OK | COMMENTS |
| Regular professional pest and rodent control services are provided. | | | |
| Feeding/breeding opportunities are minimized. (Narrow spaces between and under furniture are filled or regularly treated.) | | | |
| Cleaning and Sanitation: Residue and mildew on equipment or surface is cleaned regularly. Garbage is removed to appropriate disposal units regularly. Garbage dumpsters are dumped regularly. Garbage containers are tightly covered. Spills and standing water is cleaned up immediately. | | | |
| Products and Supplies: Boxes are not stored on the floor. Boxes in storage do not touch walls. | | | |
| Building Maintenance: Walls and floors are free of holes and cracks. Doors and window screens are tightly sealed and free of holes. Fly fans or air curtains are used. All doors are self-closing. | | | |
| Cleaning Supplies: Dirty/worn-out mops are thrown away. Sanitizing liquid is used regularly. | | | |
| Incoming supplies are inspected for infestation. | | | |
| An up-to-date SOP is provided, describing what to do to prevent pest and rodent infestation. | | | |

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| OPERATOR'S VEHICLE MAINTENANCE/SERVICE CHECKLIST | | | |
|--|------|--------|-----------|
| OPERATOR'S NAME | DATE | | VEHICLE # |
| CHECK FOR: | OK | NOT OK | COMMENTS |
| 1. Dents/damage to body work, glass or mirrors | | | |
| 2. Correct tire pressure | | | |
| 3. Lights operating | | | |
| a. Brake lights | | | |
| b. Headlights (high/low beam) | | | |
| c. Turn indicators | | | |
| d. Parking lights | | | |
| e. Emergency flashers | | | |
| 4. Fluid levels | | | |
| a. Gasoline | | | |
| b. Engine oil | | | |
| c. Transmission oil | | | |
| d. Brake fluid | | | |
| e. Steering fluid | | | |
| f. Windshield fluid | | | |
| 5. Brake operation (Pedal has resistance) | | | |
| 6. Seat belts working | | | |
| 7. Emergency kit (flares, first aid, reflectors, etc.) | | | |
| 8. Tire change tools and spare tire | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| RANDOM EQUIPMENT MAINTENANCE/SERVICE INSPECTION CHECKLIST | | | | | |
|--|------------|-----------|--|------------|-----------|
| Date: | | | Done by: | | |
| Equipment | Yes | No | Equipment | Yes | No |
| Check Wiring | | | Cooling Equipment | | |
| Overloaded outlets | | | Dust on coils | | |
| Frayed, kinked, tangled cords or wires | | | Minerals buildup | | |
| | | | Frost buildup | | |
| Loose outlets/plugs | | | Thermostat accurate | | |
| Ungrounded plugs | | | Beverage Dispensers | | |
| Moisture nearby | | | Syrup buildup around nozzle | | |
| Illegal use of extension cords | | | Mixtures out of balance | | |
| Plumbing/Piping | | | Amount dispensed correct | | |
| Visible moisture | | | Dripping nozzles | | |
| Stains, drip marks | | | CO ₂ pressures correct, tank secured | | |
| Tangled, kinked flexible tubing | | | Small Appliances | | |
| Deterioration of rigid piping or flexible tubing | | | Housing, parts dirty/worn | | |
| | | | Visible oil/moisture on housing | | |
| Drains clean, odor free | | | "Funny" noise when running | | |
| Heating Equipment | | | "Walking" when running | | |
| Burners, coils crusted/greasy | | | Other Equipment | | |
| Buildup on heat sensors | | | Sound, light, and video free of dust and in working order. | | |
| Thermostat accurate | | | Point-of-Sale (POS) system in good working order. | | |

Note on reverse any item you believe to be excess, unserviceable, or obsolete.

