

# FOOD SERVICE INDUSTRY RISK ASSESSMENT

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## Document Information

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Field	Details
Business Name	_____
Establishment Type	<input type="checkbox"/> Restaurant <input type="checkbox"/> Café <input type="checkbox"/> Catering <input type="checkbox"/> Fast Food <input type="checkbox"/> Hotel Kitchen <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Area	_____
Review Date	_____
Document Reference No.	RA-FOOD-_____

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## 1. Introduction

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This Risk Assessment document is designed to identify, evaluate, and control hazards associated with food service operations. The food service industry presents unique risks including food safety hazards, burns and scalds, slips and falls, cuts from sharp equipment, and ergonomic injuries. This assessment aims to ensure the health and safety of all employees, customers, and the public by systematically identifying potential hazards and implementing appropriate control measures in accordance with food safety regulations and occupational health and safety standards.

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## 2. Scope of Assessment

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This risk assessment covers the following food service activities and areas:

- Food receiving and storage
- Food preparation areas
- Cooking and hot holding
- Cold storage and refrigeration
- Dishwashing and sanitation
- Customer service areas
- Beverage preparation
- Delivery and catering operations
- Waste management
- Cleaning and maintenance
- Staff facilities
- Other: \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Seating Capacity:** \_\_\_\_\_

**Operating Hours:** \_\_\_\_\_

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### 3. Risk Identification

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Risk ID	Risk Description	Risk Category	Affected Area/Personnel
FOOD-001			
FOOD-002			
FOOD-003			
FOOD-004			
FOOD-005			
FOOD-006			
FOOD-007			
FOOD-008			
FOOD-009			
FOOD-010			

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### 4. Risk Analysis Matrix

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#### Risk Scoring Criteria

##### Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

### Impact Scale:

Score	Impact	Description
1	Negligible	Minor injury/illness, no treatment required
2	Minor	First aid treatment, minor food safety issue
3	Moderate	Medical treatment, localized food safety incident
4	Major	Serious injury/illness, widespread food safety issue
5	Catastrophic	Fatality, foodborne illness outbreak

### Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
FOOD-001				
FOOD-002				
FOOD-003				
FOOD-004				
FOOD-005				
FOOD-006				
FOOD-007				
FOOD-008				
FOOD-009				
FOOD-010				

### Risk Level Classification:

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required within reasonable timeframe
- **High (10-16):** Immediate action required

- **Critical (17-25):** Operations must cease until risk is reduced

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## 5. Risk Control Measures

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Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
FOOD-001					<input type="checkbox"/>
FOOD-002					<input type="checkbox"/>
FOOD-003					<input type="checkbox"/>
FOOD-004					<input type="checkbox"/>
FOOD-005					<input type="checkbox"/>
FOOD-006					<input type="checkbox"/>
FOOD-007					<input type="checkbox"/>
FOOD-008					<input type="checkbox"/>
FOOD-009					<input type="checkbox"/>
FOOD-010					<input type="checkbox"/>

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## 6. Food Service Industry-Specific Hazards

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The following hazards are commonly encountered in food service operations:

## **6.1 Food Safety Hazards**

- Biological contamination (bacteria, viruses, parasites)
- Chemical contamination (cleaning agents, pesticides)
- Physical contamination (glass, metal, hair)
- Allergen cross-contamination
- Temperature abuse (danger zone 40°F-140°F / 4°C-60°C)

## **6.2 Burns and Scalds**

- Hot cooking surfaces and equipment
- Boiling liquids and steam
- Hot oil and deep fryers
- Oven and grill operations
- Hot beverage equipment

## **6.3 Cuts and Lacerations**

- Knives and cutting equipment
- Slicers and food processors
- Broken glass and ceramics
- Can openers and sharp edges
- Mandolines and graters

## **6.4 Slips, Trips, and Falls**

- Wet and greasy floors
- Cluttered walkways
- Uneven surfaces
- Spills and debris
- Improper footwear

## **6.5 Ergonomic Hazards**

- Prolonged standing
- Repetitive motions (chopping, stirring)
- Heavy lifting (supplies, equipment)
- Awkward postures
- Reaching and bending

## **6.6 Chemical Hazards**

- Cleaning and sanitizing chemicals
- Oven cleaners and degreasers
- Pest control substances
- Improper chemical storage
- Mixing incompatible chemicals

