**Daily Food Storage & Separation Checklist**

**Establishment:**

**Equipment:**

**Date:**

**Time:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shelf** | **Food Type** | **Properly Stored? (yes/no)** | **Food Covered?****(yes/no)** | **Corrective Action****If requirements are not met.** |
| **Top Shelf** | **Ready-to-Eat** |  |  |  |
| **2nd Shelf** | **Pork, Eggs, Fish** |  |  |  |
| **3rd Shelf** | **Beef** |  |  |  |
| **Bottom Shelf** | **Poultry** |  |  |  |

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