



**FOOD INSPECTION FORM CHECKLIST**  
 Section 33 of the Zanzibar Food, Drugs and Cosmetics Act  
 2/06

**ZFDA/FSQD/FRPU/CHL./010**  
**REV. No. 01**

(1) Identify yourself and your team (2) State objectives of Inspection(3) Outline the Inspection procedure (4) Assure management confidentiality (4) Request management collaboration (5) Inspection to be accompanied by Inspectors (6) Question flow personnel (7) Concentrate on addressing food borne illness risk factors.

**1. General**

**Starting time of inspection:.....**

1.1	Name of Outlet .....						
1.2	Type : (Tick as appropriate):						
	1.2.1	1.2.2	1.2.3	1.2.4			
	Warehouse	wholesale	Retail	Others(explain)			
1.3	Mailing Address: ..... .....			1.4 Physical Address/Location: ..... .....			
1.5	Telephone No.....			1.6	Fax No. ....		
1.7	E- mail .....						
1.8	Date of inspection .....			1.9	Date of last Inspection: .....		
		1.10.1	1.10.2				
1.10	Ownership	Government/Private/NGO (delete what is not applicable)		(Specify type) ..... (In case of private indicate name of owner or proprietor (s))			
1.11	Premises Permit No .....			1.13 valid	Y/N	1.14 Is the <u>original Permit</u> displayed? YES/NO	
1.12	If not explain:						

**2. Type of Inspection (Tick as appropriate)**

2.1	Routine:		2.2	Concise:		2.3	Follow up:	
2.4	Investigative:		2.5	Announced/Unannounced (delete what is not applicable)				



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**3. Personnel**

**3.1 Responsible Staff**

3.1.1	1. Name: ..... Position/Title:..... 2. Name: ..... Position/Title:..... 3. Name: ..... Position/Title:.....
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**3.2. Sales Person(s):**

3.2.1 Name	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

**4. General condition of premises**

4.1	Is the premise appropriate for the intended purpose in respect to:				
		Ware house	Wholesale	Retail	Others (explain)
1	Layout				
2	Size/Number of rooms				
3	Hygiene				
4	State of repair				
5	Ventilation & Cooling system				
6	Lighting				
7	Display of products				
8	Utilities: water, hand wash basins, WC				
9	Equipment : for cleaning, stools, ladder				
4.2	In case of non-conformity, explain:				
	(If space provided is not enough, please use continuation page(s))				

**5. Security of premises**

5.1	Is the premises secure in respect to:				
		Ware house	wholesale	Retail	Others (explain)
1.	External Perimeter security e.g. fencing, gates, walls, window etc				
3.	Accessibility to unauthorized person(s)				
4.	Documents/records keeping				
5.2	In case of non-conformity, explain:				
	(If space provided is not enough, please use continuation page(s))				



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**6. Storage Conditions**

6.1	Is the premises secure in respect to :				
		Ware house	Wholesale	Retail	Others(explain)
1.	Durability of floor and ease of cleaning				
2.	Prevention of infestation by vermin and pests				
3.	Adequate shelving				
4.	Pallets				
5.	Execution of stock rotation/FEFO				
6.	Storage of returned/recalled/expired/quarantined food				
7.	Cold rooms/refrigerator for the storage of drinks, dairy products, meet etc.				
6.2	In case of non-conformity, explain:	(If space provided is not enough, please use continuation page(s))			

**7. Record – keeping and documentation**

7.1	Are recording keeping and documentation suitable for intended use in respect to :				
		Ware house	Wholesale	Retail	Others
1.	ZFDB Registration Permit (as Food Dealer)				
2.	ZFDB Importation Permit				
3.	ZFDB Exportation Permit				
4.	ZFDB endorsed Proforma invoices				
5.	Receipts/Invoices				
6.	Copies of delivery notes				
7.	Accuracy				
8.	Endorsement of entries by authorized person(s)				
9.	Legality of the source(s) of supplies				
7.2	In case of non-conformity, explain:	(If space provided is not enough, please use continuation page(s))			

**8. Label examination**

8.1	Is the products suitable for intended use in respect to :				
		Ware house	Wholesale	Retail	Others
1.	Language of labels and package inserts				
2.	Any signs of tempering				
3.	Labeling requirements				
8.2	In case of non-conformity, explain:				



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**9. Any other Observations**

(If space provided is not enough, please use continuation page(s))

**10. Recommendations:**

(If space provided is not enough, please use continuation page(s))

**11. Owner's or in charge Declaration**

I/We ..... in charge/owner of the said premise, certify that, the information and observations made on this sheet during the inspection of the premises to be true and correct.

Signature ..... Date.....

S/N	Name of Inspectors	Signature
1.		
2.		
3.		

**Ending time of Inspection:** ..... **Date**.....