# 20 Food Safety Management Diary for Meat Producers

Approval number:	
Proprietor:	
HACCP Key Worker:	
Company name:	
Address:	
Telephone:	
Fax:	
E-mail:	

### Introduction

#### How to use this diary

Use of this diary is voluntary. It has three sections for keeping important information about the hygienic operation of your food business for the year and provide evidence to auditors of the food safety management producers.

#### **Section 1. Contacts**

- SERVICE SUPPLIER DETAILS
- SUPPLIER CONTACT DETAILS
- STAFF CONTACT DETAILS
- CUSTOMER CONTACT DETAILS

Keep contact details up to date to help in emergencies and to record changes over the year (e.g. new customers may have requirements that change how you operate and you will want to check that new procedures are being followed.)

#### **Section 2. Management Checks**

• DAILY CHECKLIST – this page lists what needs to be checked every day. You may want to laminate this page to preserve it for repeated use.



- DIARY a responsible person should sign the diary every day to confirm that:
- opening, operational and closing checks have been carried out, and that
- hygienic procedures have been followed.

Don't tick the boxes without carrying out the checks!



- When checks are carried out once or a few times a day (e.g. on pre-operational cleaning, chiller temperature) write down the result of each specific check.
- When daily checks are more frequent (e.g. carcase contamination, product temperatures) the results you need only to write down when there is a problem or something out of the ordinary happens. This is called 'exception reporting'.
- Also write down the action taken to correct the problem and stop it happening again.

 4-WEEKLY CHECKS – Look back at the last four weeks and note down any persistent problems or any significant changes that have been made and how you are dealing with them.

For example, there may be a continuing problem with a piece of equipment, or a need to remind staff (or contractors) bout cleaning or pest control procedures. There may be a need to carry out some training or to amend the HACCP plan because a new chiller has been installed.

• VERIFICATION OF HACCP PLAN — look back at how your hygiene practices and operational procedures have been working since the last time you reviewed your HACCP plan(s) to make sure they are still effective in managing food safety.





HACCP PLAN REVIEW CHECKLIST — Review the HACCP plan(s) at least once a year unless this has already been done because of changes to products, procedures, legislation or perhaps, customer complaints or an audit report. If there are changes, the review should make sure that food safety procedures remain effective.

The Review may indicate that aspects of the HACCP

plan need to be changed, e.g. the scope, the process flow diagram, the technical data and hazard analysis, control measures, decisions on control points, critical legal limits, monitoring checks, corrective actions and records.

RECORD THE RESULTS OF YOUR REVIEW. AMEND YOUR HACCP PLAN(S) IF NECESSARY.

#### **Section 3. Other Information**

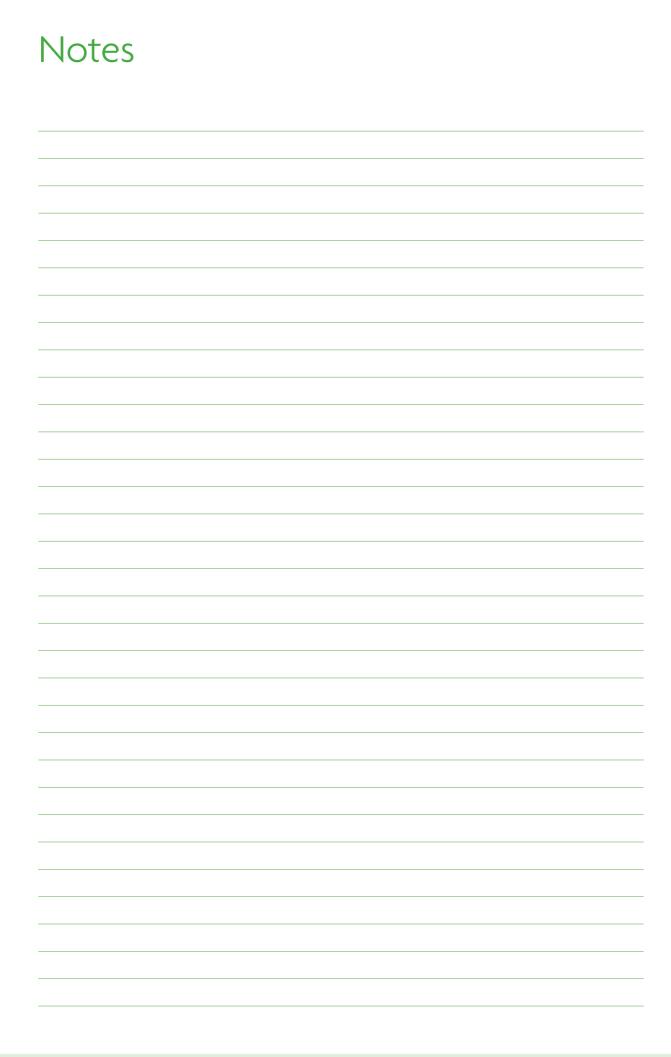


• **INDEX** – complete the index sheet at the front of this section to show which other key documents about day-to-day operations are being kept here.

