FS 02 FOOD SERVICES COMPLIANCE MASTER AUDIT DOCUMENT

Certificate of Acceptability (CoA) Compliance Audit Checklist

South Africa - Regulation R638 Food Service Business Audit Checklist

Premises and Structure

Audit Requirement	C	NC	Comments
Floors are smooth, non-absorbent and easy to clean			
Floors are free of cracks and pooling water			
Walls are washable and maintained			
Ceilings are free of mould and dust			
Doors and windows are maintained			
Windows are screened where necessary			
Adequate preparation space is available			
Food flow prevents cross-contamination			
Premises are clean and maintained			

Ventilation and Lighting

Audit Requirement	C	NC	Comments
Adequate ventilation is provided			
Extraction systems are operational			
Condensation is controlled			
Lighting is sufficient			
Light fittings are protected			

Water Supply and Plumbing

Audit Requirement	C	NC	Comments
Potable water is available			
Hot and cold water are available			
Plumbing is functioning			
Drains are clean			
Water tanks are maintained			

Handwashing Facilities

Audit Requirement	C	NC	Comments
Dedicated basins provided			
Basins accessible			
Liquid soap available			
Paper towels or hand dryer available			
Handwashing signage displayed			
Staff wash hands correctly			

Staff Hygiene and Health

Audit Requirement	C	NC	Comments
Protective clothing worn			
Hair restraints used			
No jewellery during preparation			
Fingernails are clean			
Ill staff are excluded from food handling			
Hygiene rules communicated			

Food Safety Training

Audit Requirement	C	NC	Comments
Person in charge trained			
Food handlers trained			
Training records available			
Cross-contamination controls understood			
Allergen awareness demonstrated			

Food Storage

Audit Requirement	C	NC	Comments
Food stored off the floor			
Raw and cooked foods separated			
Dry storage clean			
Food-grade containers used			
Food labelled and dated			
No expired stock present			
Chemicals stored separately			

Temperature Control

Audit Requirement	C	NC	Comments
Refrigeration is operational			
Freezers are adequate			
Temperature logs maintained			
Thermometers available			
Hot holding is safe			
Chilled food is promptly refrigerated			

Cleaning and Sanitation

Audit Requirement	C	NC	Comments
Cleaning schedule documented			
Chemicals labelled			
Food contact surfaces clean			
Equipment maintained			
Sanitisers available			
Deep-cleaning records maintained			

Pest Control

Audit Requirement	C	NC	Comments
No evidence of pests			
Pest-control devices installed			
Bait stations monitored			
Pest-control records available			
Entry points controlled			

Waste Management

Audit Requirement	C	NC	Comments
Bins available			
Bins have lids			
Bins cleaned regularly			
External waste area maintained			
Waste removed regularly			

Documentation and Regulatory Compliance

Audit Requirement	C	NC	Comments
CoA available			
CoA displayed			
Business registration available			
Food safety procedures documented			
Previous corrective actions closed			
Complaints and incidents recorded			

Audit Completion Sign-Off and Corrective Action Plan

Audit Completion Sign-Off

The audit of **[Business/Department Name]** was conducted on **[Audit Date]**. The findings, observations, and recommendations have been reviewed and discussed with the relevant stakeholders.

Management acknowledges receipt of the audit report and commits to implementing the agreed corrective actions within the specified timeframes. Progress on corrective actions will be monitored and verified to ensure sustained compliance and continuous improvement.

Corrective Action Plan

Ref No.	Audit Finding / Non-Conformance	Corrective Action Required	Person Responsible	Target Completion Date	Status
1					Open
2					Open
3					Open
4					Open
5					Open

Verification of Corrective Actions

Ref No.	Evidence of Completion	Verified By	Verification Date	Status
1				Closed / Open
2				Closed / Open
3				Closed / Open
4				Closed / Open
5				Closed / Open

Audit Sign-Off

The undersigned confirm that the audit findings have been reviewed and that the corrective actions identified above are accurate and have been assigned to the appropriate responsible persons.

Name	Position	Signature	Date
Auditee Representative			
Auditor			
Management Representative			

Final Closure

☐ All corrective actions have been completed and verified.

☐ Follow-up audit required.

☐ Outstanding actions remain and require further monitoring.

Comments:

Secure Your Business Future? Don't wait for non-compliance to catch up with you — let us handle Food Safety so you can focus on growth.

Contact NGC Lifecycle Human Resources Today —

Email - nick@ngclifecyclehr.com | Website - ngclifecyclehr.com