

Kitchen Closing Checklist

रसोई क्लोजिंग चेकलिसिट

Code: KITCHEN_CLOSING · Daily Operations · Daily · FSMS — HACCP / FSSAI compliance record

LOGO
(affix / print here)

Outlet / Kitchen: _____ Date: _____ Shift / Meal: _____

WHY / PURPOSE	Daily kitchen closing checklist to ensure proper storage, cleaning, equipment shutdown, and security procedures
	शफिट खत्म होने पर सफाई, तापमान, गैस/बजिली बंद — सब जाँचें।
REQUIRED BY	FSSAI Schedule 4, cl. 8.2 (records retention)
	कौन भरे: शफिट लीड

A. Final Temperature Verification

Final Chiller Temperature * Record final chiller temperature	_____ (std: 0-5 °C) [] In-range [] Out
Final Freezer Temperature * Record final freezer temperature	_____ (std: -25--18 °C) [] In-range [] Out
All Hot Food Cooled Properly * Hot food cooled within 2 hours	[] Yes [] No [] Not Applicable
Cold Storage Properly Stocked * All cold items stored at proper temperature	[] Yes [] No
Photo of Temperature Logs Take photo of completed temperature logs	[] Photo attached [] N/A

B. Food Storage

All Food Covered/Wrapped * All food properly covered or wrapped	[] Yes [] No
Food Labeled with Date/Time * All stored food labeled with date and time	[] Yes [] No
FIFO Order Maintained * First-In-First-Out order maintained	[] Yes [] No
No Uncovered Food * Verify no food left uncovered	[] Compliant [] Non-Compliant
Storage Areas Clean * All storage areas cleaned	[] Clean [] Needs Attention
Photo of Storage Take photo of organized storage	[] Photo attached [] N/A

C. Cleaning Verification

Recorded by: _____ Verified by / Supervisor: _____ Date: ____ / ____ / ____

KITCHEN_CLOSING · FSMS - Culirect · Blank master for manual logging
Retain 1 year or the food's shelf-life, whichever is longer (FSSAI Schedule 4, cl. 8.2). Any 'Out' / 'Fail' → corrective action + supervisor review.

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Cooking Equipment Cleaned * All cooking equipment cleaned	☐ Clean ☐ Not Clean
Prep Tables Sanitized * All preparation tables sanitized	☐ Yes ☐ No
Floors Cleaned & Mopped * Kitchen floors cleaned and mopped	☐ Yes ☐ No
Walls & Splash Areas Cleaned * Walls and splash areas cleaned	☐ Yes ☐ No
Drainage Cleaned * Drain covers removed and cleaned	☐ Clean ☐ Clogged
Garbage Disposed * All garbage disposed properly	☐ Disposed ☐ Pending
Waste Bins Cleaned * All waste bins cleaned and sanitized	☐ Yes ☐ No
Photo of Clean Kitchen Take photo of cleaned kitchen	☐ Photo attached ☐ N/A
D. Equipment Shutdown	
All Cooking Equipment Off * All cooking equipment switched off	☐ Yes ☐ No
Gas Valves Closed * All gas valves properly closed	☐ Yes ☐ No
Electrical Appliances Off * Unnecessary electrical appliances off	☐ Yes ☐ No
Chillers/Freezers Running * Verify chillers and freezers still running	☐ Yes ☐ No
Equipment Maintenance Needed Note any equipment needing maintenance	_____
E. Security & Safety	
All Doors Locked * All access doors locked	☐ Yes ☐ No
Windows Secured * All windows closed and secured	☐ Yes ☐ No

Recorded by: _____ Verified by / Supervisor: _____ Date: ____ / ____ / ____

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Page 2

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Gas Main Valve Status * Main gas valve status	☐ Off ☐ On as Required ☐ Not Applicable
Electrical Main Switch Status * Main electrical switch status	☐ Off ☐ On as Required
Closing Time Photo Take final photo at closing	☐ Photo attached ☐ N/A

sign):

Verified by / Supervisor (name & sign):

Recorded by: _____

Verified by / Supervisor: _____

Date: ____ / ____ / ____

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