

# Food Manufacturing GMP Checklist

Food Safety | US

|          |                          |           |                 |
|----------|--------------------------|-----------|-----------------|
| FACILITY | DATE<br>___ / ___ / ____ | INSPECTOR | PRODUCTION LINE |
|----------|--------------------------|-----------|-----------------|

## PERSONNEL PRACTICES

|   | PASS                  | FAIL                  | N/A                   |  | PASS                  | FAIL                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|
| Clean uniforms, no tears or holes         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | No food, drink, or tobacco in production                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hair fully covered (hairnet, beard snood) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Handwashing performed on entry<br><i>Per 21 CFR 117.10(b)(3)</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No jewelry, watches, or piercings         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Cuts and wounds covered with metal-detectable bandage            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Fingernails short, clean, no nail polish  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | PPE worn correctly (gloves, apron, boots)                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## FACILITY & SANITARY CONDITIONS

|   | PASS                  | FAIL                  | N/A                   |  | PASS                  | FAIL                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|
| Floors clean, dry, and in good repair   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Ventilation and extraction functioning   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walls and ceilings free from flaking    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Doors and windows sealed (no pest entry) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drains clean and flowing freely         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Raw and finished product areas separated | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adequate lighting, shatter-proof covers | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Allergen zones clearly marked            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## EQUIPMENT & UTENSILS

|   | PASS                  | FAIL                  | N/A                   |   | PASS                  | FAIL                  | N/A                   |
|---|-----------------------|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|
| Equipment cleaned and sanitized pre-shift | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Measuring instruments calibrated (in date)                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Food contact surfaces free from residue   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Conveyor belts intact, no fraying   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| No chipped or cracked containers          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Metal detector / X-ray functioning<br><i>Record test results in CCP log</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## RAW MATERIALS & STORAGE

|                                     | PASS                  | FAIL                  | N/A                   |  | PASS                  | FAIL                  | N/A                   |
|-------------------------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|
| Ingredients within expiration dates | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Packaging materials stored off floor   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cold storage at 41°F or below       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Allergens stored separately and labeled<br><i>FALCPA major allergen requirements</i> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| FIFO rotation followed              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | No signs of pest activity  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## WASTE & PEST CONTROL

|                                      | PASS                  | FAIL                  | N/A                   |  | PASS                  | FAIL                  | N/A                   |
|--------------------------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|
| Waste bins not overflowing           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | Pest control devices in place, undamaged | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Waste removed at scheduled intervals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | No evidence of pest activity             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## DOCUMENTATION

- |   |  |
|---|--|
| <input type="checkbox"/> Production batch records available | <input type="checkbox"/> Preventive controls monitoring current<br><i>HARPC requirement per 21 CFR 117 Subpart C</i> |
| <input type="checkbox"/> Sanitation schedules signed off    | <input type="checkbox"/> Corrective action records up to date  |

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**SIGN-OFF**

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Corrective actions required

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QA signature

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Production supervisor sign-off

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**Notes**

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