

# Kitchen Tracer Checklist

WRITTEN POLICIES			YES	NO	
YES	NO	Does the org have the following written policies CMS 482.28 A-6018:	<input type="checkbox"/>	<input type="checkbox"/>	Does staff have appropriate competencies/skill sets for food/nutrition services? Consider patient assessments, care plans, etc.
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Meal frequency</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<u>Diet Manual</u> ; approved by medical staff/dietitian & current? Needs to have been published/revised within last 5 years PC.02.02.03 EP22
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Diet ordering/patient tray delivery</u> system? PC.02.02.03 EP7 and PC.02.01.03 EP1 for diet ordering	<input type="checkbox"/>	<input type="checkbox"/>	Do menu options meet patient needs & consider personal preference? PC.02.02.03 EP9
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Non-routine occurrences</u> ? e.g. parenteral nutrition, change in diet orders, early/late trays PC.01.02.01 EP3	<input type="checkbox"/>	<input type="checkbox"/>	Does the organization have a full-time qualified dietitian or other qualified professional? If a dietitian or other qualified professional is not full-time, interview staff to determine adequacy of the dietary director's qualifications. HR.01.02.05 EP2
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>QAPI/IC program</u> ; integration of food/dietetic service?	<input type="checkbox"/>	<input type="checkbox"/>	Determine the relationship between the Dietary Director, & Lead Dietitian if the director is not a dietitian. Review the job descriptions—are their responsibilities clearly defined? CMS requirement for both roles to have necessary experience to serve population
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Hygiene Practices</u> for food service personnel? IC.02.01.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Kitchen sanitation</u> ? IC.02.01.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	
YES	NO	Did service director ensure the following policies/procedures CMS 482.28(a)(1) A-6020: LD.04.01.05 EP3	<input type="checkbox"/>	<input type="checkbox"/>	<u>ServSafe certification/license</u> ; if required, do the appropriate staff members have this? HR.01.01.01 EP3
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Safe food handling</u> ? PC.02.02.03 EP6	Advanced: You can ask for recent health department inspection to provide baseline for whether issues are ongoing or isolated.		
<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Emergency food supplies</u> ? EM.02.02.03 EP3			
<input type="checkbox"/>	<input type="checkbox"/>	^ Orientation, assignments, supervision & personnel performance? HR.01.04.01, HR.01.06.01, HR.01.07.01			
<input type="checkbox"/>	<input type="checkbox"/>	^ Menu planning, purchasing, & essential record retention?			
YES	NO	PHYSICAL ENVIRONMENT	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Are areas kept clean/sanitary? IC.02.01.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	Is the area free of any signs of <u>pests</u> ? If there are pests, has the organization taken steps to address the issue?
<input type="checkbox"/>	<input type="checkbox"/>	<u>Kitchen equipment</u> ; is it in safe operating condition? If there is an issue, does the staff have a plan to address it? Manufacturer's recommended periodic maintenance schedule or an acceptable Alternate Equipment Management (AEM) program should be followed. EC.02.06.01 EP26	<input type="checkbox"/>	<input type="checkbox"/>	Is <u>cookware/dishware</u> stored in a clean, dry location? Food contact surfaces should be protected from splash, dust, other contamination, etc. typically being stored at least 18" from the floor. IC.02.01.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	Is all kitchen equipment regularly used? Unused equipment should not be stored in food service areas due to increased risk for pests.	<input type="checkbox"/>	<input type="checkbox"/>	Are <u>dishes/utensils</u> air dried to prevent cross-contamination? IC.02.01.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	Is <u>garbage/refuse</u> properly disposed of? EC.02.02.01 EP19	<input type="checkbox"/>	<input type="checkbox"/>	Are <u>wet wiping cloths</u> stored in an approved sanitizing solution & washed daily? IC.02.01.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	Are sinks clear from items that can be contaminated from splashes? e.g. paper-wrapped straws	<input type="checkbox"/>	<input type="checkbox"/>	Are <u>food carts</u> clean & in good repair? They should be sanitized after every meal. IC.02.01.01 EP1
			Advanced: You can ask for a question regarding pest control services that have been accomplished.		