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| FACILITY INSPECTION CHECKLIST FACILITY _____ Date: _____ Initials: _____ | | | |
|--|----|--------|---------|
| Area checked | OK | Not OK | Comment |
| ENTRANCE/EXITS | | | |
| Lighting | | | |
| Doors | | | |
| Locks | | | |
| Parking area | | | |
| Signage | | | |
| Trash | | | |
| Furniture | | | |
| Display cases | | | |
| General appearance | | | |
| Other... | | | |
| LOCKER/SHOWER ROOM | | | |
| Lighting | | | |
| Supplies | | | |
| Signage | | | |
| Fixtures | | | |
| Furniture | | | |
| General/cleanliness | | | |
| General appearance | | | |
| Other... | | | |
| COMMENTS: | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| FACILITY INSPECTION CHECKLIST, cont. FACILITY _____ Date: _____ Initials: _____ | | | |
|---|----|--------|---------|
| Area checked | OK | Not OK | Comment |
| MULTI PURPOSE AREAS | | | |
| Lighting | | | |
| Doors/flooring | | | |
| Equipment | | | |
| Signage | | | |
| General appearance | | | |
| Other... | | | |
| GENERAL/COMMON AREAS | | | |
| Heating/Air Conditioner | | | |
| Windows | | | |
| Hallways | | | |
| Admin/office spaces | | | |
| Emergency lighting | | | |
| Bulletin boards | | | |
| Signage | | | |
| Display cases | | | |
| Walls/floors/ceiling | | | |
| General/cleanliness | | | |
| REST ROOMS | | | |
| Supplies | | | |
| Lighting | | | |
| Fixtures | | | |
| Cleanliness | | | |
| COMMENTS: | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| RECREATION CENTER DAILY INSPECTION CHECKLIST | | | |
|---|----|-----------------|----------|
| Date: _____ | | Initials: _____ | |
| Area checked | OK | Not OK | Comments |
| OFFICES/ADMIN/COMMON AREAS: | | | |
| <input type="checkbox"/> Clutter <input type="checkbox"/> Security <input type="checkbox"/> Cleanliness <input type="checkbox"/> Lighting <input type="checkbox"/> Storage area <input type="checkbox"/> Locked files <input type="checkbox"/> Equipment <input type="checkbox"/> Signage <input type="checkbox"/> Display cases <input type="checkbox"/> Flyer/brochure rack <input type="checkbox"/> Art work/plants <input type="checkbox"/> Other... | | | |
| VIDEO GAME AREAS: | | | |
| <input type="checkbox"/> Electric sockets/cords <input type="checkbox"/> Lighting <input type="checkbox"/> Ventilation <input type="checkbox"/> Cleanliness <input type="checkbox"/> Games operable <input type="checkbox"/> Security <input type="checkbox"/> Other... | | | |
| REST ROOMS: | | | |
| <input type="checkbox"/> Odors <input type="checkbox"/> Supplies <input type="checkbox"/> Lighting <input type="checkbox"/> Repair/maintenance <input type="checkbox"/> Other... | | | |
| TV/MUSIC LISTENING AREAS: | | | |
| <input type="checkbox"/> Furniture <input type="checkbox"/> Electric sockets/cords <input type="checkbox"/> Equipment <input type="checkbox"/> Lighting <input type="checkbox"/> Ventilation <input type="checkbox"/> Other... | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| RECREATION CENTER DAILY INSPECTION CHECKLIST, cont. | | | |
|--|----|-----------------|----------|
| Date: _____ | | Initials: _____ | |
| Area checked | OK | Not OK | Comments |
| GAME ROOM: | | | |
| <input type="checkbox"/> Billiard tables <input type="checkbox"/> Table tennis <input type="checkbox"/> Equipment racks <input type="checkbox"/> Carpet/tiles <input type="checkbox"/> Furniture <input type="checkbox"/> Check-out counter <input type="checkbox"/> Lighting <input type="checkbox"/> Picture/posters etc. <input type="checkbox"/> Publicity display <input type="checkbox"/> Doors/windows <input type="checkbox"/> Other... | | | |
| COMPUTER ROOMS: | | | |
| <input type="checkbox"/> Equipment <input type="checkbox"/> Tables/chairs <input type="checkbox"/> Electric outlets/cords <input type="checkbox"/> Paper supplies <input type="checkbox"/> Lighting <input type="checkbox"/> Ventilation <input type="checkbox"/> Heating/cooling <input type="checkbox"/> Resource tables <input type="checkbox"/> Other... | | | |
| SNACK BAR: | | | |
| <input type="checkbox"/> Equipment <input type="checkbox"/> Food storage <input type="checkbox"/> Refrigeration <input type="checkbox"/> Sanitation <input type="checkbox"/> Safety <input type="checkbox"/> Fire alarms <input type="checkbox"/> Extinguishers <input type="checkbox"/> Floors/walls <input type="checkbox"/> Garbage areas <input type="checkbox"/> Pest/rodent control <input type="checkbox"/> Security <input type="checkbox"/> Other... | | | |

