




**Health Conditions in Food Establishments and their Personnel**  
**INSPECTION FORM**

**General Information About the Establishment**

|   |                                  |                                      |                                   |
|---|----------------------------------|--------------------------------------|-----------------------------------|
| Establishment Details:                          | Name: .a<br>Registration No.: .b |                                      |                                   |
| Permanent Address:                              |                                  |                                      |                                   |
| Contact Info.<br>Tel:<br>Mob:<br>Fax:<br>Email: |                                  |                                      |                                   |
| Name of Executive Manager:                      |                                  |                                      |                                   |
| Name of Quality & Control Manager:              |                                  |                                      |                                   |
| Foundation Date                                 |                                  |                                      |                                   |
| Information about Personnel                     | No. of Workers on duty:<br>----- | No. of Supervisors on duty:<br>----- | No of workers per shift:<br>----- |
| Daily Production Rate (in Tons)                 |                                  |                                      |                                   |
| No. of Official Government Inspectors:          |                                  |                                      |                                   |

 High Risk  Further scrutiny is required to confirm level of risk  Low Risk

### Establishment Inspection Details

|     | Description  | Y | N | NA | Remarks |
|-----|--|---|---|----|---------|
|     | <b><u>Location</u></b>   |   |   |    |         |
| 1.  | Is the facility located away from any sources of pollution (e.g.: unpleasant smell, smoke, dusts ...etc)?  |   |   |    |         |
| 2.  | Is the area where the facility is located not subject to environmental hazards such as flood?  |   |   |    |         |
|     | <b><u>Size</u></b>   |   |   |    |         |
| 3.  | Does the facility sufficiently accommodate for the personnel and equipment without causing any congestion?   |   |   |    |         |
| 4.  | Are there enough stores for raw materials and final products?  |   |   |    |         |
|     | <b><u>Roads and yards</u></b>  |   |   |    |         |
| 5.  | Do the roads and yards inside the factory ensure smooth traffic for people and machines?   |   |   |    |         |
|     | <b><u>Design</u></b>   |   |   |    |         |
| 6.  | Does the design allow for proper maintenance, sanitary inspection, and cleaning at all stages of production?   |   |   |    |         |
| 7.  | Does it allow for infestation of pests, insects, birds or environmental pollutants such as dust or smoke?  |   |   |    |         |
| 8.  | Does it lead to the smooth application of healthy practices along the production line starting from the raw materials and ending with the final product? |   |   |    |         |
| 9.  | Does it provide the required vital conditions for manufacturing?   |   |   |    |         |
|     | <b><u>Floorings</u></b>  |   |   |    |         |
| 10. | Are they waterproof?   |   |   |    |         |
| 11. | Are they easy to wash and scrub?   |   |   |    |         |
| 12. | Are they slippery?   |   |   |    |         |
| 13. | Are they free from cracks and holes?   |   |   |    |         |
| 14. | Are they affected by weak acids, alkaline, or steam?   |   |   |    |         |

|     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 15. | Are they well-slopped for proper drainage?  |  |  |  |  |
|     | <b><u>Walls</u></b>   |  |  |  |  |
| 16. | Are they smooth and waterproof?   |  |  |  |  |
| 17. | Are they easy to wash and scrub?  |  |  |  |  |
| 18. | Do they have bright colors? Are they free from cracks?  |  |  |  |  |
|     | <b><u>Ceilings</u></b>  |  |  |  |  |
| 19. | Are they designed in a way to prevent accumulation of dirt, condensation, and fungal growth, and rust?                              |  |  |  |  |
| 20. | Are they easy to wash?  |  |  |  |  |
|     | <b><u>Stairs, elevators, pavements, escalators, and ramps?</u></b>  |  |  |  |  |
| 21. | Are they designed in way to prevent food contamination? Are they easy to clean and maintain?  |  |  |  |  |
|     | <b><u>Doors</u></b>   |  |  |  |  |
| 22. | Are they smooth, waterproof, and shut automatically?  |  |  |  |  |
|     | <b><u>Windows</u></b>   |  |  |  |  |
| 23. | Do they prevent accumulation of dirt?   |  |  |  |  |
| 24. | Are they made of stainless materials?   |  |  |  |  |
| 25. | Are they made of smooth material?   |  |  |  |  |
| 26. | Are they waterproof?  |  |  |  |  |
| 27. | Are windows equipped with appropriate wire mesh screens to prevent entry of rodents or insects?                                     |  |  |  |  |
| 28. | Are they easy to clean and maintain?  |  |  |  |  |
| 29. | Are the interior window sills slanted to prevent using them as shelves?   |  |  |  |  |
| 30. | Do they automatically close?  |  |  |  |  |
|     | <b><u>Ventilation</u></b>   |  |  |  |  |
| 31. | Is the building well-ventilated to provide proper air circulation and prevent high temperature, condensation, accumulation of dirt? |  |  |  |  |
| 32. | Does the air circulate from contaminated to clean areas?  |  |  |  |  |
|     | <b><u>Lighting</u></b>  |  |  |  |  |

