Part 2

Central Warehouse HACCP Plan Assessment

This section of the HACCP Plan provides information about daily, weekly, monthly, annual, and as needed assessments to ensure the HACCP Plan is implemented and functioning as intended to prevent food safety hazards from occurring.

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# Food Safety Team

The core responsibility of the food safety team is to implement the HACCP plan. Specific responsibilities include but are not limited to: monitoring prerequisite program standards, monitoring safe food handling practices, maintaining appropriate records, and educating employees.

The team can be as large or as small as deemed necessary. In some small operations, the “team” may be the site manager and nobody else. In larger operations, the “team” might include the site manager, supervisor(s), drivers, and others. Each operation must have its own food safety team. There cannot be one team for the entire school district.

The team leader, which should be the site manager, must document on the table below all food safety team members, including their position title and their HACCP responsibilities. Responses can be typed or handwritten. This table must be reviewed and updated, if necessary, at the beginning of each school year or whenever significant changes to the composition of the team are made. As with any other school nutrition records, keep completed copies on file for at least three years plus the current year.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Team Leader **a**: |  | Date Completed: |  |

|  |  |  |
| --- | --- | --- |
| **Name** | **Position Title** | **HACCP Responsibility b** |
| **Team Leader:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

a The team leader should be the warehouse manager or PIC. This is the individual who usually completes a food safety certification program.

b Record the specific task for which the individual will be responsible, such as monitoring refrigerator temperatures, monitoring pest control, etc. If the warehouse manager is the only team member, then the HACCP responsibility will not need to be noted in the last column.

# Central Warehouse Description

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Team Leader: |  | Date Completed: |  |

The team leader must complete this form. Responses can be typed or handwritten. Sometimes the information required is not available or one needs to use an estimate. If the information is not available, note this. If the information recorded is an estimate, make a note to indicate this. Completed copies of this form must be updated at the beginning of each school year and kept on file for at least three years plus the current year.

## Warehouse Information

|  |  |
| --- | --- |
| School District: |  |
| Warehouse Address: |  |
| Number of students served: |  |

|  |  |  |
| --- | --- | --- |
| Type of sites served by warehouse deliveries:*Check all applicable*. | * Pre-Kindergarten(s)
* Elementary school(s)
* Middle school(s)
* High school(s)
 | * Administrative Building(s)
* Alternative school(s)
* Senior centers, congregate nutrition sites, or Meals on Wheels
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

## Personnel

### Warehouse Positions

List all positions (not names of employees) assigned to the operation, including part-time positions. If needed, an additional page may be used or this table can be extended by placing the curser in the last cell of the table and pressing the “tab” key.

|  |  |
| --- | --- |
| **POSITION TITLE** | **HOURS/WEEK** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### Food Safety Certification

Complete the information below for all employees who are currently employed in your operation and have successfully completed an American National Standards Institute (ANSI) accredited Certified Food Protection Manager (CFPM) examination. A listing of approved examinations can be found at:

<https://www.ansica.org/wwwversion2/outside/ALLdirectoryListing.asp?menuID=8&prgID=8&status=4>

 *NOTE: NC Department of Health, Food Protection Branch, recognizes food safety certification as current until the date of expiration on the certificate.*

|  |  |  |
| --- | --- | --- |
| **EMPLOYEE NAME** | **POSITION** | **CERTIFICATE EXPIRATION DATE** |
|  |  |  |
|  |  |  |
|  |  |  |

(NOTE: If needed, this table can be extended by placing the curser in the last cell of the table and pressing the “tab” key.)

## Facility

1. What year was the warehouse facility built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many square feet do you have available in the warehouse operation? \_\_\_\_\_\_\_\_\_\_\_

NOTE: Only include the square feet you have available for storing and handling food, not administrative office space.

1. Has the warehouse been renovated?
* Yes; If yes, what year was it renovated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No
1. What is the general condition of the warehouse?
* Excellent, in no need of repairs
* Very good, minimal need for repairs
* Good, needs modest repairs
* Poor, needs many repairs
1. Describe the repairs needed, as indicated in question 4 above, in the space below:
2. Is the warehouse operation on a non-transient, non-community public water system?