These may include one of the following: a cleaning schedule, chemical list, maintenance checklist and plan, staff training chart, personal hygiene rules, glass/hard plastic policy, staff health and safety policy, medical questionnaire, equipment calibration log, microbiological test results. Your HACCP plan(s) can be kept here or on a separate HACCP file but note that verification and review sections are already included at the end of Section 2.

• **INDUSTRY GUIDANCE** – refer to the GUIDE TO THE FOOD HYGIENE & OTHER REGULATIONS FOR THE UK MEAT INDUSTRY (Meat Industry Guide) for information on good hygiene practice, HACCP and microbiological criteria.

• FSA MEAT PLANT HACCP GUIDANCE PACK – contains a short guide to completing a HACCP Plan, a guide to the HACCP EU Regulation (Part Three, Chapter 1 – Application of HACCP Principles), HACCP plan template, Generic HACCP plan (selected steps), model documents and food safety management diary. (CD-rom and hard copy of this guidance pack is available, free of charge, on request by emailing to: meathygiene@foodstandards.gsi.gov.uk or downloadable on the FSA website at: http://www.food.gov.uk/business-industry/meat/haccpmeatplants/



### Keep this section up to date

### Service Suppliers

Service	Name	Telephone
Accountant		
Doctor		
Electrician		
Gas		
Micro Test Lab		
Pest Control		
Plumber		
Refrigeration Engineer		
Solicitor		

