

## INSPECTION CHECKLIST FOR NEW / ROUTINE APPLICANT (Retailer)

Date of Inspection:	
Date of Previous Inspection:	
Name of Food Safety Officer:	
Name of Establishment:	
Address of Premises:	
Tel No: Fax No:	
E-mail Address:	
Category of Food Products	
License	

**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 (Retailer)

In order     
  not in order     
  NA      not applicable

Date of Previous Inspection:

Date of inspection:

a) Whether daily records of quantity of fruits, vegetables, fish, milk etc. is maintained or not.	
b) Whether periodic cleaning and disinfection of store is carried out and record thereof is maintained.	
c) Whether staff engaged in handling of food stuff is having basic knowledge of importance of health, hygiene and contamination of food etc.	
d) Facility for keeping perishable food products is available.	
e) Facility for frozen food products is maintained.	
f) Containers used for storage are made of non-toxic material.	
g) Exhaust system in food store room in good working condition, and kept clean.	
h) No person handling food is suffering from any infection or contagious disease.	
i) The working area is well ventilated and lighted.	
j) Facility for keeping the food items covered.	
k) Proper pest-proof measures taken to prevent infestation of pests.	
l) Adequate facilities for toilets, hand wash and footbath, with provision for detergent/bactericidal soap 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)**