

Facility / Site: _____

Department: _____

Shift Cadence: ☐ Daily ☐ Shift ☐ Weekly

Inspection Date: ____-____-2026

Shift Operating: ☐ 1st ☐ 2nd ☐ 3rd / Night

Standard Ref: ISO 9001 / OSHA 1910 / FDA FSMA

Lead Inspector: _____

Badge / ID #: _____

Audit Status: ☐ Active Verification

STEP	TASK DESCRIPTION & BENCHMARK	STANDARD / REF	ROLE	STATUS	READING / VALUE	INITIALS
1.01	Verify perimeter security, access locks & intrusion alarm status	SOP-SEC-01	Supervisor	☐ P ☐ F ☐ N	_____	_____
1.02	Check fire emergency exit routes & outward panic bars	OSHA 1910.36	Supervisor	☐ P ☐ F ☐ N	_____	_____
1.03	Measure commercial refrigeration & cold storage unit temperature	FDA Food Code 3-501	Lead Tech	☐ P ☐ F ☐ N	_____	_____
1.04	Verify walk-in freezer holding temperature below required	FDA Food Code 3-501	Lead Tech	☐ P ☐ F ☐ N	_____	_____
1.05	Inspect chemical sanitizer ppm concentration with test strips	FDA Food Code 4-501	Lead Tech	☐ P ☐ F ☐ N	_____	_____
1.06	Check handwash stations (hot water >100°F, antibacterial soap,	OSHA 1910.141	Operations	☐ P ☐ F ☐ N	_____	_____
1.07	Inspect machinery guarding, conveyor nip-points & emergency	OSHA 1910.212	Maintenance	☐ P ☐ F ☐ N	_____	_____
1.08	Verify 36-inch clearance maintained around electrical distribution	OSHA 1910.303	Safety Lead	☐ P ☐ F ☐ N	_____	_____
1.09	Audit mandatory PPE compliance (safety glasses, high-vis, steel	OSHA 1910.132	Safety Lead	☐ P ☐ F ☐ N	_____	_____
1.10	Perform pre-shift equipment safety inspection (forklifts/tools/hoists)	OSHA 1910.178	Operator	☐ P ☐ F ☐ N	_____	_____
1.11	Inspect surface finish Ra and verify critical dimensional tolerances	ISO 9001 CI 7.1	QC Inspector	☐ P ☐ F ☐ N	_____	_____
1.12	Verify POS / ERP inventory batch tallies & system transaction logs	PCI-DSS / SOP-04	Team Lead	☐ P ☐ F ☐ N	_____	_____
1.13	Conduct visual quality sample audit for non-conformance defects	AQL Level II	QC Inspector	☐ P ☐ F ☐ N	_____	_____
1.14	Ensure chemical spill kits & SDS emergency stations fully stocked	EPA / HazCom	HSE Officer	☐ P ☐ F ☐ N	_____	_____
1.15	Perform end-of-shift housekeeping, waste disposal & lockup	OSHA 1910.22	Supervisor	☐ P ☐ F ☐ N	_____	_____

DEVIATION NOTES, DEFICIENCY FINDINGS & IMMEDIATE CORRECTIVE ACTIONS TAKEN:

Lead Inspector Sign-Off:

Signature: _____

Date / Time: _____

Shift Supervisor Sign-Off:

Signature: _____

Date / Time: _____

Quality Compliance Final Verdict:

☐ ACCEPTED / PASS ☐ ESCALATED

Auditor Sign: _____