### Keep this section up to date

### Staff

Name	NI Number	Telephone

### Keep this section up to date

### Suppliers

Company Name	Name	Telephone	Fax/email

### Keep this section up to date

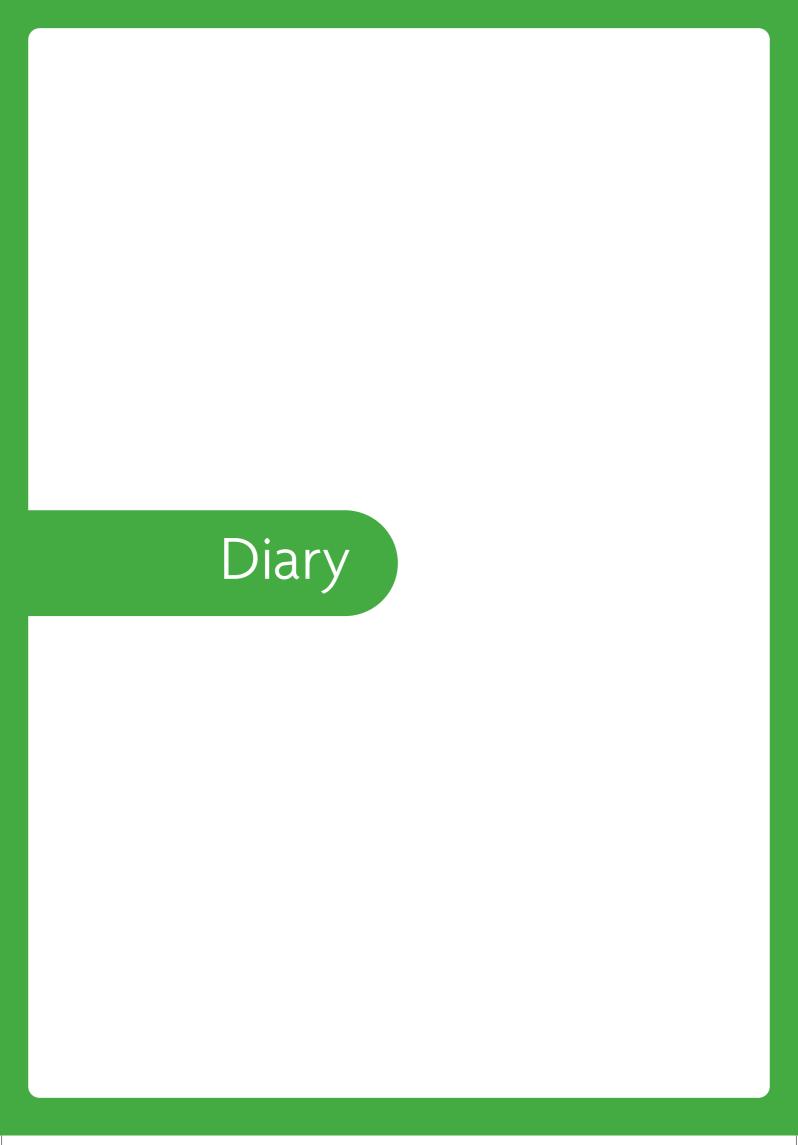
### Customers

Company Name	Name	Telephone	Fax/email

# Daily Check List

### Amend and add items as necessary

OPENING CHECKS – carry out before work starts	RECORDS
Clean rooms, surfaces, equipment, tools  Chillers, cold rooms working properly  Equipment (e.g. knife sterilisers) working properly  Staff fit for work, wearing clean protective clothing  Hand washing facilities clean, properly equipped  Vehicles clean and refrigeration units working properly	Daily diary:  - tick the box to confirm the checks have been carried out <b>before production starts</b> - note any problems and what was done to correct them
OPERATIONAL CHECKS	
Livestock/game: condition, identified  Dressing procedures: satisfactorily performed  Dressing procedures: no visible contamination  Dressing procedures: no visible SRM  Staff and tools: cleaned, clothing changed as necessary  Food handling areas:  Temperature of: knife sterilisers  Temperature of: scald tanks/other equipment  Temperature of: chillers, cold rooms  Meat received: satisfactory condition and temperature  Meat in store: condition, spacing and temperature  Meat sent out: satisfactory condition and temperature  Samples taken, if necessary for microbiological testing	Daily diary:  - tick the box to confirm the checks have been carried out during production  - note any problems and what was done to correct them  - record the results of occasional checks (e.g. chiller temperatures)  - when daily checks are more frequent (e.g. product temperatures) the results only need to be recorded when there is a problem  - complete other records as appropriate
All food preparation surfaces cleared  All meat dispatched or in chilled storage  All areas cleared for cleaning  If necessary, microbiological samples sent off for testing	Daily diary:  - tick the box to confirm the checks have been carried out <b>after production ends</b> - note any problems and what was done to correct them



### Daily Diary week beginning SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

4-Weekl	y Checks	Date	 	
T VVCCKI	y CHECKS	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
• Working methods?			
• Equipment?			
• Legal requirements?			
<b>3</b>			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES	

Name:	Position:		
Signed:	Date:	/	/

### Daily Diary week beginning SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SUNDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	Name	Signed		
	NO	TES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name -Signed

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SUNDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	Name	Signed		
	NO	TES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name \_ Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name \_ Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

4-Weekl	v Checks	Date		_
	, Circuit	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
• Working methods?			
• Equipment?			
• Legal requirements?			
<b>3</b>			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

### Daily Diary week beginning SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name \_ Signed

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
	Name	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes — what did you do?			
	Name	Signed		
SUNDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
	Name	Signed		
		TES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name \_ Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

### Daily Diary week beginning ( SIGN THE DIARY EVERY DAY TO CONFIRM THAT: - OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND - HYGIENIC PROCEDURES HAVE BEEN FOLLOWED. Results of checks: Closing Opening Operational checks checks checks Any problems or changes – what did you do? Signed Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Signed Name Results of checks: Opening Operational Closing checks checks checks Any problems or changes – what did you do? Name \_ Signed

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening	Operational	Closing
Results of checks:	checks	checks	checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
N	OTES		

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
	Name	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
SAT				
	Any problems or changes – what did you do?			
	Name	Signed		
DAY	Results of checks:	Opening	Operational	Closing
SUNDAY		checks	checks	checks
	Any problems or changes — what did you do?			
١.	Name	Ciana d		
		SignedOTES		
	.,			

4-Weekl	v Checks	Date		_
	, Circuit	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
• Working methods?			
• Equipment?			
• Legal requirements?			
ъ			
D			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SUNDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	Name	Signed		
	NO	TES		

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SATURDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	lame	Signed		
SUNDAY	Results of checks:	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
1	Name	Signed		
	NO	TES		