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| 33.                                       | Is there enough natural and artificial lighting?                                      |  |  |  |  |
| <b><u>Changing rooms and Showers?</u></b> |   |  |  |  |  |
| 34.                                       | Are there enough changing rooms and wardrobes for all workers?                        |  |  |  |  |
| 35.                                       | Do workers wear clean clothes?  |  |  |  |  |
| 36.                                       | Is there enough supply of hot and cold water in the showers?                          |  |  |  |  |
| 37.                                       | Are the showers directly overlooking food handling areas?                             |  |  |  |  |
| 38.                                       | Are the showers clean and provided with the suitable detergents?                      |  |  |  |  |
| 39.                                       | Are the showers installed with bright tiles? Are they free from cracks?               |  |  |  |  |
| 40.                                       | Do the showers accommodate for the number of employees?                               |  |  |  |  |
| <b><u>Water Closets</u></b>               |   |  |  |  |  |
| 41.                                       | Are the toilets designed for proper sanitation?                                       |  |  |  |  |
| 42.                                       | Do the doors close automatically?   |  |  |  |  |
| 43.                                       | Are there enough ventilation and lighting?  |  |  |  |  |
| 44.                                       | Are they directly overlooking food handling areas?                                    |  |  |  |  |
| 45.                                       | Are they clean? Are there toilet flushers, proper cooling and heating devices?        |  |  |  |  |
| 46.                                       | Are there washbasins, toilet papers and dispensable towels?                           |  |  |  |  |
| 47.                                       | Is the number of toilets suitable for the number of employees?                        |  |  |  |  |
| <b><u>Wash Basins</u></b>                 |   |  |  |  |  |
| 48.                                       | Are there enough instruments for washing and drying hands?                            |  |  |  |  |
| 49.                                       | Are the basins installed in clear places?   |  |  |  |  |
| 50.                                       | Are there dispensable towels?   |  |  |  |  |
| <b><u>Waste Disposal</u></b>              |   |  |  |  |  |
| 51.                                       | Are wastes disposed in such a way to prevent contamination of drinking water or food? |  |  |  |  |

|     |   |  |  |  |  |
|-----|---|--|--|--|--|
| 52. | Are the wastes covered properly to prevent release of unpleasant odors or infestation of insects?   |  |  |  |  |
| 53. | Are the waste disposal methods in place approved by the competent health authorities?   |  |  |  |  |
|     | <b><u>Water Sources</u></b>   |  |  |  |  |
| 54. | Is there enough water supply?   |  |  |  |  |
|     | <b><u>Non-potable water</u></b>   |  |  |  |  |
| 55. | Is it compliant with the health conditions approved by the competent authority? Is it free from microbial contamination factors?  |  |  |  |  |
|     | <b><u>Containing and disposing damaged materials and foods</u></b>  |  |  |  |  |
| 56. | Are the necessary sanitary means provided to collect damaged materials and foods? Are there designated areas for disposal?  |  |  |  |  |
|     | <b><u>Health Manufacturing Conditions</u></b>   |  |  |  |  |
|     | <b><u>Preparation and processing</u></b>  |  |  |  |  |
| 57. | Are the various activities of preparation, processing and packing maintained in an orderly, sequential and swift manner so as to prevent contamination, spoilage, or growth of microbes, toxins or any pathogens? |  |  |  |  |
| 58. | Are periodical samples collected randomly from the production line and final product to ensure product safety?  |  |  |  |  |
|     | <b><u>Packing Methods and Final Product Protection</u></b>  |  |  |  |  |
| 59. | Are the products packed in containers free from any articles which may lead to undesired biological or sensory changes?   |  |  |  |  |
| 60. | Are the products processed well to prevent poisoning and cross-contamination?   |  |  |  |  |
| 61. | Are the packing materials waterproof, tasteless and odorless to ensure product  |  |  |  |  |

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
|     | safety from contamination?   |  |  |  |  |
|     | <b>Packing</b>   |  |  |  |  |
| 62. | Is it carried out under suitable health conditions?  |  |  |  |  |
| 63. | Do the applied storing methods ensure product safety from contamination, factors of spoilage and infection, and any risks to public health?  |  |  |  |  |
|     | <b>Product Coding</b>  |  |  |  |  |
| 64. | Is the product traceable (from manufacturing to retailing)? Are the final products, which are distributed during manufacturing or packing, coded to identify each batch and its date of production in case of contamination or any defect? |  |  |  |  |
|     | <b>Storing and Transporting the Final Product</b>  |  |  |  |  |
| 65. | Are the final products stored under conditions which prevent microbial growth, spoilage or damage of packages?   |  |  |  |  |
| 66. | Do the final products undergo periodical inspection during storage to ensure that they are fit for human consumption and compliant with the final product standards?   |  |  |  |  |
| 67. | Are the storage areas free from moist? Are they equipped with well-functioning cooling devices? Are rodent control strategies applied?   |  |  |  |  |
|     | <b>Personnel Hygienic Conditions</b>   |  |  |  |  |
| 68. | Do food-handling personnel undergo pre-employment check-ups administered by recognized health care providers as chosen by the Health Ministry?   |  |  |  |  |
| 69. | Is there a routine check-up for personal (once a year at least) to ensure they are healthy and free from epidemic diseases?  |  |  |  |  |

