

Insert Business Name **EMPLOYEE SOP REVIEW LIST**

EMPLOYEE NAME: _____ START DATE: _____

1. CLEANING AND SANITIZING FOOD CONTACT SURFACES:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

2. CONTROLLING TIME AND TEMPERATURE DURING PREPARATION:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

3. COOKING POTENTIALLY HAZARDOUS FOODS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

4. COOLING POTENTIALLY HAZARDOUS FOODS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

5. DATE MARKING READY-TO-EAT FOODS, POTENTIALLY HAZARDOUS FOOD:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

6. HANDLING A FOOD RECALL:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

7. PERSONAL HYGIENE:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

8. PREVENTING CROSS-CONTAMINATION DURING STORAGE AND PREPARATION:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

9. RECEIVING DELIVERIES:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

10. REHEATING POTENTIALLY HAZARDOUS FOODS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

11. USING AND CALIBRATING THERMOMETERS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

12. USING SUITABLE UTENSILS WHEN HANDLING READY-TO-EAT FOODS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

13. WASHING FRUITS AND VEGETABLES:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____

14. WASHING HANDS:

EMPLOYEE INITIALS: _____ DATE REVIEWED: _____