Note in the comments section any item you believe to be excess, unserviceable, or obsolete.

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| RECREATION CENTER DAILY INSPECTION CHECKLIST, cont. | | | |
|---|------------|------------------------|-----------------------|
| Date: _____ | | Initials: _____ | |
| Item | Yes | No | Action/Comment |
| Parking areas are clean and tidy. | | | |
| Dumpster areas are clean/tidy, odor free, and covered. | | | |
| Exterior walls/windows are clean and in good repair. | | | |
| Entries are clean. | | | |
| Rest rooms are clean and stocked. | | | |
| Dining/Service area floors, windows, and fixtures are clean. | | | |
| Tables, chairs, and booths are clean and in good repair. | | | |
| Food service area floors, walls, and tables are clean. | | | |
| Equipment is clean and working properly. | | | |
| Refrigerator/Freezer temperatures are in safe zones (record temperature). | | | |
| Service areas are clean and stocked. | | | |
| All lights are working correctly. | | | |
| Circuit breakers on. | | | |
| Alarms off. | | | |
| Security lights on. | | | |

Note in the action/comments section any item you believe to be excess, unserviceable, or obsolete.

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| RECREATION CENTER DAILY INSPECTION CHECKLIST, cont. | | | |
|--|------------|------------------------|-----------------------|
| Date: _____ | | Initials: _____ | |
| Item | Yes | No | Action/Comment |
| Point-of-sale (POS) registers are cleared. | | | |
| All staff members have signed out. | | | |
| All equipment is clean, turned off, and unplugged. | | | |
| Cash drop procedures have been followed. | | | |
| Rest rooms are clean and stocked. | | | |
| Tables floors, counters and booths are clean. | | | |
| Preparation areas are clean. | | | |
| All side-work is done. (service items re-stocked). | | | |
| Refrigerated/frozen foods covered and labeled. | | | |
| All areas secured and locked. | | | |
| Trash cans emptied and clean. | | | |
| Trash/garbage areas are clean and stocked. | | | |
| All lights (other than security) are off. | | | |
| Circuit breakers (as required) off. | | | |
| Alarm (if installed) is set. | | | |
| Exit Doors are locked. | | | |
| Security Lights on. | | | |
| Fire department or base security called for securing building (according to local policy). | | | |

Note in the action/comments section any item you believe to be excess, unserviceable, or obsolete.

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| BUILDING SAFETY CHECKLIST | | | |
|--|-----|-----------------|------------------|
| Date: _____ | | Initials: _____ | |
| Item | Yes | No | Actions/Comments |
| Structure/Equipment is in good repair. <ul style="list-style-type: none"> No cracks No blades chipped No loose floor tiles | | | |
| Electrical wiring/connections are in good repair. <ul style="list-style-type: none"> No frayed plugs No loose sockets No bare wires | | | |
| Lighting in all areas is adequate. | | | |
| Floors are non-slip. <ul style="list-style-type: none"> Floor has abrasive strips. | | | |
| Exits are clearly marked. | | | |
| Equipment is fitted with safety devices. <ul style="list-style-type: none"> Blade shields Automatic cut-offs | | | |
| All fire extinguishers (hand and heat activated) are marked with date serviced. | | | |
| All personnel are trained in use of fire extinguisher. | | | |
| Local fire codes are followed. | | | |
| Emergency phone numbers are posted by phones. | | | |
| Chemicals and cleaning products are stored away from food and food related items. | | | |
| Carpets in good repair | | | |
| | | | |

Note in the actions/comments section any item you believe to be excess, unserviceable, or obsolete.

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| PREVENT PERSONAL INJURY CHECKLIST | | | |
|---|-----|-----------------|------------------|
| Date: _____ | | Initials: _____ | |
| Item | Yes | No | Actions/Comments |
| Personnel are trained on all equipment they are required to use. | | | |
| Equipment is turned off when not attended. | | | |
| Electrical equipment is not used with wet hands. | | | |
| Staff members wear protective clothing that is not too loose/tight (e.g., cook's whites). | | | |
| Equipment is used only as intended. | | | |
| Tools/knives are stacked/stored safely. | | | |
| Spills are cleaned up immediately. | | | |
| Aisles/stairs/walkways are kept clear. | | | |
| Ladders are used where needed. | | | |
| Staff members are trained in correct lifting method. | | | |
| Carts are used for moving heavy objects. | | | |
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Note in the actions/comments section any item you believe to be excess, unserviceable, or obsolete.

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| DRY STORAGE CHECKLIST | | | |
|---|-----|-----------------|------------------|
| Date: _____ | | Initials: _____ | |
| Item | Yes | No | Actions/Comments |
| Storage areas are kept cool (50-60°F). | | | |
| All items are at least 6" off the floor. | | | |
| All items are clear of walls. | | | |
| Storage shelves are clear of overhead sewer lines. | | | |
| All containers are closed. | | | |
| Floors are clean and clear of debris/empty cartons. | | | |
| All storage area keys are accounted for and authorized. | | | |
| Paper products are on designated shelf. | | | |
| Inventory items are in neat and orderly condition. | | | |
| Inventory items are not mixed. | | | |
| Items are labeled, priced, and dated according to local policy. | | | |
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Note in the actions/comments section any item you believe to be excess, unserviceable, or obsolete.

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DISPOSAL/TRASH AREA CHECKLIST

Date: _____

Initials: _____

| Area | Item | Yes | No | Actions/Comments |
|-----------------------------|--|-----|----|------------------|
| Dumpster | Clean and clear surrounding area | | | |
| | After pickup, sides and bottom are: <ul style="list-style-type: none"> • Clean • Free of spillage | | | |
| Trash cans/Grease barrels | Lids on | | | |
| | Liners used for trash cans | | | |
| | No spillage | | | |
| | Clean and clear surrounding area | | | |
| | After pickup: <ul style="list-style-type: none"> • Barrels/Cans rinsed • Barrels/Cans moved and floors cleaned | | | |
| Paper recycling | Boxes flat | | | |
| | Papers tied | | | |
| | Clean and clear surrounding area | | | |
| Glass and plastic recycling | Material sorted by type | | | |
| | Clean and clear surrounding area | | | |

Note in the actions/comments section any item you believe to be excess, unserviceable, or obsolete.

NOTE: Keeping a record of the time checked will help identify/locate the person responsible for the discrepancy.

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| NON INDUSTRIAL SAFETY AND HEALTH CHECKLIST FACILITY _____ Date: _____ Initials: _____ | | | |
|--|----|--------|---------|
| Area checked | OK | Not OK | Comment |
| WALKING SURFACES | | | |
| Fire exits clear, stairway and fire doors closed. | | | |
| Slippery conditions eliminated. | | | |
| Adequate aisles maintained. | | | |
| Stairways clear of materials. | | | |
| Trip hazards eliminated or identified. | | | |
| ILLUMINATION | | | |
| Emergency lighting operational | | | |
| Exit lights lighted/visible, batteries work. | | | |
| Lights operational guards in place. | | | |
| Burned out lights replaced/properly disposed. | | | |
| HOUSEKEEPING | | | |
| Work areas reasonably free of debris, trash, burnable materials. | | | |
| Excess material safely stored. | | | |
| Wall units secured to the wall. | | | |
| Are eating, drinking, and smoking prohibited areas controlled. | | | |
| Coffee mess and kitchen area refrigerators clean. | | | |
| First aid kits current | | | |