*(NOTE: A non-transient, non-community public water system is not a community system and regularly serves at least 25 of the same people for more than six months per year.)*

* Yes; If yes, when was the last time the water was tested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

## Equipment and Fixed Assets

The School Food Authority (SFA) Central Office should have a list of all equipment and the date it was purchased. This list is called Fixed Assets list. If the School Nutrition Administrator chooses to keep the list at the Central Office, note this on the form below. If the School Nutrition Administrator chooses to share the list with your operation, either insert the list behind this section of the form or enter the information onto the form.

NOTE: Equipment is defined as an article used in the operation of a food establishment and is not easily moveable. Examples include: freezer, refrigerator, vehicles used to transport food, and insulated containers. Equipment does not include items such as knives, dishes, cutting boards, and glassware. Be sure to include the number of each item.

|  |  |
| --- | --- |
| **TYPE AND MODEL OF EQUIPMENT** | **DATE PURCHASED** |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
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|  |  |

(NOTE: If needed, this table can be extended by placing the curser in the last cell of the table and pressing the “tab” key.)

## Purchasing and Delivery

The School Nutrition Administrator should get the following information from the vendors or suppliers. When the information is received, please complete the tables below. *NOTE: Some School Food Authorities (SFA) might not purchase ultra-high temperature foods or vacuum packaged foods and so both tables will be blank.*

**Are vacuum packaged TCS-foods used in the operation? € Yes € No**

*DEFINITION: Vacuum packaged foods are packaged in containers (rigid or flexible), from which substantially all air has been removed prior to final sealing of the container. This is a form of Reduced Oxygen Packaging (ROP) since normal room air is removed from the package.*

*Controlling and verifying the use of vacuum packed/reduced oxygen packaged foods is needed if the product is a TCS food. For example, a vacuum-packed sauce or cooked meat product would require temperature verification and logging and a vacuum-packed cracker or bread item would not.*

If yes, list the food, brand, and source in the table below.

|  |  |  |
| --- | --- | --- |
| **FOOD** | **BRAND** | **VENDOR** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(NOTE: If needed, this table can be extended by placing the curser in the last cell of the table and pressing the “tab” key.)

**Are any non-domestic products approved for use? € Yes € No**

Your SFA Central Office / School Nutrition Administrator should have this information on file. It is recommended the list of non-domestic products is shared with the PIC and warehouse staff receiving deliveries.

On average, how many cases of the following foods do you deliver each week to all sites serviced:

\_\_\_\_\_\_\_\_\_\_\_\_ Canned foods

\_\_\_\_\_\_\_\_\_\_\_\_ Frozen packaged foods

\_\_\_\_\_\_\_\_\_\_\_\_ Dry ingredients, such as salt, sugar, flour

\_\_\_\_\_\_\_\_\_\_\_\_ Fresh fruits and vegetables

\_\_\_\_\_\_\_\_\_\_\_\_ Refrigerated packaged foods

\_\_\_\_\_\_\_\_\_\_\_\_ Fresh meats, poultry, and fish

\_\_\_\_\_\_\_\_\_\_\_\_ Milk and other dairy products

\_\_\_\_\_\_\_\_\_\_\_\_ Eggs

\_\_\_\_\_\_\_\_\_\_\_\_ Baked goods

\_\_\_\_\_\_\_\_\_\_\_\_ Condiments

\_\_\_\_\_\_\_\_\_\_\_\_ Packaged snack foods, including chips, pretzels, nuts

Which best describes the information above? *Check only one.*

* Exact Numbers. If checked, what date? \_\_\_\_\_\_\_
* An estimate

## Vendor List

Please insert a list of all food vendors and the types of products they sell to your warehouse behind this page. Your School Nutrition Administrator should provide this information.

## Hazard Communications

*The Globally Harmonized System of Classification and Labelling of Chemicals (GHS)* is a system for standardizing and harmonizing the classification and labeling of chemicals. Occupational Safety and Health Administration (OSHA) phased in the GHS requirements of chemical labeling through June 2016. The new OSHA Safety Data Sheets (SDS) require all containers of hazardous chemicals are properly labeled, tagged, or marked with the identity; display appropriate hazard warnings; and show the names and addresses of the manufacturers or other responsible parties. The hazard warning can be any message, words, pictures or symbols conveying the hazards of the chemical(s) on the container. The label must be legible, in English (and in other languages as needed), and prominently displayed.

The following information is also required: a list of the hazardous chemicals located in each work area; a description of how employees will be informed of the hazards of both normal use and non-routine tasks; and emergency procedures for spills, leaks or other accidents. The hazard-communication program must also address employee training. OSHA requires program records are available upon request to employees and other designated government officials.

