

KITCHEN AUDIT FORM

Name of Establishment: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone Number: _____

Hours of Operation: _____ Seating Capacity: _____

UNITED LABORATORIES, INC.
320 37th Ave
St. Charles, IL 60174
Call Toll Free: 1-800-323-2594

SECTION B: DRAINAGE SYSTEM

Please locate each drain and fill in the information as it pertains to each.

Sink Drains

Location #1:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #2:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #3:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #4:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #5:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #6:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Floor Drains

Location #1:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #2:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #3:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #4:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #5:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #6:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Garbage Disposal

Location #1:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #2:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Dishwasher Drains

Location #1:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #2:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Restroom Drains

Location #1:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #2:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #3:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #4:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #5:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

Location #6:

Sink use:

Specific problems at this drain location:

Loading:

Cleaning substance(s) entering drain:

Size:

SECTION C: DRAIN PRODUCT SURVEY

Please fill in each blank as it pertains to the product currently being used.

Drain Maintenance Product

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____
VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Drain Product for Clogs

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____
VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

SECTION D: GREASE TRAP SURVEY

- 1) What is the capacity of the grease trap? (In gallons):

- 2) Location of grease trap:

- 3) Location of access to grease trap (Where does it open?):

- 4) Present frequency of grease trap pumping:

- 5) Date of last pumping:

- 6) Cost of pumping the grease trap:

- 7) Present problems with grease trap:

Product used for Grease Trap Maintenance

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____
VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

SECTION E: WASTEWATER TREATMENT SYSTEM SURVEY

Where does wastewater go after it leaves the facility?
(Leechfield, Septic Tank, etc.)

If it goes to a septic tank, answer the following:

- 1) What is the capacity of the septic tank? (In gallons):

- 2) Location of access to septic tank (Where does it open?):

- 3) Present frequency of septic tank pumping:

- 4) Date of last pumping:

- 5) Cost of pumping the septic tank:

- 6) Present problems with septic tank:

Product used for Septic Tank Maintenance

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

SECTION F: KITCHEN PRODUCT SURVEY

Please fill in each blank as it pertains to the product currently being used.

Degreaser

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Oven Cleaner

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Disinfectant

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Floor Cleaner used in Kitchen

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Silverware Soaking Solution

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Machine Dishwashing Detergent

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Hand Dishwashing Detergent

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Spot Remover

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Dishwashing Sanitizer Solution

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Kitchen Cleanser

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Descaler

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Other

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

SECTION G: DINING ROOM CLEANER PRODUCT SURVEY

Please fill in each blank as it pertains to the product currently being used.

Table Cleaner

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Floor Cleaner used in Dining Area

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Glass Cleaner

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____

Carpet/Upholstery Spotter

Product name: _____

Active Ingredients: _____

MSDS Ratings: Health _____ Flammability _____ Reactivity _____

VOCs _____ Safety Equipment Needed _____

WHMIS: _____ Dosages Used: _____