YES	NO	REFRIGERATOR PC.02.02.03 EP11 for food storage	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Refrigerator temps</u> ; have they been monitored?	<input type="checkbox"/>	<input type="checkbox"/>	Is <u>uncooked food</u> (chicken or other meat) stored away from cooked food to prevent contamination? e.g. not stored over cooked food
<input type="checkbox"/>	<input type="checkbox"/>	Are frequency of <u>temp checks &amp; limits</u> (41° or lower) maintained as per policy?	<input type="checkbox"/>	<input type="checkbox"/>	Is <u>prepared food</u> covered & labeled with expiration date?
<input type="checkbox"/>	<input type="checkbox"/>	Is there a process if the temp is inadequate? If possible, validate the process was followed.	<input type="checkbox"/>	<input type="checkbox"/>	Are <u>open containers</u> labeled with expiration date?
<input type="checkbox"/>	<input type="checkbox"/>	Is there <u>pre-cooked food</u> in the cooling process? Is the organization meeting requirements? Food should be cooled to 70° within 2 hours & to 41° within 4 & total cooling time should not exceed 6 hours. P	<input type="checkbox"/>	<input type="checkbox"/>	Are there any <u>expired items</u> ?
<input type="checkbox"/>	<input type="checkbox"/>	Is food stored away from soiled areas & rust?	<input type="checkbox"/>	<input type="checkbox"/>	Is the <u>locking mechanism</u> on the door in proper working condition?
<input type="checkbox"/>	<input type="checkbox"/>	Is food stored to allow for ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	^ Is there a process/mechanism in place to prevent staff from being locked in? Can the mechanism be accessed, & is it in working order? It shouldn't be blocked or have any ice buildup.
			<input type="checkbox"/>	<input type="checkbox"/>	^ Is staff aware of how to use safety process/mechanism in emergency?
YES	NO	FREEZER PC.02.02.03 EP11 for food storage	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Freezer temps</u> ; have they been monitored?	<input type="checkbox"/>	<input type="checkbox"/>	Is the freezer free of any ice buildup?
<input type="checkbox"/>	<input type="checkbox"/>	Are frequency of checks & temp limits maintained as per policy? Temps should ensure that food remains solid.	<input type="checkbox"/>	<input type="checkbox"/>	Are items labeled appropriately with <u>expiration dates</u> ? There should be no expired items.
<input type="checkbox"/>	<input type="checkbox"/>	Is there a process if the temp is inadequate? If possible, validate the process was followed.	<input type="checkbox"/>	<input type="checkbox"/>	If there is <u>pre-cooked food</u> , is the cooling process sufficient? See refrigerator note above.
<input type="checkbox"/>	<input type="checkbox"/>	Is food stored away from soiled areas & rust?	<input type="checkbox"/>	<input type="checkbox"/>	Is the <u>locking mechanism</u> on the door in proper working condition?
<input type="checkbox"/>	<input type="checkbox"/>	Is food stored to allow for ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	^ Is there a process/mechanism in place to prevent staff from being locked in? Can the mechanism be accessed, & is it in working order? It shouldn't be blocked or have any ice buildup.
<input type="checkbox"/>	<input type="checkbox"/>	Is the freezer free from any signs of <u>freezer burn/food discoloration</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	^ Is staff aware of how to use safety process/mechanism in emergency?