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| NON INDUSTRIAL SAFETY AND HEALTH CHECKLIST, cont. | | | |
|--|----|-----------------|---------|
| FACILITY _____ | | | |
| Date: _____ | | Initials: _____ | |
| Area checked | OK | Not OK | Comment |
| HAZARDOUS MATERIAL | | | |
| Containers labeled as required and legible. | | | |
| Office coordinator assigned and trained. | | | |
| Minimum quantity of Hazardous Materials on hand. | | | |
| Use of Ozone depleting substances minimized. | | | |
| Office waste accumulation areas labeled if used. | | | |
| Flammable locker clearly labeled. | | | |
| NFPA fire class 2, 3, and 4 material stored in flammable locker. | | | |
| Fire extinguishers within 10 to 50 ft of flammable locker. | | | |
| ELECTRICAL | | | |
| Panels accessible. | | | |
| Panel boxes, circuit breakers, disconnects labeled. | | | |
| Electrical outlets in good repair. | | | |
| Overload prevention extension cords only. | | | |
| Insulation on cords not cut, spliced, or damaged. | | | |
| Cords not running through doors, walls, windows. | | | |
| Exposed wires identified | | | |
| Extension cords protected from damage. | | | |

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NON INDUSTRIAL SAFETY AND HEALTH CHECKLIST, cont.**FACILITY** _____**Date:** _____**Initials:** _____

| Area checked | OK | Not OK | Comment |
|---|-------------------|--------------------|---------|
| FIRE SAFETY | | | |
| Fire and Disaster Evacuation Plan posted and updated. | | | |
| Fire extinguishers mounted and Preventive Maintenance Schedule (PMS) checked. | | | |
| Fire extinguishers location identified. | | | |
| Area around fire alarms and extinguishers clear. | | | |
| OUTSIDE GROUNDS | | | |
| Grounds neat and groomed. | | | |
| Hazardous materials properly stored. | | | |
| Trash cleaned up. | | | |
| WORK ORDER/MAINTENANCE STATUS | | | |
| OUTSTANDING WORK ORDERS | ISSUE DATE | LAST UPDATE | |
| | | | |
| | | | |
| | | | |
| OUTSTANDING MAINTENANCE (Qtr) | OVERDUE | COMPLETED | |
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| COMMENTS: | | | |

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| EQUIPMENT DAILY CLEANING CHECKLIST | | | | | |
|------------------------------------|-----|----|--------------|------------|----------|
| Date: | | | | | |
| Item | Yes | No | Completed By | Checked By | Comments |
| Fryer | | | | | |
| Charbroiler | | | | | |
| Griddle | | | | | |
| Flat Top | | | | | |
| Convection Oven | | | | | |
| Conventional Oven | | | | | |
| Salamander | | | | | |
| Cheese Melter | | | | | |
| Microwaves | | | | | |
| Pizza Press | | | | | |
| Pizza Ovens | | | | | |
| Mixers | | | | | |
| Slicers | | | | | |
| Dish Machine | | | | | |
| Refrigerator/Freezers | | | | | |
| Ice Machines | | | | | |
| Prep Tables | | | | | |
| Sinks | | | | | |
| Racks | | | | | |
| Shelving | | | | | |

