# Daily Sanitation Control Record

**Report Date:**

**Firm Name:**

**Line 1:** Raw Seafood (not ready-to-eat)
**Line 2:** Ready-to-eat

**Firm Address:**

<table>
<thead>
<tr>
<th>Sanitation Area and Goal</th>
<th>Pre-Op Time:</th>
<th>Start Time:</th>
<th>4 Hour Time:</th>
<th>8 Hour Time:</th>
<th>Post-Op Time:</th>
<th>Comments and Corrections</th>
</tr>
</thead>
</table>

## 1) Safety of Water
(See Monthly Sanitation Control Record)
- Back Siphonage - Hose (S/U)

## 2) Condition and Cleanliness of Food Contact Surfaces
(See Monthly Sanitation Control Record)
- Equipment cleaned and sanitized
  - Line 1: (S/U)
  - Line 2: (S/U)

- Sanitizer Strength
  - Sanitizer Type ____________
  - Strength __________ ppm
  - Line 1: (ppm)
  - Line 2: (ppm)

- Gloves and aprons clean and in good repair
  - Line 1: (S/U)
  - Line 2: (S/U)

## 3) Prevention of Cross-Contamination
(See Monthly Sanitation Control Record)
- Hands, gloves, equipment, and utensils washed/sanitized after contact with unsanitary objects (S/U)
- Employees working on raw products, wash and sanitize hands/gloves/outerwear before working with cooked products (S/U)
- Unpackaged cooked products separated from raw products (S/U)

S = Satisfactory / U = Unsatisfactory
## Daily Sanitation Control Record (page 2)

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4) Maintenance of Hand-washing, Hand-sanitizing, and Toilet Facilities

- Hand-washing and hand-sanitizing stations adequate
  - Line 1: (S/U)
  - Line 2: (S/U)
- Hand-sanitizing station
  - Sanitizer Type __________
  - Strength __________ ppm
  - Line 2: (ppm)
- Toilets clean, properly functioning, and adequately supplied (S/U)

5) Protection from Adulterants and

6) Labeling, Storage, and Use of Toxic Compounds

- Product protected from contamination (S/U)
- Cleaning compounds, lubricants, and pesticides labeled and stored properly (S/U)

7) Employee Health Conditions

- Employees do not show signs of medical problems (S/U)

8) Exclusion of Pests

- Pests excluded from processing area (S/U)

S = Satisfactory / U = Unsatisfactory

Signature or initials _____________________________ Date_________________________