

## Monthly and Daily Sanitation Monitoring Record Examples

Following are example sanitation monitoring forms based on frequency of monitoring the 8 key areas of sanitation. These example forms are only one way to record sanitation monitoring and may not apply to every situation.

### "FOR EXAMPLE ONLY" DAILY SANITATION REPORT

Report Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

Line 1: (Name of product being processed) Firm Address: \_\_\_\_\_

Line 2: (Name of another product being processed) \_\_\_\_\_

Sanitation Area and Goal	Pre-Op Time:	Start Time:	4 Hour Time:	8 Hour Time:	Post-Op Time:	Comments / Corrections
<b>1) Safety of Water</b> (See Monthly Sanitation Report)						
Back Siphonage - Hoses	(circle on e) <b>S / U</b>					
<b>2) Condition and cleanliness of food contact surfaces</b> (See Monthly Sanitation Report)						
Equipment cleaned and sanitized	Line 1: (circle on e) <b>S / U</b>					
	Line 2: (circle on e) <b>S / U</b>					
Sanitizer Strength	Line 1: ___ ppm					
Sanitizer Type: _____ _____ Minimum Strength: _____ ppm	Line 2: ___ ppm					
	Line 1: (circle on e) <b>S / U</b>					

Gloves and aprons clean and in good repair	Line 2:	(circle on e) <b>S / U</b>					
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**3) Prevention of cross-contamination**  
(See Monthly Sanitation Report)

Hands, gloves, equipment, and utensils washed / sanitized after contact with unsanitary objects		(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>		
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Employees working on raw products, wash and sanitize hands / gloves / outerwear before working with cooked products			(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>		
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Unpackaged cooked products separated from raw products			(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>	
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**4) Maintenance of hand-washing, hand-sanitizing, and toilet facilities**

Hand-wash and hand-sanitizing stations adequate

Hand-wash station	Line 1:	(circle on e) <b>S / U</b>				
	Line 2:	(circle on e) <b>S / U</b>				

Hand-sanitizing station	Line 1:	___ ppm	___ ppm	___ ppm		
Sanitizer Type: _____ _____	Line 2:	___ ppm	___ ppm	___ ppm		
Minimum Strength: _____ ppm						

Toilets clean, properly functioning, and adequately supplied	(circle on e) <b>S / U</b>					
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**5) Protection from adulterants and 6) Labeling, storage, and use of toxic compounds**

Product protected from contamination		(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>	(circle on e) <b>S / U</b>		
Cleaning compounds, lubricants, and pesticides labeled and stored properly	(circle on e) <b>S / U</b>					
<b>7) Employee health conditions</b>						
Employees do not show signs of medical problems	(circle on e) <b>S / U</b>					
<b>8) Exclusion of Pests</b>						
Pests excluded from processing area	(circle on e) <b>S / U</b>					
<b>Other area(s)</b>						

Additional Comments:

**S** = Satisfactory

**U** = Unsatisfactory

Signature (or Initials): \_\_\_\_\_

**"FOR EXAMPLE ONLY"  
MONTHLY SANITATION REPORT**

Report Date: \_\_\_\_\_

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

Line 1: Apple juice

Firm Address: \_\_\_\_\_

Line 2: Grape Juice

\_\_\_\_\_

Sanitation Area and Goal	Decision	Comments / Corrections
<b>1) Safety of Water</b>		
Safe and sanitary source (semi-annual)	(circle one) <b>S / U</b>	
No cross-contamination - Hard Plumbing	(circle one) <b>S / U</b>	
<b>2) Condition and cleanliness of food contact surfaces</b>		
Processing equipment and utensils in suitable condition	(circle one) <b>S / U</b>	
<b>3) Prevention of cross-contamination</b>		
Physical conditions of plant and layout of equipment	(circle one) <b>S / U</b>	

Additional Comments:

**S** = Satisfactory

**U** = Unsatisfactory

Signature (or Initials): \_\_\_\_\_