

# DAILY SANITATION REPORT – Shucker Packer

Firm Name: \_\_\_\_\_

Week of: \_\_\_\_\_

	MON _/_	TUE _/_	WED _/_	THUR _/_	FRI _/_	SAT _/_	SUN _/_
<b>SAFETY OF WATER:</b> Check for backflow devices							
Private well: Passing water test within the past 6 months.							
<b>CONDITION/CLEANLINESS OF FOOD CONTACT SURFACES:</b> No wooden handled knives, shucking blocks, or hammers. Equipment is smooth (welds), easily cleanable.							
Ice scoop is clean, stored in a sanitary manner. Ice scoop is sanitized and stored to prevent contamination.							
Knives, shucking blocks, hammers, gloves, and aprons are clean and sanitized before beginning of day and after all breaks.							
Knives, shucking blocks, hammers, gloves, and aprons are in good condition, washed and rinsed at the end of each day.							
Shucking containers are cleaned and sanitized before each filling.							
<b>PREVENTION OF CROSS CONTAMINATION:</b> Product is protected from splash and condensate drip.							
Product not directly in contact with floor of cooler. Product separated by lot.							
Shucked product is protected from contamination. Personal items not stored in processing area.							
Knives, shucking blocks, hammers, gloves, and aprons are stored in a manner to prevent splash, dust and contamination.							
No eating or tobacco use in processing area. Employee's hands are washed after any breaks from work.							
<b>MAINTENANCE OF HAND-WASHING, HAND-SANITIZING, AND TOILET FACILITIES:</b> Toilet and Hand-washing facilities are checked for cleanliness, supplies, and warm water.							
<b>PROTECTION FROM ADULTERANTS:</b> Light fixtures shielded; Product protected during transfer.							
Adequate ventilation is provided to minimize condensation in areas where food is stored, processed or packed.							
<b>PROPER LABELING, STORAGE, AND USE OF TOXIC COMPOUNDS:</b> Cleaning supplies stored properly and away from product. All supplies labeled. Toxic compounds stored properly.							
Sanitizing agent is checked as necessary to ensure proper usage. (enter value here, Chlorine must be between 100 and 200ppm)							
<b>CONTROL OF EMPLOYEES WITH ADVERSE HEALTH CONDITIONS:</b> Employees with unhealthy conditions reassigned to other duties.							
<b>EXCLUSION OF PEST:</b> There are no pest, rodents, insects, etc., in plant area.							
<b>INITIALS OF OBSERVER:</b>							

\*\* Please note on back of this sheet any corrections that had to be made to the items.

Reviewed By: \_\_\_\_\_

Date \_\_\_\_\_