Complete the table below, listing all hazardous chemicals currently used in your school nutrition operation and briefly state their purpose. This information is required even if you have a separate binder for the actual SDS information.

NOTE: You may store the actual SDS pages in a separate binder. In some schools, the SDS binder is stored on a rack on the wall in the kitchen and this is an acceptable storage location for this information; it does not need to be removed and stored with other HACCP materials. Make sure the SDS information is current and all employees are informed about the location and how to use it. It is recommended to highlight the name of the chemical and the emergency procedures on the SDS pages for quick reference.

Remember to show substitute employees the location of the SDS information on the first day they work at your facility.

List the date(s) below employees were educated on the location and usage of the SDS information:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF THE HAZARDOUS COMPOUND** | **PURPOSE/USE IN OPERATION** | **DO YOU HAVE THE****SDS ON FILE?** | **DO YOU UNDERSTAND THE EMERGENCY PROCEDURES?** |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |
|  |  | □ Yes □ No | □ Yes □ No |

(NOTE: If needed, this table can be extended by placing the curser in the last cell of the table and pressing the “tab” key.)

# Annual Operation Assessment

After the warehouse description form is completed, the operation assessment must be performed. This assessment will typically take between one and two hours to complete. Some standards may need to be assessed in conjunction with the maintenance staff.

An operation assessment must be performed every year before or at the beginning of the school year. Responses can be handwritten or typed. It might take more than one day to complete the assessment. If so, record the date the assessment began and the date the assessment was completed. Completed assessments should be kept on file for at least three years plus the current year.

|  |  |
| --- | --- |
| **School Food Authority:** |  |
| **Signature of Responsible Person\*:** |  |
| **Date Assessment Completed:** |  |

\* Typically, the Food Safety Team Leader will complete this annual assessment. However, in some warehouses the Food Safety Team Leader/Site Manager will assign this task to another Food Safety Team member. If so, then the name of this person must be listed on the Food Safety Team table and their HACCP Responsibility must be listed as “complete Operation Assessment.”

## Assessment of Food Items and Inventory

|  |
| --- |
| Food Items/Inventory |
| The food item/inventory summary is filed in the HACCP plan.  | **Yes** | **No** |

## Assessment of Prerequisite Programs

|  |
| --- |
| Facilities |
| The facility is compliant with OSHA regulations. | **Yes** | **No** | **N/A** |
| Facility standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood.  | **Yes** | **No** | **N/A** |
| Floors, walls, and ceilings are smooth, nonabsorbent, and in good repair.  | **Yes** | **No** | **N/A** |
| Floors are wear-resistant, slip-resistant, nonporous, and graded to drain.  | **Yes** | **No** | **N/A** |
| Adequate floor drainage is in high moisture areas. | **Yes** | **No** | **N/A** |
| Lighting is positioned so employees do not cast shadows onto work surfaces. | **Yes** | **No** | **N/A** |
| Light bulbs shielded, coated, and/or shatter-proof in all areas.  | **Yes** | **No** | **N/A** |
| Work areas have sufficient light.  | **Yes** | **No** | **N/A** |
| The ventilation system meets local regulations *and* is properly constructed | **Yes** | **No** | **N/A** |
| Ventilation in chemical storage areas is installed in accordance with appropriate building codes | **Yes** | **No** | **N/A** |
| At least one garbage can with a tight-fitting lid and that is large enough to handle all garbage is in each area. (If there is no lid, then the can must be emptied frequently and cleaned weekly or as needed.) | **Yes** | **No** | **N/A** |
| A Food Defense Assessment is complete and used to develop a Food Defense Plan which is filed in Part 1: Food Defense Plan | **Yes** | **No** | **N/A** |

**Conduct a Food Defense Assessment**

Begin by choosing a person or team to be responsible for the security of your warehouse or distribution center. The team or responsible person will answer the questions in the Food Defense Assessment in Part 2: HACCP Assessment below to help you understand which parts of your facility may be more vulnerable. When completing this assessment remember to consider both potential internal and external threats. The results of the assessment should be kept confidential so they do not provide a roadmap for future attacks.

