

STANDARD OPERATING PROCEDURE WORKSHEET

Establishment Name:

Specific observation noted during inspection: Completed by Lewis County

Applicable code violation(s): - (Optional)

A Risk factor to be controlled:

Hazard (most common, significant):

What must be achieved to gain compliance in the future:

SOP title: Completed by establishment. Please create additional pages as needed.

Who is responsible for executing this SOP?

What will be done in the execution of this SOP?

Where and when will this SOP apply?

How will the execution of this sop be verified (by whom, what will be done and how often)?

Regulatory follow up, if any:

Comments

Establishment Name:

Address:

As the person in charge of the establishment above, I have developed this risk control plan in consultation with Lewis County Public Health and understand the provisions of this plan.

_____ (Establishment Manager) _____ Date

_____ (Regulatory Official) _____ Date

SOP title: Completed by Establishment. Example submission in following pages.

Who is responsible for executing this SOP?

What will be done in the execution of this SOP?

Where and when will this SOP apply?

EXAMPLE

How will the execution of this sop be verified (by whom, what will be done and how often)?

Regulatory follow up, if any:

Comments

Weekly dish pit cleaning

1. Detail storage room and clean ice machine
2. Detail the mop room walls floor sink
3. Detail prep room behind cooks line walls shelves counters sink
4. The walls in dish area
5. Detail garbage cans dish and front of house

EXAMPLE

Weekly cleaning kitchen

1. Monday clean all hoods vents
2. Tuesday broiler breakdown clean
3. Wednesday clean all coolers fans
insides of coolers shelves freezer as well
4. Thursday pull out all equipment and do
all back walls and floors behind all
5. Friday so all spider burners as well as
detail back of stove top and clean under
tray new foil
6. Saturday detail all garbage cans inside
and out

Dish area shiftly cleaning

1. Complete all dishes wipe down dish machine tops sides inside
2. Clean and rinse all stainless
3. Wipe down walls
4. Clean all dish carts sweep and mop
5. All trash out
6. Clean parking lot
7. Clean bathrooms

EXAMPLE

Shiftly cleaning

1. Flip pans and clean tops of cold tables
2. Clean inside and fronts of all cold tables
3. Clean flat tops and chef bases empty excess debris from trofts
4. Filter all fryers
5. Sweep floors trash out fresh liners ea shift
6. Fresh sani buckets
7. Clean all cutting boards
8. Microwaves and shelfs

Closing

Please mop floors as well

Take cutting boards to back scub down then rinse lay out add bleach let bleach stay on all night opener will rinse before putting back on line

Daily set up chart

Kitchen set up 3 bleach buckets one on ea end and 1 in middle

Dish pit also set up one bleach bucket and set up 3 compartment sink to pre soak dishes

Prep kitchen also set up bleach bucket.

Front of house bleach buckets at server isle and front counter as well .

These are to be changed every 4 hrs or as needed

After line is completed and ready to go take all temps on temp chart record temps and sign this includes coolers walkin and freezers . and remember clean as you go

As the person in charge of the ESTABLISHMENT located at **ADDRESS**,
I have developed this risk control plan, in consultation with Lewis
County Public Health and understand the provisions of this plan.

_____ (Establishment Manager)

_____ Date

_____ (Regulatory Official)

_____ Date