## **6.7 Equipment Hazards**

- Electrical equipment near water
- Malfunctioning appliances
- Gas leaks from cooking equipment
- Refrigeration unit failures
- Ventilation system issues

## **6.8 Workplace Violence**

- Customer confrontations
  - Robbery and theft
  - Late-night operations
  - Cash handling risks
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## 7. Food Safety Controls (HACCP Principles)

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### 7.1 Critical Control Points

CCP	Hazard	Critical Limit	Monitoring	Corrective Action
Receiving				
Cold Storage				
Cooking				
Hot Holding				
Cooling				
Reheating				

### 7.2 Temperature Monitoring Log

Area/Equipment	Required Temp	Actual Temp	Date/Time	Initials
Walk-in Cooler	$\leq 40^{\circ}\text{F}$ ( $4^{\circ}\text{C}$ )			
Walk-in Freezer	$\leq 0^{\circ}\text{F}$ ( $-18^{\circ}\text{C}$ )			
Reach-in Refrigerator	$\leq 40^{\circ}\text{F}$ ( $4^{\circ}\text{C}$ )			
Hot Holding	$\geq 140^{\circ}\text{F}$ ( $60^{\circ}\text{C}$ )			

## 7.3 Allergen Management

Major Allergens	Present in Menu	Cross-Contact Controls
Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Eggs	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tree Nuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Peanuts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Wheat	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Soybeans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sesame	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 8. Emergency Response Procedures

### 8.1 Emergency Contacts

Role	Name	Contact Number
Manager on Duty		
Owner/Operator		
First Aid Officer		
Emergency Services		911 / 000 / 999
Poison Control		
Health Department		
Gas Emergency		

## **8.2 Emergency Procedures**

### **Burns/Scalds:**

1. Remove from heat source immediately
2. Cool burn under cool running water for 10-20 minutes
3. Do not apply ice, butter, or creams
4. Cover with clean, non-stick dressing
5. Seek medical attention for serious burns
6. Complete incident report

### **Cuts/Lacerations:**

1. Apply direct pressure with clean cloth
2. Elevate injured area if possible
3. Seek medical attention if deep or won't stop bleeding
4. Ensure contaminated food is discarded
5. Complete incident report

### **Fire Emergency:**

1. Activate fire alarm
2. Turn off cooking equipment if safe
3. Use fire extinguisher if trained and safe (Class K for kitchen fires)
4. Evacuate customers and staff
5. Call emergency services
6. Meet at assembly point

### **Gas Leak:**

1. Do not operate any electrical switches
2. Evacuate immediately
3. Open doors and windows if safe
4. Call gas emergency line from outside
5. Do not re-enter until cleared

**Food Safety Emergency (Suspected Contamination):**

1. Stop serving affected food immediately
2. Isolate and label contaminated items
3. Notify manager immediately
4. Document all details
5. Contact health department if required

**Assembly Point:** \_\_\_\_\_

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**9. Personal Protective Equipment (PPE) Requirements**

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PPE Item	Required	Specification
Non-slip Footwear	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Cut-resistant Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level: _____
Heat-resistant Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rating: _____
Disposable Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Aprons	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hair Restraints	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Safety Glasses	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

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# 10. Sign-Off and Approval

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## Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable food safety and health and safety regulations and represents an accurate evaluation of the identified hazards.

<b>Assessor Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

## Food Safety Supervisor Review

I have reviewed this risk assessment from a food safety perspective and confirm that appropriate HACCP controls are in place.

<b>Supervisor Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

## Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

<b>Manager Name:</b>	_____
<b>Position:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

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## 11. Review Schedule

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Review Type	Frequency	Next Review Date
Routine Review	Monthly	
Comprehensive Review	Annually	
Post-Incident Review	As required	
Menu Change Review	As required	
Health Inspection Follow-up	As required	

### Triggers for Immediate Review:

- Any workplace incident or near-miss
  - Customer illness complaints
  - Health inspection findings
  - Menu or process changes
  - New equipment installation
  - Staff feedback or concerns
  - Changes in food safety regulations
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## Document Control

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Version	Date	Author	Changes Made
1.0			Initial version

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*This document is a template and should be customized to meet specific establishment requirements and local food safety regulations.*