



Food Service Checklist

Name: Donald O'Leary
 School: WASHINGTON PRIMARY
 Room or Area: CAPE/KITCHEN Date Completed: 12/5/25
 Signature: Donald O'Leary

Instructions

1. Read the *IAQ Background* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. COOKING AREA

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) | ☐ | ☐ | ☒ |
| 1b. Checked for odors near cooking, preparation, and eating areas | ☐ | ☐ | ☒ |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning | ☐ | ☐ | ☒ |
| 1d. Determined that gas appliances function properly | ☐ | ☐ | ☒ |
| 1e. Verified that gas appliances are vented outdoors | ☐ | ☐ | ☒ |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used | ☐ | ☐ | ☒ |
| 1g. Ensured that kitchen is clean after use | ☒ | ☐ | ☐ |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) | ☒ | ☐ | ☐ |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application | ☒ | ☐ | ☐ |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) | ☒ | ☐ | ☐ |

2. FOOD HANDLING AND STORAGE

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) | ☒ | ☐ | ☐ |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces | ☒ | ☐ | ☐ |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary | ☒ | ☐ | ☐ |
| 2d. Disposed of food scraps properly and removed crumbs | ☒ | ☐ | ☐ |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) | ☒ | ☐ | ☐ |
| 2f. Swept and wet mopped floors | ☒ | ☐ | ☐ |

3. WASTE MANAGEMENT

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers | ☒ | ☐ | ☐ |
| 3b. Ensured that containers' lids are securely closed | ☒ | ☐ | ☐ |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible | ☒ | ☐ | ☐ |
| 3d. Stored waste containers in a well-ventilated area | ☒ | ☐ | ☐ |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) | ☒ | ☐ | ☐ |

4. DELIVERIES

- | | Yes | No | N/A |
|--|-------------------------------------|--------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries | ☒ | ☐ | ☐ |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas | ☒ | ☐ | ☐ |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen | ☒ | ☐ | ☐ |



NOTES

- 1- THIS KITCHEN IS ONLY USED TO STORE COLD FOOD DELIVERED BY SHEPAUG VALLEY SCHOOL.
- 2 - THE KITCHEN IS AUDITED BY THE HOSATONIC VALLEY HEALTH DEPT + IS IN COMPLIANCE .