


DEPARTMENT OF PUBLIC SAFETY CORRECTIONAL SERVICES

 FACILITY or UNIT

CLOSING CHECKLIST

DATE: _____

TIME: _____

AREA	YES	NO	COMMENTS
1. All inmates reported on time, clean clothing and shoes; no open sores, skin infections or intestinal diseases; good personal hygiene			
2. Freezer secured and clean; all food covered and dated; no food on floor; freezer temperature recorded			
3. Cooler secured and clean; all food covered and dated; no food on floor; cooler temperature recorded			
4. Office secured and clean			
5. Kitchen secured and clean			
6. Storeroom secured and clean			
7. All equipment operational, cleaned and turned off			
8. All drains operational and clean			
9. No evidence of pilferage or vandalism			
10. Sharps inventoried and secured			
11. Production records and other paperwork completed and secured			
12. Food on hand for early meal preparation			
13. Logbook completed, dated, read, and initialed			
14. Dish machine cleaned and turned off; doors open			
15. All trash emptied, cans clean with new bags, rubbish taken out, boxes broken down and out			
16. All sinks, tables, counters cleaned and sanitized			
17. Adequate supply of hand towels, hand soap, and toilet paper for all areas and in place			
18. All food and cleaning supplies secured; nothing left out to pilfer			
19. All freezer pulls completed and in cooler to thaw			
20. Prep work assigned for next day is completed; breakfast items checked and ready for AM production			
21. Keys secured			
22. Exits locked and kitchen secured			

 PM Supervisor's Signature