RESTAURANT NAME	RESTAURANT ADDRESS

Opening and closing checklist

One sheet per day. Mark OK or N/A (not applicable). Record any exception and the action taken.

Date _____ **Shift / station** _____ **Person in charge** _____

OPENING

	OK	N/A
Cold storage checks completed. Exceptions addressed.	☐	☐
Workwear clean and handwash stations stocked.	☐	☐
Date labels and display stock checked.	☐	☐
Worktops, utensils and boards clean.	☐	☐
Deliveries checked and stored as applicable.	☐	☐
Labels and traceability supplies available.	☐	☐
Bins ready and work areas clear.	☐	☐

CLOSING

	OK	N/A
Cold storage checks completed as scheduled.	☐	☐
Food covered, labelled and stored.	☐	☐
Daily cleaning completed and signed (sheet 05).	☐	☐
Boards and utensils clean and put away.	☐	☐
Fryer checked under the site procedure.	☐	☐
Waste removed and waste area checked.	☐	☐
Doors, alarms and equipment checked.	☐	☐

Opening sign-off _____ **Closing sign-off** _____

Exception, action or reference to log 10

_____

FR | Cocher OK ou N/A à chaque étape. Noter l’écart et l’action prise.