



Food Service Checklist

Name: Andover, CT
 School: Andover Elementary School
 Room or Area: AES Kitchen Date Completed: March 19, 2024
 Signature: Valerie E Brunnean, Superintendent
Beth Pratt Director of Food and Nutrition Services

Instructions

- Read the *IAQ Backgrounder* and the Background Information for this checklist.
- Keep the Background Information and make a copy of the checklist for future reference.
- Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
- Return the checklist portion of this document to the IAQ Coordinator.

1. COOKING AREA

- | | Yes | No | N/A |
|---|-------------------------------------|--------------------------|--------------------------|
| 1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Checked for odors near cooking, preparation, and eating areas | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Determined that gas appliances function properly | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Verified that gas appliances are vented outdoors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Ensured that kitchen is clean after use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1h. Checked for signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1i. Selected biocides registered by EPA (if required), followed the manufacturer's directions for use, and carefully reviewed the method of application | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. FOOD HANDLING AND STORAGE

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that food preparation, cooking, and storage practices are sanitary | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Disposed of food scraps properly and removed crumbs | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Cleaned counters with soap and water or a disinfectant (according to school policy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Swept and wet mopped floors | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. WASTE MANAGEMENT

- | | | | |
|--|-------------------------------------|--------------------------|--------------------------|
| 3a. Selected and placed waste in appropriate containers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that containers' lids are securely closed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Separated food waste and food-contaminated items from other wastes, if possible | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3d. Stored waste containers in a well-ventilated area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors in relation to prevailing winds) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Inspections completed by CT Dept. of Health
 (10/1/23): No Citations/Violations

4. DELIVERIES

Yes No N/A

- 4a. Instructed vendors to avoid idling their engines during deliveries
- 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas *ordered + posted*
- 4c. Ensured that doors or air barriers are closed between receiving area and kitchen



NOTES

5/17/23
 Cit #49
 Core Item
 Non-food Contact Surface

10/1/23
 No Citations
 &

- AES has a file of all inspections w/ Admin Assistant,
- 2023 saw one Citation of a Core Item in May and None in November.

Corrective Actions Taken

(c) Staff did not know that best practice was to be sure to utilize exhaust fans every time cleaning takes place (even if no children are in cafe). They now have this practice as part of routine.

(4b) No signage was posted for No idling. Ordered on 3/19/24 & will be posted in receiving area. Posted 4/13/24

All attached inspections indicate compliance on every other checklist point.

This inspection will be done annually to align to IAQ requirements.