



Covid-19 Self - Monitoring Inspection Checklist

Business Name:		Date
Contact name:		Parish
Position:		Phone
Email:		
	<i>Item</i>	√ or X
	General	<i>Comments/Notes</i>
1	Covid-19 Plan	
2	Covid-19 IPC course and completion records	Total No._____, Course passed No._____
3	Masks worn by all staff	
4	Masks worn by all guests: entering, queuing, walking around, accessing bathrooms etc.	
5	Physical distancing; Queuing/seating areas. (6 ft)	
6	Hand sanitizer at entrance/ea. table/waiter stn's and readily available	
7	Greeting signs at entrance re masks, distancing etc.	
8	Copy of Guidance posted	
9	Contact Tracing- primary diner: date, name, address, phone, email, table no.	
10	Screening questions asked (that are mandatory): Temperature check _____ Quarantine status check _____ Travel history check _____	
11	Tables numbered/ not pre-laid with cutlery etc.	
12	Distance between. tables 6ft or screens/barriers >6ft 6ins	
13	Max. 10/table _____ Total seats: inside _____ outside _____	
14	Sanitizing of tables, menus, touchpoints etc. In progress_____, Frequency in plan _____, Actual _____	
15	Cleaning Schedules _____ logged completion with dates/person/etc. _____ Ventilation adjusted = Natural/Artificial	
	Staff and guest health policies	
16	Staff health policy	
17	Guest health policy/assessed-temp check/health question's	
	Kitchen	
18	Kitchen, noticeably clean, enhanced sanitizing	
19	Frequent handwashing evident	
20	Quick Serve/take-out Distancing: queue _____ marks _____	

	BARS		
21	Bartender & servers wearing masks _____ patrons _____		
22	Distancing: bar staff _____ patron seated per present guidelines		
23	Hand Sanitizers at bar for staff _____ patrons _____		
	Buffet/coffee/tea Stations		
24	Chef served _____ self - served _____		
25	Physical distancing _____		
26	Customers wearing masks/signs posted		
27	Signs for hand hygiene/ distancing		
28	Hand sanitizer readily available		
29	Sneeze guards adequate and cleaned (30 mins)		
30	Shared utensils changed frequently (30 mins)		
31	Hot food temp _____, Cold Food temp _____		
32	Single use items/ protected/ indiv. or changed freq.		
	Bathrooms		
33	Distancing : markings/signs/ltd no.'s		
34	Frequent cleaning and sanitizing – log available		
35	Clean _____ hand sanitizer _____ soap _____ paper towels _____		
	Elevators		
36	Sign limiting No.		
37	Distancing marked		
38	Sanitizer		
39	Hands free/other		
40	Touchpoints/Other		