

Date: _____ / _____ / _____

Location: _____

PACKING CREW

Sanitation Check List (GAP record), (P / F = Pass or Fail)

	Starting Time (__ am)	Initials	Closing Time (__ pm)	Initials	Comments and Corrective Actions	Initials
Packing baskets clean?	P / F		P / F			
Packing tools clean?	P / F		P / F			
Packing tables & scales clean?	P / F		P / F			
Van/truck bed clean?	P / F		P / F			
Toilets work?	P / F		P / F			
Toilet paper?	P / F		P / F			
Handwashing sinks work?	P / F		P / F			
Hand soap & paper towels?	P / F		P / F			
Worker hygiene?	P / F		P / F			
Worker health?	P / F		P / F			
Packing shed free of signs of insects/rodents?	P / F		P / F			
Packing materials properly stored?	P / F		P / F			
Chemicals properly stored?	P / F		P / F			
Chill Box No.1						
- Clean & free of contaminants?	P / F		P / F			
- Product properly stored?	P / F		P / F			
- Temp <45 °F?	P / F		P / F			
Chill Box No.2						
- Clean & free of contaminants?	P / F		P / F			
- Product properly stored?	P / F		P / F			
- Temp <45 °F?	P / F		P / F			

Packing Crew Leader: _____
(signature)

_____ am or pm
(time)