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| DISHWASHING AREA DAILY CLEANING ASSIGNMENTS | | |
|--|----------------------------------|---|
| Day | Day Shift | Night Shift |
| Monday | Clean outside area. | Wash walls. |
| | Scrub garbage cans and bus tubs. | Break down, clean, and de-scale the dishwasher. |
| | Hose down dumpster. | |
| Tuesday | Clean outside area. | Clean outside coolers. |
| | Hose down dumpster. | Clean pot/pan racks. |
| | Clean walk-ins. | |
| | Clean grease traps/barrels. | |
| Wednesday | Clean outside area. | Clean vents and light fixtures. |
| | Hose down dumpster. | Clean under sinks and dishwasher. |
| Thursday | Clean outside area. | Clean storage shelves. |
| | Hose down dumpster. | Clean walk-in outside walls. |
| Friday | Clean outside area. | Clean walk-in shelves. |
| | Hose down dumpster. | Scrub garbage cans and bus tubs. |
| Saturday | Clean outside area. | Clean walls behind sinks and dishwasher. |
| | Hose down dumpster. | |
| Sunday | Clean outside area. | Clean all floor drains. |
| | Hose down dumpster. | Clean under sinks and dishwasher. |

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| FOOD PREPARATION AREA DAILY CLEANING ASSIGNMENTS | | |
|---|--|----------------------------------|
| Day | Day Shift | Night Shift |
| Monday | Clean reach-ins, inside and out. | Clean hood and screens. |
| | Organize/Tidy walk-ins. | Organize/Tidy freezers. |
| Tuesday | As assigned by manager. | Strip and clean microwaves. |
| | | De-scale steam table. |
| Wednesday | Boil out, clean fryers, and replace oil. | Clean back of grill and broiler. |
| | | Clean hood and screens. |
| Thursday | Organize/Tidy kitchen shelves. | Strip and clean convection oven. |
| Friday | Clean storage areas. | As assigned by manager. |
| Saturday | Clean all small appliances. | Clean hood and screens. |
| Sunday | As assigned by manager. | As assigned by manager. |

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| SERVICE AREA DAILY CLEANING ASSIGNMENTS | | |
|--|--------------------------------------|---|
| Day | Day Shift | Night Shift |
| Monday | Clean counter tops. | Clean fountain heads. |
| | Clean and stock paper products area. | Clean and stock self-service areas. |
| Tuesday | Clean counter tops. | De-scale and clean hot service line. |
| | Clean counter shelves. | Clean reach-ins, inside and out. |
| Wednesday | Clean counter shelves. | Clean fountain heads. |
| | Clean display cases. | Clean and stock self service areas. |
| Thursday | Clean counter tops. | De-scale and clean hot service line. |
| | Clean counter front. | As assigned by manager. |
| Friday | Clean counter tops. | Clean fountain heads. |
| | Clean reach-ins, inside and out. | Clean and stock self service areas. |
| Saturday | Clean counter tops. | Clean fountain heads. |
| | As assigned by manager. | As assigned by manager. |
| Sunday | Clean counter tops. | Clean fountain heads. |
| | As assigned by manager. | Clean and tidy soft drink storage area. |

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FREEZER STORAGE CHECKLIST

Date: _____

Initials: _____

| Item | Yes | No | Comments/Actions |
|---|-----|----|------------------|
| Temperatures are at 30°F (-1°C) or lower. | | | |
| All items are at least 6" off the floor. | | | |
| Items are tightly wrapped or packaged to prevent freezer burn. | | | |
| All items are labeled/dated (according to local policy). | | | |
| Items are shelved and not on floor. | | | |
| Floors and shelves are clean and orderly. | | | |
| Door seals are in good condition. <ul style="list-style-type: none"> No obvious breaks, cracks Door closes airtight | | | |
| Condenser has no ice build-up. | | | |
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REFRIGERATOR STORAGE CHECKLIST