To use the following Food Defense Assessment, read each question and check the response best describing how your business operates. **Not all questions will be appropriate for all facilities.** If a question does not apply, check “N/A”. A “Yes” response for every question is desirable but not expected. **A “No” answer on a question does not necessarily mean there is a serious problem with security at your warehouse or distribution center. A “No” should trigger some thinking about whether additional security measures are needed.** Some questions provide a website address for additional information which might help you formulate your plan after completing the assessment.

**OUTSIDE SECURITY**

1. What food defense measures does your warehouse/distributorship have in place for the exterior of the building?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Are the facility’s grounds secured to prevent entry by unauthorized persons?(e.g. by locked fence, gate or entry/exit doors, guard service)? |  |  |  |
| Is there enough lighting outside the building to properly monitor the warehouse at night/early morning? |  |  |  |
| Do emergency exits have self-locking doors and/or alarms? |  |  |  |

1. Are the following secured with locks, seals, or sensors when unattended (after hours/weekends to prevent entry by unauthorized person?

|  |  |  |  |
| --- | --- | --- | --- |
|   | Yes | No | N/A |
| Outside doors and gates? |  |  |  |
| Loading dock doors? |  |  |  |
| Trash compacting chutes? |  |  |  |
| Windows? |  |  |  |
| Roof openings? |  |  |  |
| Vent openings? |  |  |  |
| Trailer (truck) bodies? |  |  |  |
| Truck hatches? |  |  |  |
| Railcars? |  |  |  |

1. Does your warehouse/distributorship have food defense procedures for people and/or vehicles entering the facility and/or parking in your lot?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | N/A |
| Does the property have a controlled or guarded entrance? |  |  |  |
| Are employee vehicles identified using placards, decals, or some other form of visual identification? |  |  |  |
| Are authorized visitor/guest vehicles identified using placards, decals, or some other form of visual identification? |  |  |  |

**GENERAL INSIDE SECURITY**

1. Does your warehouse/distributorship have food defense measures inside the facility?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Is there an emergency lighting system in the facility? |  |  |  |
| Does your warehouse/distributorship have monitored security cameras (CCTV)? |  |  |  |
| Does your building have a regularly tested emergency alert system? |  |  |  |
| Are the locations of controls for emergency alert systems clearly marked? |  |  |  |
| Are all restricted areas (*i.e*. areas where only authorized employees have access) clearly marked? |  |  |  |
| Are visitors, guests, and other non-employees *(e.g*., contractors, salespeople, truck drivers) restricted to non-product areas unless accompanied by an authorized employee? |  |  |  |
| Does local law enforcement (including the fire department) have up-to-date copies of facility layouts/blueprints? |  |  |  |
| Are procedures in place to check toilets, maintenance closets, personal lockers, and storage areas for suspicious packages? |  |  |  |
| Do you regularly take inventory of keys to secured/sensitive areas of the facility? |  |  |  |
| Are ventilation systems constructed in a manner providing for immediate isolation of contaminated areas or rooms? |  |  |  |

1. Are the controls for the following systems restricted (e.g., by locked door/gate or limiting access to designated employees) to prevent access by unauthorized persons?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Heating, Ventilation, and Air Conditioning systems? |  |  |  |
| Propane Gas? |  |  |  |
| Water systems? |  |  |  |
| Electricity? |  |  |  |
| Refrigeration systems? |  |  |  |
| Volatile chemicals used in refrigeration? |  |  |  |
| Engine/compressor rooms? |  |  |  |

1. Does your facility have food defense procedures in place for its computer systems?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Is the access to the system password-protected? |  |  |  |
| Are firewalls built into the computer network? |  |  |  |
| Is the system using a current virus detection system? |  |  |  |
| Are backups kept off-site? |  |  |  |

1. Which of the following food defense procedures does your facility have in place for the storage of hazardous materials/chemicals such as pesticides, industrial chemicals, cleaning materials, and disinfectants?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Is the access to inside and outside storage areas for hazardous materials/chemicals such as pesticides, industrial chemicals, cleaning materials, and disinfectants restricted in some manner to allow use by designated employees only? |  |  |  |
| Is a regular inventory of hazardous materials/chemicals maintained? |  |  |  |
| Are discrepancies in daily inventory of hazardous materials/chemicals (more than facility use) immediately investigated? |  |  |  |
| Is a procedure in place to receive and securely store hazardous chemicals? |  |  |  |
| Is a procedure in place to control disposition of hazardous chemicals? |  |  |  |