|     |  |  |  |  |  |
|-----|--|--|--|--|--|
| 70. | Are personnel, who have contagious lesions, blisters or any symptoms of infectious diseases, excluded from work until they fully recover?                    |  |  |  |  |
| 71. | Do personnel, working in perishable food factories, take showers prior and after operations? Do they wear mouth masks, head covers to prevent contamination? |  |  |  |  |
| 72. | Do they maintain hand hygiene (clipped and clean nails)?   |  |  |  |  |
| 73. | Do they wash their hands with hot, soapy water before and after work?  |  |  |  |  |
| 74. | Are they allowed to wear jewelry?  |  |  |  |  |
| 75. | Do they wear clean uniforms?   |  |  |  |  |
| 76. | Do they put on clean, intact gloves?   |  |  |  |  |
| 77. | Do they put on clean head covers?  |  |  |  |  |
| 78. | Are clothes hanged in the operation sites?   |  |  |  |  |
| 79. | Do the personnel have any observable bad habits such as drinking, eating, nose picking, smoking while processing, handling, packing or storing food?         |  |  |  |  |
| 80. | Do they put their fingers in the mouth, eyes, ears, nose, or head during operations? Do they cough, sneeze near the food?                                    |  |  |  |  |
| 81. | Do they sleep; lie in their working areas, food preparation sites or in the food stores?   |  |  |  |  |
| 82. | Are there any precautionary measures in place to prevent visitors from contaminating food?   |  |  |  |  |
|     | <b><u>Pest Control</u></b>   |  |  |  |  |
| 83. | Is there a periodic probing for interior and exterior nesting places for pests?  |  |  |  |  |
| 84. | Are the walls, grounds, elevators and  |  |  |  |  |

|                                       |  |  |  |  |  |
|---------------------------------------|--|--|--|--|--|
|                                       | transporting instruments regularly checked for cracks where insect eggs and secretions may be found?   |  |  |  |  |
| 85.                                   | Are the pest control substances very effective on rodents? Are they used in a way so that they do not contaminate the food? Are they used within the human safety limits?  |  |  |  |  |
| 86.                                   | Are the contaminated pest control tools and devices cleaned properly before re-using?  |  |  |  |  |
| 87.                                   | Do the detergents have complete solubility? Do they have corrosion control qualities on metal surfaces? Do they have emulsifying effects on fats? Do they dissolve solid articles of food? Do they have powerful bactericidal effects? |  |  |  |  |
| 88.                                   | Are pesticides stored in designated, locked stores?  |  |  |  |  |
| 89.                                   | Are pesticides handled by well-trained and experienced employees? Do they take extreme caution when they use them so as to prevent food contamination?   |  |  |  |  |
| <b><u>Health Control Programs</u></b> |  |  |  |  |  |
| 90.                                   | Is there a particular person who is assigned only to the cleaning duties, and is not involved in the production operations?  |  |  |  |  |
| 91.                                   | Does this person have two permanent assistants well trained in handling and using cleaning instruments?  |  |  |  |  |
| 92.                                   | Are critical areas, equipment, and articles given special attention?   |  |  |  |  |
| <b><u>Lab Control</u></b>             |  |  |  |  |  |
| 93.                                   | Does the factory have a special  |  |  |  |  |



|     |   |  |  |  |  |
|-----|---|--|--|--|--|
|     | laboratory where the necessary basic tests are administered to ensure product safety?   |  |  |  |  |
| 94. | Do the official competent authorities take routine samples from the production line for analysis to confirm products' compliance with standards?  |  |  |  |  |
|     | <b><u>Personnel Health Education</u></b>  |  |  |  |  |
| 95. | Are the personnel familiarized about the ways to safeguard against contamination?<br>Are they aware of the sanitary fundamentals which must be maintained during food manufacturing operations? |  |  |  |  |

**Information on the Food Sector Technical Team Members of the** •  
**SFDA:**

| Name | Department | Signature |
|------|------------|-----------|
|      |            |           |
|      |            |           |
|      |            |           |

**Date of Inspection:**

**Official Stamp:**

**Name & Signature of Establishment Rep. attending the Inspection:**

**Place**

**Date**

**Position**



High Risk



Further scrutiny is required to confirm level of risk



Low Risk