

Bar Health Inspection Checklist



Bar Health Inspection Checklist

Bar Details:

Bar Name: _____

Location: _____

Date of Internal Inspection: _____

Time of Inspection: _____

Inspected By: _____ (Name & Position)

1. General Cleanliness:

- Floors swept and mopped.
- Countertops wiped and sanitized.
- Walls and ceilings free from dust and cobwebs.
- No evidence of pests or rodents.

2. Storage Areas:

- Dry storage areas are clean and organized.
- All products are stored off the floor.
- Perishable items stored at correct temperatures.
- No expired products.

3. Refrigeration:

- Fridge and freezer temperatures are within safe limits.
- Refrigeration seals are intact and clean.
- No overcrowded or blocked air vents.
- Stored foods are labeled and dated.

4. Bar Equipment:

- Glasswashers and dishwashers are clean and functioning properly.
- Ice machines are clean and mold-free.
- All equipment regularly sanitized.

5. Restrooms:

- Clean and well-stocked.
- Handwashing signs are visible.
- No evidence of pests.
- Trash bins are emptied regularly.

6. Personal Hygiene:

- Staff are well-groomed and wear clean uniforms.
- Proper handwashing practices are followed.
- Staff avoid touching face, hair, and unnecessary contact with glasses and utensils.

7. Waste Management:

- Trash bins in the bar area are regularly emptied and cleaned.
- Waste is stored properly before disposal.
- Recycling practices are followed where applicable.

8. Health & Safety:

- Fire extinguishers are accessible and in date.
- First aid kit is available and stocked.
- Emergency exits are clear and properly marked.

9. Ventilation:

- Ventilation systems function properly.
- No stale or unpleasant odors.
- Filters are clean and free from excessive buildup.

Comments & Observations:

(Provide detailed notes on any of the above points or any other concerns observed during the inspection.)

Recommendations:

(Provide actionable steps based on the observations.)

1.

2.

3.

Sign-Off:

Internal Inspector:

Signature: _____ Date: _____

Bar Manager/Supervisor:

Signature: _____ Date: _____

Sign-Off:

Inspector:

Signature: _____ Date: _____

Site Supervisor:

Signature: _____ Date: _____