

# MEATROOM INSPECTION REPORT

**AREA TO BE  
CLEANED**

**RECOMMENDED  
SCHEDULE**

**INSPECTION  
RESULTS**

Approved / Not Approved

## PREP ROOM

|         |           |                          |                          |
|---------|-----------|--------------------------|--------------------------|
| Ceiling | Quarterly | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|-----------|--------------------------|--------------------------|

## CUTTING ROOM

|          |       |                          |                          |
|----------|-------|--------------------------|--------------------------|
| Band Saw | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|----------|-------|--------------------------|--------------------------|

|            |       |                          |                          |
|------------|-------|--------------------------|--------------------------|
| Baseboards | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|------------|-------|--------------------------|--------------------------|

|              |        |                          |                          |
|--------------|--------|--------------------------|--------------------------|
| Bone Barrels | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------|--------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Cuber | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|             |        |                          |                          |
|-------------|--------|--------------------------|--------------------------|
| Door Frames | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------|--------|--------------------------|--------------------------|

|        |       |                          |                          |
|--------|-------|--------------------------|--------------------------|
| Drains | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|--------|-------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Floor | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|                       |       |                          |                          |
|-----------------------|-------|--------------------------|--------------------------|
| Hand Tools and Knives | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------|-------|--------------------------|--------------------------|

|                                  |       |                          |                          |
|----------------------------------|-------|--------------------------|--------------------------|
| Legs To All Equipment and Tables | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------------------|-------|--------------------------|--------------------------|

|                           |        |                          |                          |
|---------------------------|--------|--------------------------|--------------------------|
| Lights, Hardware, Shields | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------|--------|--------------------------|--------------------------|

|           |       |                          |                          |
|-----------|-------|--------------------------|--------------------------|
| Meat Lugs | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------|-------|--------------------------|--------------------------|

|               |       |                          |                          |
|---------------|-------|--------------------------|--------------------------|
| Scale/Wrapper | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------|-------|--------------------------|--------------------------|

|           |       |                          |                          |
|-----------|-------|--------------------------|--------------------------|
| Sink Area | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------|-------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Sinks | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|        |       |                          |                          |
|--------|-------|--------------------------|--------------------------|
| Slicer | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|--------|-------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Walls | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|              |       |                          |                          |
|--------------|-------|--------------------------|--------------------------|
| Work Benches | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|--------------|-------|--------------------------|--------------------------|

## MEAT COOLER

|                   |       |                          |                          |
|-------------------|-------|--------------------------|--------------------------|
| Door, Door Handle | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------|-------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Floor | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|                       |       |                          |                          |
|-----------------------|-------|--------------------------|--------------------------|
| Grinder/Grinder Mixer | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-----------------------|-------|--------------------------|--------------------------|

|         |        |                          |                          |
|---------|--------|--------------------------|--------------------------|
| Shelves | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|--------|--------------------------|--------------------------|

|       |        |                          |                          |
|-------|--------|--------------------------|--------------------------|
| Walls | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|--------|--------------------------|--------------------------|

## SEAFOOD COOLER

|                   |       |                          |                          |
|-------------------|-------|--------------------------|--------------------------|
| Door, Door Handle | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------|-------|--------------------------|--------------------------|

|        |        |                          |                          |
|--------|--------|--------------------------|--------------------------|
| Drains | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|--------|--------|--------------------------|--------------------------|

|       |       |                          |                          |
|-------|-------|--------------------------|--------------------------|
| Floor | Daily | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|-------|--------------------------|--------------------------|

|         |        |                          |                          |
|---------|--------|--------------------------|--------------------------|
| Shelves | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|---------|--------|--------------------------|--------------------------|

|       |        |                          |                          |
|-------|--------|--------------------------|--------------------------|
| Walls | Weekly | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|--------|--------------------------|--------------------------|