<input type="checkbox"/>	<input type="checkbox"/>	Are <u>raw foods</u> stored properly? There should be no signs of them dripping on other foods.	<input type="checkbox"/>	<input type="checkbox"/>	

YES	NO	DRY STORAGE
<input type="checkbox"/>	<input type="checkbox"/>	Are there any <u>expired items</u> ? PC.02.02.03 EP11
<input type="checkbox"/>	<input type="checkbox"/>	Are <u>canned goods</u> properly sealed? PC.02.02.03 EP11
<input type="checkbox"/>	<input type="checkbox"/>	Does the kitchen have food storage items/plans for <u>disaster preparedness</u> ? A 96-hour stockpile isn't required for emergency operations. The kitchen should have a role in response to an event, & it should correspond with the organization's Emergency Operations Plan. EM.02.02.03 EP3
YES	NO	FOOD PREP ASSESSMENT - Interview
<input type="checkbox"/>	<input type="checkbox"/>	<u>Foodborne illness</u> ; does the organization take prevention measures? Question if cases have occurred/been resolved. IC.01.03.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	<u>Sick employees or those with open wounds</u> ; is there a procedure for them? PC.02.02.03 EP6 (not sure this can be associated)
<input type="checkbox"/>	<input type="checkbox"/>	<u>Thawing food</u> ; is there a process? <i>Validate the staff is following the process during observation. Food should not be thawing at room temperature &amp; can be thawed under cold running water or the refrigerator.</i> PC.02.02.03 EP6

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the area clean, dry, & well ventilated? <i>This will help with humidity &amp; prevent growth of mold/bacteria.</i> PC.02.02.03 EP11
<input type="checkbox"/>	<input type="checkbox"/>	Is food stored away from sources of heat/light? <i>This helps preserve shelf life.</i> PC.02.02.03 EP11
<input type="checkbox"/>	<input type="checkbox"/>	Are food containers stored off the floor & away from walls to allow for adequate circulation? e.g. 6" above floor, protected from splashes PC.02.02.03 EP11
Advanced: Ask about ladle size & how to determine appropriate proportions.		
Advanced: Conduct HAZMAT tracer for corrosive lime-a-way used for decalcifying automated dishwashers. Assess adequacy of eyewash station, PPE usage, SDS, staff knowledge, etc.		



YES	NO	<b>FOOD PREP ASSESSMENT - Observation</b>	YES	NO	<b>Monitor <u>food temp checks</u> for hot &amp; cold items PC.02.02.03 EP6</b>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Hand hygiene</u> ; is staff using proper practices? e.g. <i>washing after touching face or hair</i> PC.02.02.03 EP6	<input type="checkbox"/>	<input type="checkbox"/>	^ Review <u>temp logs</u> —did staff maintain logs for each service? Is the process for monitoring temps sufficient? <i>Temps are usually logged at start, midpoint, &amp; end if meal service is extended. Ensure adequate process for Potentially Hazardous Foods (PHF) and Time/Temp Controlled for Safety (TCS) Foods</i>
<input type="checkbox"/>	<input type="checkbox"/>	Are hand washing facilities separate from ones used for food prep? EC.02.06.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	^ <u>Mid meal checks</u> ; does the staff know when these are required?
<input type="checkbox"/>	<input type="checkbox"/>	<u>Gloves</u> ; do staff use when appropriate to prevent contamination? e.g. <i>handling raw meat or ready-to-eat foods</i> PC.02.02.03 EP6	<b>YES</b>	<b>NO</b>	<b><u>Final cooking temps</u> should be as follows: PC.02.02.03 EP6</b>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Hair nets</u> ; are all staff members wearing? PC.02.02.03 EP6	<input type="checkbox"/>	<input type="checkbox"/>	Poultry – 165°
<input type="checkbox"/>	<input type="checkbox"/>	<u>Cutting boards/prep surfaces</u> ; are they cleaned properly to avoid contamination? e.g. <i>one for meat, one for veggies, &amp; sanitized between uses</i> IC.02.01.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	Ground meat, ground fish, eggs – 155°
<input type="checkbox"/>	<input type="checkbox"/>	Does the staff use <u>clean utensils</u> with bulk foods/ice? PC.02.02.03 EP6	<input type="checkbox"/>	<input type="checkbox"/>	Fish & other meat – 145°
<b>YES</b>	<b>NO</b>	<b>Evaluate <u>dishwasher temps/chemical monitoring</u> processes</b>	<input type="checkbox"/>	<input type="checkbox"/>	Precooked, cooled, then reheated – 165°
<input type="checkbox"/>	<input type="checkbox"/>	^ Does the organization maintain a log for monitoring dishwasher temps/chemical prep? <i>Wash temp – 150°; Rinse temp – 180°; If chemical process then wash temp is 120° &amp; 50 ppm hypochlorite (chlorine)</i> IC.02.01.01 EP1	<input type="checkbox"/>	<input type="checkbox"/>	<u>Hot food hold temp</u> - 135° or higher
<input type="checkbox"/>	<input type="checkbox"/>	^ Does the organization have a process if the temps are out of range? <i>Validate process was followed if discrepancy is noted.</i> EC.02.05.05 EP5	<input type="checkbox"/>	<input type="checkbox"/>	<u>Cold food hold temp</u> - 41° or below

YES	NO	<b>LIFE SAFETY</b>	YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Is the kitchen in good repair? e.g. <i>lack of broken floor tiles, delamination, flaking walls, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	Are the <u>gaskets</u> intact for kitchen entry/delivery doors to prevent entry from pests?
