

Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department

Lusail Construction Safety Procedural Form/Checklist – Canteen Inspection Checklist

Document No:	LUS-HSE-FM4-446-	104.02		Rev	2
Uncontrolled Cop	ру	Controlled Copy	X	Date	27/06/2016

COMPANY PROPRIETARY INFORMATION

Prior to use, ensure this document is the most recent revision by checking the Master Document List. To request a change, submit a Document Change Request to the Document Control Representative. Master copy of this document will be maintained by the LREDC QA/QC Manager. Not Controlled if printed.

Amendment Record

This document is reviewed to ensure its continuing relevance to the systems and process that it describes. A record of contextual additions or omissions is given below:

Rev. No.	Description / Comments	Prepared By	Checked By	Approved By	Issue Date
1	(Pg. 1) Company Propriety Information - Not controlled if printed has been added	HSE Working Group	Michael Ford	Uwe Krueger	01-Apr-15
1	(Pg. 2) Revised Amendment Table	HSE Working Group	Michael Ford	Uwe Krueger	01-Apr-15
2	(Pg. 3) Table A: PERSONAL HYGIENE 8. Is Personal Hygiene training regularly provided (records available) has been added.	Occupational Health	lhab Fouad	Uwe Krueger	27-Jun-16
2	(Pg. 5) Table K: HEALTH 2. Is Food Safety training regularly provided (records available) has been added.	Occupational Health	lhab Fouad	Uwe Krueger	27-Jun-16
2	(Pg. 6) Table E: COMMENTS has been amended.	Occupational Health	Ihab Fouad	Uwe Krueger	27-Jun-16
2	(Pg. 6) Signatory has been added.	Occupational Health	Ihab Fouad	Uwe Koyleger	27-Jun-16
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PUBLIC HEALTH CANTEEN INSPECTION CHECKLIST

Please complete all sections

Supervisor on duty:	Location
Inspection done by:	Telephone Number:
Company Medical staff (if applicable) present:	Email Address:
Date of Inspection:	Date of Previous Inspection:

A. P	A. PERSONAL HYGIENE					
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED	
1	Hair nets are worn					
2	Fingernails are short and clean					
3	Gloves worn by food handlers during preparation of raw and cooked food					
4	Open sores, cuts, or bandages on hands are completely covered while handling food					
5	Adequate hand washing and drying facilities are available					
6	Catering staff demonstrate understanding regarding when to wash hands					
7	No smoking in kitchen or canteen				_	
8	Is Personal Hygiene training regularly provided (records available)					

B. UTENSILS AND EQUIPMENT						
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED	
1	All small equipment and utensils, including cutting boards, are thoroughly cleaned between uses and sanitized where necessary					
2	Utensils are clean and dry					
3	Work surfaces are clean and sanitized					
4	Thermometers are available and calibrated					
5	Drawers and racks are clean					
6	Utensisl are stored in a safe manner					

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Lusail	Real Estate Development Company				HSE - Canteen Inspection Checklis
C. C	LEANING AND SANITIZING				
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED
1	Routine cleaning schedule are in place for utensisl, equipment and premises				
2	Deep cleaning schedule				
3	Sanitation chemicals used correctly				
4	Separate rags used for floors and work surface cleaning				
5	Cleaning equipment stored appropriately				
6	Dining area is clean and sanitized				
D G	ARBAGE DISPOSAL				
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED
1	Garbage containers are washed and sanitized	- 125	""		
2	Garbage storage area is protected from insect or rodent				
3	infestation Skips emptied / removed from site at least 2x per week				
- 0					
E. P	EST CONTROL		I		
No.	STANDARD Screens are on open windows and doors and in good	YES	NO	COMMENT	DATE CORRECTED
1	repair				
2	A pest control program is in place				
F. R	ECEIVING				
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED
	Products are supplied by approved suppliers	123	110	COMMENT	BATTE CONNECTED
1	Immediately upon receipt, incoming food and supplies				
2	are inspected				
3	All food and supplies are promptly moved to proper atorage areas				
4	Temperature is checked and recorded of shipping chillers/freezers on arrival				
5	Chillers/freezer content is checked for defrosting or spoiling/damage before unloading				
6	All food is labeled with name and delivery/expiry date				
7	Food is protected from contamination				
G. <u>S</u>	TORAGE				
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED
1	Separation of food and chemicals				
2	Air-conditioned storage				
3	All food are stored off the floor				

Foods are arranged to allow cool air flow

Unit is clean

H. C	H. COLD STORAGE						
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED		
1	All food is properly wrapped, labeled and dated						
2	Food is not allowed to be in the "temperature danger zone" (i.e. between 4C°) for more than 2 hours						
3	Thawing pans are available and clean						
4	Segregation of food stuff in chiller and freezer (meat, fish, poultry and veg)						
_	Temperatures are maintained: 4C° or lower in refrigirators and -18C° or lower in freezers. Recorded during each shift.						

I. HO	I. HOT/COLD HOLDING						
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED		
1	Fridge/Bain Mari is clean						
2	Food is heated to 75C° before placing in hot holding						
3	Temperature of food being held is 63C° or above, record is available						
4	Temperature of cold food being held is 4C° or below, record is available						
5	Food is protected from contamination						

J. Transport						
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED	
1	Transport containers and carts are regularly cleaned and sanitized					
2	Proper temperatures are maintained during transport at 4C° or below for foods and above 63C° for hot foods, record available					
3	Transport vehicle is clean					

К. Н	K. HEALTH					
No.	STANDARD	YES	NO	COMMENT	DATE CORRECTED	
1	Food handlers' medical certificate up to date.					
1 7	Is Food Safety training regularly provided (records available)					

E. C	E. COMMENT SHEET							
No.	CORRECTIVE ACTION	RESPONSIBLE PERSON	DUE DATE					
1								
2								
3								
4								
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12								
13								
14								
15								

Issued by (Print Name):	Received by (Print Name):	
_		Contractor's Representative
Signature:	Signature: _	
Position:	 Position: _	
Date:	Date:	

^{*}Corrective action should be documented and date corrected column completed.