HYGIENE FOOD SAFETY

STAFF GROOMING CHECKLIST

Year: _____ **Month:**_____ **Week date from:**_____ **to** _____

Name of Staff	Protective clothing worn Yes/No	Clothing clean & good state Yes/No	Head covering worn Yes/No	Protective shoes worn Yes/No	Finger nails short & clean Yes/No	NO jewellery worn Yes/ No	NO uncovered skin wounds Yes/No	Staff in good health Yes/No	NO bad body odour Yes/ No	NO strong perfumes aftershaves Yes/ No	If you answered NO to any checkpoint, please comment on what was done to rectify	**Signature**: Please sign that you have checked