Date: _____

Initials: _____

| Item | Yes | No | Comments/Actions |
|--|-----|----|------------------|
| Temperatures are kept between 32 - 40°F. | | | |
| Sufficient space maintained is between food items to allow for good air flow (items not touching). | | | |
| Floors are kept dry and clean. | | | |
| Drip trays are used under meats, fish, and poultry. | | | |
| Cooked items are stored on upper shelves. | | | |
| Raw meats, fish, and poultry are stored on bottom shelves. | | | |
| Raw meats, fish, and poultry are kept from touching each other. | | | |
| All items are covered and labels show item, and date and time of storage. | | | |
| Items found neat and orderly. | | | |
| Lights are working properly. | | | |
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| BARTENDER OPENING CHECKLIST | | | |
|--|-----------------|-----------|-----------------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Cash bank received, counted, signed for. | | | |
| Information on specials, extra assignments, potential rush hours discussed with manager. | | | |
| Assigned keys for registers, beer kegs, etc., signed out. | | | |
| Bar set up for shift: | | | |
| • Alcohol | | | |
| • Glassware | | | |
| • Paper products | | | |
| • Ashtrays | | | |
| Requisitions completed to bring bar stock to pars. | | | |
| Garnishments prepared. | | | |
| Mixers fresh. | | | |
| Ice bins and containers filled. | | | |
| Bar top and service areas clean. | | | |
| Bar snacks fresh. | | | |
| Clean smallwares stocked in: | | | |
| • Back bar | | | |
| • Top bar | | | |
| • Under bar | | | |
| Equipment in working order. | | | |
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| BARTENDER DAILY CLEANING CHECKLIST | | | |
|---|----------|----|----------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Washed, sanitized with cold water and bleach solution, then rinsed and wiped dry: | | | |
| • Wells | | | |
| • Sinks | | | |
| • Bar tops | | | |
| • Beer coolers | | | |
| • Beer taps | | | |
| • Ice bins | | | |
| • Speed rack | | | |
| Water and bleach solution poured down sink(s) and beer tap drains. | | | |
| Liquor dispenser and beer taps cleaned with a toothbrush/wire brush. | | | |
| All stainless steel doors, tops, shelving cleaned. | | | |
| All bottles wiped down. | | | |
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BARTENDER DAILY CLEANING CHECKLIST (cont.)

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| BARTENDER CLOSING CHECKLIST | | | |
|---|-----------------|-----------|-----------------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Cash counted. | | | |
| DAR completed to include spillage, waste, comps, and information. | | | |
| Bank counted, returned, signed in. | | | |
| Cash dropped according to local policy. | | | |
| Assigned keys returned, signed in. | | | |
| Bar reset for next shift: | | | |
| • Alcohol | | | |
| • Glassware | | | |
| • Paper products | | | |
| • Ashtrays | | | |
| Daily inventory of key items completed. | | | |
| Garnishments thrown out or covered, labeled and stored. | | | |
| Mixers stored or thrown out. | | | |
| Snacks stored or thrown out. | | | |
| Ice bins and ice containers emptied and cleaned. | | | |
| Bar top and service areas cleaned. | | | |
| Garbage thrown out. | | | |
| All cleaning assignments completed. | | | |
| Empty bottles disposed of according to local policy. | | | |
| Actions and events of shift discussed with manager. | | | |
| All lights turned off. | | | |

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| SERVER OPENING CHECKLIST | | | |
|---|----------|----|----------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Customer checks obtained, signed for according to local policy. | | | |
| Tabletop fliers, table tents arranged on tables. | | | |
| Clean ashtrays on tables. | | | |
| Wait station stocked. | | | |
| Chairs and stools clean and arranged neatly at tables. | | | |
| Pool tables uncovered, clean. | | | |
| Specials and promotions discussed with manager or bartender. | | | |
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SERVER DAILY CLEANING CHECKLIST

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| SERVER CLOSING CHECKLIST | | | |
|--|----------|----|----------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Customer checks turned in to bartender, signed in according to local policy. | | | |
| Empty glasses and bottles collected. | | | |
| Trash removed from tables and drink rails. | | | |
| Table top fliers and tents removed and stored. | | | |
| Ash trays removed from tables. | | | |
| Wait trays washed and stacked. | | | |
| Table tops cleaned. | | | |
| Chairs and stools cleaned. | | | |
| Chairs placed on tables. | | | |
| Stools placed on bar. | | | |
| Pool tables brushed and covered. | | | |
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BAR BACK OPENING CHECKLIST