<input type="checkbox"/>	<input type="checkbox"/>	Do <u>sprinkler heads</u> have adequate <u>18"</u> clearance? <i>Ensure racks perpendicular to walls do not encroach 18" open space for sprinklers. NFPA 101-2012: 18.3.5.1; 19.3.5.3; 9.7.1.1; NFPA 13-2010: 8.5.5.2; 8.5.5.2.1; 8.5.5.3 LS.02.01.35 EP6</i>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Eyewash station</u> ; if required, is it in good working order & located away from hazards?
Evaluate sprinkler head obstructions in BOTH refrigerators & freezers. Be wary of surface mounted fluorescent light fixtures close to sprinkler heads as this does not follow the 18" rule. Refer to attachment for specific criteria.			<input type="checkbox"/>	<input type="checkbox"/>	^ Can staff access eyewash station within 10 seconds of hazardous material storage/usage area?
<input type="checkbox"/>	<input type="checkbox"/>	<u>Soda fountain machine</u> ; is the CO2 secured?	<input type="checkbox"/>	<input type="checkbox"/>	^ Has the eyewash inspection log been kept up to date?
<input type="checkbox"/>	<input type="checkbox"/>	Are <u>sewage/pipelines</u> free from signs of water damage?	<input type="checkbox"/>	<input type="checkbox"/>	<u>Natural gas</u> ; does the organization use this?
<input type="checkbox"/>	<input type="checkbox"/>	<u>Deep fat fryer</u> ; is there a <u>K fire extinguisher</u> within 30'? <i>NFPA 96-2011 10.10.1; NFPA 10-2010, 6.6.1; 6.6.2 LS.02.01.35 EP11</i>	<input type="checkbox"/>	<input type="checkbox"/>	^ Is a <u>gas valve</u> accessible for emergency shutoff & do staff know its location/operation?
<input type="checkbox"/>	<input type="checkbox"/>	<u>Deep fat fryer</u> ; is it installed with at least a 16" space between the fryer & surface flames from adjacent cooking equipment? <i>NFPA 96-2011 12.1.2.4</i>	<input type="checkbox"/>	<input type="checkbox"/>	^ Is <u>emergency shutoff valve</u> properly labeled?
<input type="checkbox"/>	<input type="checkbox"/>	<u>K fire extinguisher placard</u> identifying need to activate the fixed suppression (ansul) system before using the extinguisher? <i>NFPA 96-2011 10.2.2 LS.02.01.35 EP11</i>	<b>Evaluate the hood system</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<u>Suppression system</u> ; does staff know how to use it? <i>Instructions for manual operations should be conspicuously posted &amp; reviewed by staff. NFPA 96-2011 11.1.4</i>	<input type="checkbox"/>	<input type="checkbox"/>	^ Is the hood clean with no grease buildup? <i>NFPA 96-2011 11.6.2</i>
<input type="checkbox"/>	<input type="checkbox"/>	<u>Compressed gas cylinders</u> ; are they properly secured? <i>NFPA 99-2012 11.3; 11.6.2.3</i>	<input type="checkbox"/>	<input type="checkbox"/>	^ Are the steel filter baffles all installed with no gaps & are they in the proper direction? <i>NFPA 96-2011 6.2.3.1; 6.2.3.5</i>
			<input type="checkbox"/>	<input type="checkbox"/>	^ Is grease producing equipment located properly under the hood? <i>NFPA 96-2011 5.2</i>
			<input type="checkbox"/>	<input type="checkbox"/>	^ Are extinguishing heads pointed properly toward the cooking surface?
			<input type="checkbox"/>	<input type="checkbox"/>	<u>Electrical panels</u> ; are they clear from obstruction? <i>There should be 36"</i>
			<input type="checkbox"/>	<input type="checkbox"/>	<u>Fire Evacuation &amp; Relocation Plan</u> ; is the staff knowledgeable? <i>NFPA 101-2012: 18/19.7.1; 7.2</i>