4-Weekl	y Checks	Date	 	
T VVCCKI	y CHECKS	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
■ Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
Suppliers?			
Species, products?			
Working methods?			
• Equipment?			
Legal requirements?			
•			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
<ul> <li>New staff? Have they had appropriate training?</li> </ul>			
Suppliers?			
Species, products?			
Working methods?			
• Equipment?			
Legal requirements?			
•			
•			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening	Operational	Closing
Results of checks:	checks	checks	checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
N	OTES		

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

4-Weekl	v Checks	Date		_
	, Circuit	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
<ul> <li>New staff? Have they had appropriate training?</li> </ul>			
Suppliers?			
Species, products?			
Working methods?			
• Equipment?			
• Legal requirements?			
•			
•			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
Suppliers?			
Species, products?			
Working methods?			
• Equipment?			
Legal requirements?			
•			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
ъ		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
<ul><li>New staff? Have they had appropriate training?</li></ul>			
Suppliers?			
Species, products?			
Working methods?			
• Equipment?			
Legal requirements?			
•			
•			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
_				
	Any problems or changes – what did you do?			
	Name	Signed		
	Results of checks:			
SATURDAY	Results of Checks.	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
	Name	Signed		
SUNDAY	Results of checks:	Opening	Operational	Closing
Nns		checks	checks	checks
	Any problems or changes – what did you do?			
	Name	Signed		
		OTES		
		7123		

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

4-Weekl	v Checks	Date		_
	, Circuit	Date	 	

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

# 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
• Working methods?			
• Equipment?			
• Legal requirements?			
ъ			
D			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	NOTES		

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
■ Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

## 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
Working methods?			
• Equipment?			
• Legal requirements?			
•			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

## 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
Working methods?			
• Equipment?			
• Legal requirements?			
•			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes — what did you do?			
Name	Signed		
NO	TES		

FRIDAY	Results of checks:	Opening checks	Operational checks	Closing checks
_				
	Any problems or changes – what did you do?			
	Name	Signed		
	Results of checks:			
SATURDAY	Results of Checks.	Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?			
	Name	Signed		
SUNDAY	Results of checks:	Opening	Operational	Closing
Nns		checks	checks	checks
	Any problems or changes – what did you do?			
	Name	Signed		
		OTES		
		7123		

4-Weekly	Checks	Date	 /	
		(		

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
D		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

## 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
• Working methods?			
• Equipment?			
• Legal requirements?			
<b>3</b>			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES	

Name:	Position:		
Signed:	Date:	/	/

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		Jigile	su		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signe	ed.		
		318110			
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
1	Name	Signe	ed		
	NC	OTES			
	· · ·	)			

FRIDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	Signed	d		
SATURDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	_ Signed	d		
SUNDAY	Results of checks:		Opening checks	Operational checks	Closing checks
	Any problems or changes – what did you do?				
	Name	<b>C:</b>	1		
		Signed	d		
		IOTES			

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
Results of checks:	Opening checks	Operational checks	Closing checks
Any problems or changes – what did you do?			
Name	Signed		
	DTES		

4-Weekly	y Checks	Date	/	/	
1 VVCCICU	y Circuits	Date			

Look back at the last four weeks and write down any persistant problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
• Structure?		
• Water supply?		
• Maintenance?		
• Cleaning?		
• Pest control?		
• Training?		
• Personal hygiene?		
• Raw materials?		
• Animal welfare/transport?		
• Slaughter?		
• Dressing?		
• SRM Removal?		
• Chiller temperatures?		
• Cutting?		
• Processing?		
• Traceability issues?		
• Waste management?		
Wrapping & packaging?		
• Transport hygiene?		
• Micro test results?		
•		
•		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

## 4-Weekly Checks

Any Changes?	No	Yes	Action Taken
• Structure?			
New staff? Have they had appropriate training?			
• Suppliers?			
• Species, products?			
Working methods?			
• Equipment?			
• Legal requirements?			
•			
<b>b</b>			
Does this affect HACCP Plans?			

NOTES

Name:	Position:		
Signed:	Date:	/	/

### Verification of the HACCP Plan

Look back at how your good hygiene practices and operational procedures have been working since the last time you reviewed your HACCP Plan(s) to make sure they are still effective in managing food safety.

Answer these questions to help complete the HACCP Plan Review checklist on the next page.

