

**INSPECTION CHECKLIST FOR NEW / ROUTINE APPLICANT
(TRANSPORTER OF FOOD)**

Date of Inspection:	
Date of Previous Inspection:	
Name of Food Safety Officer:	
Name of Transporter:	
Address:	
Tel No:	
Fax No.	
E-mail Address:	
Type of business ownership:	Limited/ Private limited/ Public sector undertaking/ Co-operative/ Partnership/ proprietorship/other
License/ Registration Number:	

Note: To be used in duplicate. One copy to be given to the applicant after the completion of inspection

Inspection Checklist for New/ Routine Applicant (Transporter of Food)

In order

not in order

NA

not applicable

Date of Previous Inspection:

Date of inspection:

a) Treatment of vehicles with permissible chemical, physical or biological agents within the permissible limits are carried out.	
b) Conveyance & transportation of food being done in an appropriate state of cleanliness.	
c) Containers used transporting food stuff is non-toxic and clean.	
d) To protect food from spoilage specially designed vehicles where temperature and humidity are controlled are used; wherever required.	
e) Whether daily records of quantity of fruits, vegetables, fish, milk etc. transported is maintained (Log Book).	
f) To check cross-contamination, vegetarian and non-vegetarian food stuff is transported separately.	
g) Whether periodic cleaning and disinfection of vehicles is carried out and record thereof is maintained.	
h) Whether staff engaged in transportation of food stuff is having basic knowledge of importance of health, hygiene and contamination of food etc.	

Suggestions for Improvement(if any)

Time limit prescribed for compliance of suggestions

Recommendation

Place:

Date:

(FBO/ Authorised Name& Signatory)

(Signature of the Food Safety officer with Seal)

