

COLD STORAGE OPERATION

Date: _____

Name of Premise: _____

Premise Number: _____

Address of Premise: _____

	Acceptable	Unacceptable	Comments
Labeling/Packaging/Wrapping			
Packaging done at refrigerated temperatures $\leq 4^{\circ}\text{C}$; 40°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
or $\leq 3.3^{\circ}\text{C}$; 38°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Proper icing of fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fresh fish/fillets refrigeration in vac-pack ≤ 7 days	<input type="checkbox"/>	<input type="checkbox"/>	_____
NO refrigeration of vac- pack smoked fish (frozen OK)	<input type="checkbox"/>	<input type="checkbox"/>	_____
MAP smoked fish refrigerated shelf-life ≤ 14 days	<input type="checkbox"/>	<input type="checkbox"/>	_____

<u>Labels include</u>			
Common name of Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name and Address of supplier	<input type="checkbox"/>	<input type="checkbox"/>	_____
Net Fish Weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish Grade and Fish Size	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage instructions / Best Before Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Information is concordant with the terms& conditions of the license	<input type="checkbox"/>	<input type="checkbox"/>	_____

Frozen Storage		Cold Storage	
Acceptable	Unacceptable	Acceptable	Unacceptable
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is $\leq -18^{\circ}\text{C}$ ($<0^{\circ}\text{F}$)	Temperature is $\leq 4^{\circ}\text{C}$ ($\leq 40^{\circ}\text{F}$)
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is $\leq -26^{\circ}\text{C}$ ($<-15^{\circ}\text{F}$)	Temperature is $\leq 3.3^{\circ}\text{C}$ ($\leq 38^{\circ}\text{F}$)
<input type="checkbox"/>	<input type="checkbox"/>	Food is protected from contamination	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food is stored in food grade containers	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food is 6" off floor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring (temperature logs/records)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shelves easily cleanable, durable, non-porous	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stock rotation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Well organized, clean	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient lighting	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Air Circulation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Documentation and Record Keeping	<input type="checkbox"/>

Comments: _____

	Acceptable	Unacceptable	Comments
Sanitation and Employee Hygiene			
Employees free from illness, cuts, lesions	<input type="checkbox"/>	<input type="checkbox"/>	_____
No smoking, chewing gum/tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least one worker with FOODSAFE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand-washing with liquid soap, sanitizer, paper towels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriately dressed (boots, hair nets, coats, aprons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean food contact surfaces, equipment, premise	<input type="checkbox"/>	<input type="checkbox"/>	_____