Evidence	YES	NO	If YES what have you done about this? Refer to other documents if necessary
			How have you changed your HACCP plan(s)?
Has information been received about new hazards, legislation or best practices that need to be reflected in your HACCP plan(s)?			
			Are these changes reflected in your HACCP plan(s)?
Do your daily diary records show that, where action was needed, changes have been made to hygiene procedures, checks carried out, staff instruction etc?			
			Are these changes reflected in your HACCP plan(s)?
Do your records of 4-weekly checks indicate that, where action was needed, changes have been made to hygiene procedures, checks carried out, staff instruction, etc?			
			How have you changed your HACCP plan(s)?
Do OV audit reports indicate that your HACCP plan(s) need to be changed?			
			How have you changed your HACCP plan(s)?
Do other audit reports indicate that your HACCP plan(s) need to be changed?			
			How have you changed your HACCP plan(s)?
Do OV audit reports indicate that your HACCP plan(s) have not been put into practice properly?			
			How have you changed your HACCP plan(s)?
Do other audit reports indicate that your HACCP plan(s) have not been put into practice properly?			

### Verification of the HACCP Plan continued

Evidence	YES	NO	If YES what have you done about this? Refer to other documents if necessary
			What do your investigations suggest caused the complaint?
Have you received customer complaints?			
			What does this mean for your procedures or HACCP plan(s)?
			What changes are you making as a result?
Have you received microbiological test results that indicate your hygiene procedures need to be improved?			
			What changes are you making as a result?
Has a walk-through of the production process shown that the scope, process flow diagram, product/process details are incorrect?			
			What changes are you making as a result?
Having followed a sample of product from before, during and after processing, does it show that company procedures are not being followed correctly, including inspections, traceability records, and labels?			

NOTES

### HACCP Plan Review Checklist

You need to make sure your HACCP plan(s) are still accurate. It may be necessary to change the plan, when there are changes to your product, procedures, legislation or perhaps as a result of customer complaints or an audit report.

Use the answers to the questions on the previous page to help complete this HACCP Plan Review checklist.

			YES	NO
Does the scope accu	rately describe the process?			
f No – amend Plan.				
Do the process steps	correspond to the flow diagram	n?		
f No – amend Plan.				
	r each hazard (Biological, Chemic	cal and Physical)?		
If No – amend Plan.				
D - th - CCD- /CD				
Do the CCPs/CPs rer If No – amend Plan.	nain the same?			
Are critical/legal lim	its adequate?			
If No – amend Plan.				
Are monitoring proce	edures still effective?			
If No – amend Plan.				
	ective actions identified?			
If No – amend Plan.				
	IT BY:			
<b>EVIEW CARRIED OU</b>				
	··· = ···	Position:		
Name:	· · · · · · · · · · · · · · · · · · ·			
Name: Signed:		Position:  Date: / /		
Name: Signed:				
Name: Signed:				
Name: Signed: Date of Next Review  AMENDMENT D				
Name: Signed: Date of Next Review  AMENDMENT D	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED:	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED: Yes Or	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED: Yes Or	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED: Yes Or No?	: / /			
Yes or No? (If Yes, amend Plan then carry	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED: Yes	: / /			
Name: Signed: Date of Next Review  AMENDMENT REQUIRED: Yes or No? (If Yes, amend Plan then carry	: / /			

# Index of Company Documents

1	
2	
2	
3	
4	
5	
6	
7	
8	
9	
10	
12	
13	
14	
15	

### Model Documents

• Temperature Log (this is enclosed)

### OTHER MODEL DOCUMENTS LISTED BELOW ARE AVAILABLE FROM THE FSA: (See Introduction, Section 3)

- Staff training chart
- Cleaning schedule
- Maintenance plan
- Maintenance checklist
- Chemical records
- Cleaning checklist
- Pest Control checklist
- Equipment calibration log
- Pre-employment health questionnaire
- Staff sickness record
- Individual training record
- Staff hygiene rules
- Glass/hard plastic policy
- Warm transport of red meat

#### **HACCP Plan Template**

- Company and HACCP team details
- Scope and process steps
- Control point identification, monitoring and corrective action plan
- Validation check
- Verification of the HACCP plan\*
- HACCP plan review checklist\*

<sup>\*</sup> These pages have also been included at the end of Section 2 of the diary

### Weekly Temperature Log:

	(Insert location/operations at which temperatures are to be taken e.g. room/sterilizer/chiller/product at intake/stages of production/storage/dispatch – two or more forms may be needed)				
	Time				Signed
ONDAY					
ESDAY					
EDNESDAY					
IURSDAY					
RIDAY					
ATURDAY					
JNDAY					

If temperatures are elevated, take the following action :......