

Closing Time Checklist

Inspected By: _____

Date: _____

Each of the following items should be checked daily at closing time and all unsatisfactory conditions should be corrected before leaving building.

		MON	TUE	WED	THU	FRI	SAT	SUN
Cooking and Warming Equipment	All turned off — area free of grease soaked rags, etc. Fire suppression system operation — nozzles in place.							
Electrical Equipment and Appliances	All turned off - clear of combustible materials							
Refrigeration Compressors	Working OK — clear of combustible materials							
Housekeeping	Covered metal containers provided for trash disposal — trash containers emptied or removed from building.							
Smoking	Cigarettes and matches extinguished — ash trays emptied into covered metal containers.							
Heating and Air Conditioning	All units working OK — clear of combustibles — temperatures properly set.							
Rest Rooms	In safe and Sanitary condition — water faucets off.							
Sanitation	Floors and work surfaces clean — refuse cans emptied or removed from building.							
Food Storage	Safe and sanitary storage of food in covered containers — properly refrigerated.							
Fire Protection	If sprinkler system: valves open — water pressure OK — automatic fire alarm system in working order.							
Security	Building empty — all doors and windows locked — interior night lights and exterior flood lights on — cash register emptied and open — safe door closed and locked — burglar system on.							

REMARKS — Note Corrective Action Taken to eliminate Unsatisfactory Conditions:
