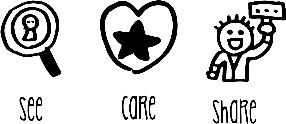
****

**COMPASS GROUP UK & IRELAND**

**FOOD VAN DAILY OPENING AND CLOSING CHECKLIST**

**UNIT:** **UNIT NO:** **WEEK COMMENCING:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OPENING CHECKS (AT THE START OF THE DAY)** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | | **Sunday** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | | **No** | **Yes** | **No** |
| 1. Is the exterior and interior of the van and cab clean and tidy? |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| ***Guidance:*** *Check if the cleaning from the previous day / shift been undertaken adequately.* | | | | | | | | | | | | | | | |
| 1. Are all surfaces of the service area and service equipment cleaned and sanitised? |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| ***Guidance:*** *Check internally if the cleaning from the previous day / shift been undertaken adequately. Has the food storage and display unit been left in a tidy manner with all rubbish removed.* | | | | | | | | | | | | | | | |
| 1. Has the hand wash basin been filled with warm water for effective hand washing, with paper towel and hand soap? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Look for presence of warm water in the basin unit, hand soap or hand sanitiser and blue roll.* | | | | | | | | | | | | | | | |
| 1. Is all catering equipment in good working order? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Check the previous day / shift closing checklist for evidence or any reported damaged equipment* | | | | | | | | | | | | | | | |
| 1. Are all staff reporting for work fit and well and wearing the correct uniform / PPE? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Confirm that staff are fit to work and not suffering from any symptoms of sickness or diarrhoea. Ensure the correct uniform and PPE are provided and worn by colleagues?* | | | | | | | | | | | | | | | |
| 1. Temperature record sheets and working probe available with wipes? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Ensure all due diligence records are available and there is a working probe available. Probe accuracy should be checked monthly using the appropriate form* | | | | | | | | | | | | | | | |
| 1. Has the hand wash sink been filled? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Ensure the water tank has been filled, the unit is clean, and the hot water tank is powered up and there is hand soap and paper towel available* | | | | | | | | | | | | | | | |
| **CLOSING CHECKS (AT THE END OF THE DAY)** | **Monday** | | **Tuesday** | | **Wednesday** | | **Thursday** | | **Friday** | | **Saturday** | | | **Sunday** | |
| **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | | **No** | **Yes** | **No** |
| 1. Has all food been stored away correctly, and all food waste disposed of? |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| ***Guidance:*** *Ensure no perishable food is left out in the van and that all food is stored in its designated locations overnight.* | | | | | | | | | | | | | | | |
| 1. Are all surfaces of the service area and service equipment cleaned and sanitised? |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |
| ***Guidance:*** *Ensure all surfaces and equipment has been cleaned and sanitised at the end of the shift.* | | | | | | | | | | | | | | | |
| 1. Is all equipment still working correctly and turned off as appropriate? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *Where there are any defects as a result of the daily service ensure these are recorded below and reported to your manager. Ensure all equipment is turned off and made safe as per the manufacture’s guidance* | | | | | | | | | | | | | | | |
| 1. Has the food waste bin been emptied and cleaned? |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| ***Guidance:*** *empty the bin, clean the bin and fit new bin bag ready for the next food run.* | | | | | | | | | | | | | | | |
| **HANDOVER ACTIONS:** | | | | | | | | | | | | | | | |
| **CHECKED BY:** | | | | | | | **DATE:** | | | | | | | | |

Manager to check the record form weekly and sign before filing record. Retain for 6 months