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|--|-----------------|-----------|-----------------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Glass racks filled. | | | |
| Beer coolers stocked. | | | |
| Ice bins filled. | | | |
| Cooler temperatures recorded in log(s). | | | |
| Liquor brought up to par stock as directed by bartender. | | | |
| Bar mats and shelf netting in place. | | | |
| Trash cans lined. | | | |
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BAR BACK DAILY CLEANING CHECKLIST

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| <h2 style="margin: 0;">BAR BACK CLOSING CHECKLIST</h2> |
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DOOR HOST OPENING CHECKLIST

| | | | |
|--|-----------------|-----------|-----------------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Authorized users list available | | | |
| ID tags/bands/stamps available. | | | |
| Blank incident reports available. | | | |
| Authorized customer sign-in sheets available. | | | |
| Underage drinker date identified. | | | |
| Underage Users' sign-in sheets available. | | | |
| Hand counters/clickers available and working. | | | |
| Walkie-talkies working and set to correct wave length. | | | |
| Keys received and signed for (if applicable). | | | |
| Promotions and special events information reviewed. | | | |
| Event tickets and receipts available (if applicable). | | | |
| Banned list checked and reviewed. | | | |
| Metal detectors/wands available (if applicable.) | | | |
| DMV ID Checking Handbook reviewed. | | | |
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DOOR HOST CLOSING CHECKLIST

| | | | |
|--|-----------------|-----------|-----------------------|
| Date: | Done by: | | |
| Item | Yes | No | Action/Comment |
| Authorized Users list returned to manager. | | | |
| Unused ID tags/bands/stamps returned to manager. | | | |
| Incidents that occurred during shift recorded on incident report and turned in to manager. | | | |
| Blank incident reports returned to manager. | | | |
| Authorized customer sign-in sheet given to manager. | | | |
| Underage Users' sign-in sheets given to manager. | | | |
| Hand counters/clickers given to manager. | | | |
| Customer count recorded and given to manager. | | | |
| Walkie-talkies given to manager, any problems noted. | | | |
| Keys returned and signed in (if applicable). | | | |
| Event tickets and receipts given to manager. | | | |
| Banned list checked and reviewed with manager. | | | |
| Metal detectors/wands (if applicable) given to Manager. | | | |
| DMV ID Checking Handbook returned to Manager. | | | |
| No customer in establishment (all spaces checked). | | | |
| No customer in parking lot or surrounding area (employee cars only). | | | |

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PREVENT CUTS CHECKLIST

| | | | |
|--|-----------------|-----------|-------------------------|
| Date: | Done by: | | |
| Item | Yes | No | Comments/Actions |
| Knives are kept sharp. | | | |
| Cutting boards are used. | | | |
| Employees are trained on correct knife handling procedures. | | | |
| Knives are not placed in sinks. | | | |
| Clean knives are stored when not in use. | | | |
| Breakable items (glassware) are kept away from the production area. | | | |
| Breakable items are not placed in sinks. | | | |
| Special containers are used for discarding broken, chipped glass. | | | |
| Nails/staples are removed when opening crates/cartons. | | | |
| Blade guards and safety devices are in place. | | | |
| Blender turned off before items being blended are put in or removed. | | | |
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| EQUIPMENT WEEKLY CLEANING SCHEDULE | | | | | | | |
|------------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| WEEK | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| 1 | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: |
| | | | | | | | |
| 2 | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: |
| | | | | | | | |
| 3 | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: |
| | | | | | | | |
| 4 | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: |
| | | | | | | | |
| 5 | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: | Assigned to: |
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| PREVENTIVE MAINTENANCE SCHEDULE | | | | | |
|---------------------------------|-----------------------------|---------------------------------|----------------------------------|--------------------------|--------|
| Facility Space or Equipment | Responsibility Assigned To: | Inspection Schedule (frequency) | Maintenance Schedule (frequency) | Applicable Checklist No. | Notes: |
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