



Department of Public Safety and Correctional Services Closing Checklist

Facility Name

Date: _____

Time: _____

Area	Yes	No	Comments
1. All incarcerated individuals reported on time, clean clothing and shoes; no open sores, skin infections or intestinal disease; 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; freezer temperature recorded.			
4. Office secured and clean.			
5. Kitchen secured and clean.			
6. Storeroom secured and clean.			
7. All equipment operational, clean 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 taken 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