**SHIPPING and RECEIVING SECURITY**

1. Does your facility have food defense procedures in place for handling outgoing shipments? Additional information may be found at: <https://www.fsis.usda.gov/food-safety/food-defense-and-emergency-response/food-defense/food-defense-considerations>

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Are outgoing shipments sealed with tamper-evident seals? |  |  |  |
| Are the seal numbers on outgoing shipments documented on the shipping documents? |  |  |  |
| Do you keep records of the above-referenced inspections? |  |  |  |
| Is a bill of lading maintained for all outbound activity? |  |  |  |

1. Which of the following food defense procedures does your facility have in place for handling incoming shipments?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Is access to loading docks controlled? |  |  |  |
| Are loaded trailers and/or rail cars on the premises maintained under lock and/or seal? |  |  |  |
| Are trailers and rail cars inspected prior loading and unloading? |  |  |  |
| Is a bill of lading maintained for all inbound activity? |  |  |  |
| Is advance notification from suppliers (by phone, email, or fax) required for all incoming deliveries? |  |  |  |
| Are suspicious alterations in the shipping documents immediately investigated? |  |  |  |
| Are all deliveries checked against the roster of scheduled deliveries? |  |  |  |
| Are unscheduled deliveries held outside facility premises pending verification? |  |  |  |
| Are off-hour deliveries accepted? |  |  |  |
| If off-hour deliveries are accepted, is the presence of an authorized individual to verify and receive the delivery required? |  |  |  |
| If off-hour deliveries are accepted, is the presence of an authorized individual to verify and receive the delivery required? |  |  |  |
| Are less-than-truckload (LTL) or partial load shipments vehicles checked? |  |  |  |
| Are incoming shipments of products required to be sealed with tamper-evident or numbered seals (and documented in the shipping documents)? Are these seals verified prior to entry? |  |  |  |
| Are transportation companies selected with consideration of the company’s ability to safeguard the security of product being shipped? |  |  |  |
| Do the transportation companies perform background checks on drivers and other employees who have access to products? |  |  |  |
| When choosing your compressed gas vendor do you consider whether they have implemented general security measures? |  |  |  |

1. Does this facility allow returned goods, including returns of U.S. exported products, to enter the facility?

🞏 Yes

🞏 No (GO to Question 12 under Mail Handling Security)

1. Which of the following food defense procedures does this facility have in place for returned goods?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Are all returned goods segregated in the plant for evidence of possible tampering before salvage? |  |  |  |
| Are records maintained for returned goods? |  |  |  |
| Does the plant follow the procedures outlined in USDA Food Safety and Inspection Service (FSIS) Directive 9010.1 for return of U.S. exported products? |  |  |  |

1. Which of the following food defense procedures does this facility have in place to ensure mail handling security?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Is mail handling activity conducted outside operations? (For example, in a separate room or facility away from operations?) |  |  |  |
| Are mail-handlers trained to recognize and handle suspicious pieces of mail using U.S. Postal Service guidelines? |  |  |  |

**PERSONNEL SECURITY**

1. Which of the following food defense procedures does your facility have in place for ensuring personnel adhere to the security requirements?

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Yes** | **No** | **N/A** |
| Are background checks conducted on all employees and contractors (both permanent and seasonal) who will be working in sensitive operations? |  |  |  |
| Do all employees receive training on security procedures as part of their orientation training? |  |  |  |
| Are employees, visitors, and contractors (including construction employees, cleaning crews, and truck drivers) identified in some manner always while on the premises? |  |  |  |
| Does your facility control access by employees and contractors entering the plant during working hours (*e.g.* coded doors, receptionist on duty, swipe cared, etc.)? |  |  |  |
| Does your facility control entry of employees and contractors into the plant during non-working hours (*e.g.* access limited by key card or code number)? |  |  |  |
| Does your facility have a way to restrict temporary employees and contractors (including construction employees, cleaning crews, and truck drivers) to areas of the warehouse relevant to their work? |  |  |  |
| Is an updated shift roster (i.e., who is absent, who the replacements are, and when new employees are being integrated into the workforce) kept by management for each shift? |  |  |  |
| Do you inspect employee lockers? |  |  |  |
| Are employees and/or visitors restricted as to what they can bring (cameras, etc.) into the warehouse? |  |  |  |
| Are employees monitored when removing company-provided clothing or protective gear from the premises? |  |  |  |

