



On this date, I am responsible for our facility's food safety check. Any item or task that is not food-safe, incomplete, or does not meet the correct standard will be addressed in the *Corrective Actions* section on page 2.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**MORNING SHIFT**  
**EVENING SHIFT**

NAME \_\_\_\_\_ POSITION \_\_\_\_\_ TIME \_\_\_\_\_ AM  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ PM

Daily Self-Inspection

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Fairfax County Health Department  
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 To request this information in an alternate format, call  
 703-246-2444, TTY 711.  
 www.fairfaxcounty.gov/health



| COOKING AND REHEATING |           |                               |            |                   |
|-----------------------|-----------|-------------------------------|------------|-------------------|
| Time of Day           | Food Item | Cooking (C) or Reheating (R)? | Temp. (°F) | Corrective Action |
| AM                    |           |                               |            |                   |
|                       |           |                               |            |                   |
|                       |           |                               |            |                   |
| PM                    |           |                               |            |                   |
|                       |           |                               |            |                   |
|                       |           |                               |            |                   |

**CORRECTIVE ACTIONS:** C = Continue cooking/reheating process until proper temperature reached D = Discard food item

| COLD HOLDING TEMPERATURES |      |           |                 |           |                 |                   |
|---------------------------|------|-----------|-----------------|-----------|-----------------|-------------------|
| Time of Day               | Time | Unit Name | Unit Temp. (°F) | Food Item | Food Temp. (°F) | Corrective Action |
| AM                        |      |           |                 |           |                 |                   |
|                           |      |           |                 |           |                 |                   |
|                           |      |           |                 |           |                 |                   |
| PM                        |      |           |                 |           |                 |                   |
|                           |      |           |                 |           |                 |                   |
|                           |      |           |                 |           |                 |                   |

**CORRECTIVE ACTIONS:** C = Rapidly chill with a cooling method M = Move to another unit/location for cooling D = Discard food item

| HOT HOLDING TEMPERATURES |      |                    |            |                   |
|--------------------------|------|--------------------|------------|-------------------|
| Time of Day              | Time | Food Item/Location | Temp. (°F) | Corrective Action |
| AM                       |      |                    |            |                   |
|                          |      |                    |            |                   |
|                          |      |                    |            |                   |
| PM                       |      |                    |            |                   |
|                          |      |                    |            |                   |
|                          |      |                    |            |                   |

**CORRECTIVE ACTIONS:** RH = Reheat to 165°F for 15 seconds D = Discard food item

