



ENVIRONMENTAL MANAGEMENT DEPARTMENT

<http://www.edcgov.us/EMD/>

PLACERVILLE OFFICE:

2850 Fairlane Court
Placerville, CA 95667
(530) 621-5300
(530) 642-1531 Fax

LAKE TAHOE OFFICE:

924 B Emerald Bay Rd.
South Lake Tahoe, CA 96150
(530) 573-3450
(530) 542-3364 Fax

SCHOOL CAFETERIA SELF-INSPECTION CHECKLIST

Complete and return this checklist to your district inspector.
Ensure that your facility is in compliance with these requirements.

School Name: _____ Program Record ID# (PR): _____

School Address: _____

Phone Number: _____ Email Address: _____

			COMPLIES		
			YES	NO	N/A
HEALTH AND SAFETY CODE REQUIREMENTS					
1.		Is the cafeteria closed for the rest of the school year?			
2.		TEMPERATURE			
	A	Holding Temperatures: Potentially hazardous foods are being maintained hot at 135°F or higher, or cold at 41°F or below.			
	B	Cold Holding: Freezers are holding food completely frozen. Refrigerators are 41°F or below.			
	C	Thermometer: A probe thermometer with a temperature range of at least 0°F-220°F for measuring food holding and cooking temperatures is available at the facility.			
3.		HANDWASHING			
	A	Handwashing: All handwashing facilities (including restrooms) are equipped with single use towels and soap.			
4.		CLEANING			
	A	Warewashing: Dishwasher reaches 160°F at the dish or dispenses 50 ppm chlorine at the final rinse.			
	B	Test Kit: Test papers are available to check sanitizer.			
	C	Equipment: Facility equipment is clean and in good repair.			
	D	Walls/Floors/ Ceilings: Walls/ floors/ ceilings are clean and free of food debris.			
5.		WATER SUPPLY AND WASTEWATER DISPOSAL			
	A	Water: An adequate supply of warm and cold potable water shall be available on site for cooking, cleaning, sanitizing, handwashing.			
6.		PREMISES			
	A	Walls/Floors/ Ceilings: Facility walls/floors/ceilings are in good repair			
	B	Lighting: Adequate lighting is provided.			
	C	Vermin: Facility is free of vermin.			
	D	Hood: Kitchen hood is in working order.			
7.		Food Manager Certificate: Name: _____ Certificate Number: _____ Expiration Date: _____ Issuing Provider: _____			



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If any items were marked no, please provide your plan to bring the facility into compliance:

Signed: _____

Date: _____