**After completing this Food Defense Assessment, refer to *Part 1 HACCP Plan* to make sure your Food Defense Plan is complete and functioning as intended.**

**Food Defense Plan Assessment and Revision**

Once you have a written Food Defense Plan, these questions will help you to ensure it is functional and up-to-date.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| Is there a designated person or team to implement, manage and update the Food Defense Plan? |  |  |  |
| Have appropriate personnel been trained in food defense? |  |  |  |
| Are the details of food defense procedures kept confidential? |  |  |  |
| Is the emergency contact information for local, state, and federal government homeland security authorities and public health officials included in the food defense plan? |  |  |  |
| Is the contact information reviewed and updated regularly? |  |  |  |
| Have you or someone in your facility initiated contact with these authorities? |  |  |  |
| Are employees encouraged to report signs of possible product contamination, unknown or suspicious persons in the facility, or breaks in the food defense system? |  |  |  |
| Does the plan contain evacuation procedures? Helpful information is provided at the following website: [www.osha.gov/dep/evacmatrix/index.html](http://www.osha.gov/dep/evacmatrix/index.html)  |  |  |  |
| Are procedures in place to restrict access to the facility to authorized personnel only during an emergency? |  |  |  |
| Does the facility have a documented and regularly updated recall plan ensuring the segregation and proper disposition of recalled products? |  |  |  |

Review your plan and revise it, as needed, at least annually or when there is a change in your process. You may need to revise the plan to address changing conditions such as, adding a new customer; adding a new technology; etc. Record you have done so in the space below.

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| --- | --- | --- |
| **Date** | **Reason for Assessment** | **Signature** |
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| Equipment |
| Equipment standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| If available, manufacturer instructions for each piece of equipment currently used in the operation are on file at the site. | **Yes** | **No** | **N/A** |
| Equipment is installed per manufacturer instructions, is in good condition, and is used as approved.  | **Yes** | **No** | **N/A** |
| All food-related equipment meets ANSI Sanitation Standards. Equipment which does not need to meet these standards includes water heaters. | **Yes** | **No** | **N/A** |
| Stationary equipment or shelving is mounted on legs at least six inches off the floor or sealed to a masonry base. | **Yes** | **No** | **N/A** |
| Stationary tabletop equipment is mounted on legs at least four inches between the base of the equipment and the tabletop. | **Yes** | **No** | **N/A** |
| All cracks or seams over 1/32-inch are filled with a nontoxic, food-grade sealant. *Check with maintenance staff to determine what type of sealant is being used.* | **Yes** | **No** | **N/A** |
| Equipment preventive maintenance schedules have been determined and a copy is filed as indicated on next page. (See Appendix B in Part 1: *Prerequisite Programs* for suggestions to develop this schedule.) | **Yes** | **No** | **N/A** |

Insert your equipment preventive maintenance schedule behind this page. Refer to Appendix B in Part 1: Prerequisite Programs section for more information.

For your convenience, a chart is included on the following page; however, you may insert a customized preventive maintenance schedule including similar information.

### Equipment Preventive Maintenance Schedule

*Refer to HACCP Part 1: Pre-requisite Programs Appendix B for recommendations.*

|  |  |  |
| --- | --- | --- |
| Equipment to be inspected for preventive maintenance | Who will perform the maintenance | Planned Date or Frequency of Preventive Maintenance |
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| Employees |
| Employee standards outlined in *Part 1: Prerequisite Programs* and *Part 1: Safe Food Handling* have been reviewed by the Food Safety Team Leader and are clearly understood. Employee Health Policy Agreements are properly signed annually and filed in *Part 4: Continuing Education and Professional Development.* | **Yes** | **No** | **N/A** |
| Continuing Education and Professional Standards |
| Continuing Education and Professional Standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Continuing education records are reviewed and filed in *Part 4: Continuing Education and Professional Development.* | **Yes** | **No** | **N/A** |
| Pest Control |
| Pest control standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| A map of the facility's interior and exterior layout is on file. *Check with maintenance staff for this information.* | **Yes** | **No** | **N/A** |
| A licensed pest management professional (PMP) is on staff or on contract.  | **Yes** | **No** | **N/A** |
| Cracks and crevices are sealed, and screens are closed and in good condition. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Openings surrounding wiring, drainpipes, vents, and flues are caulked or sealed. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Windows and vents are covered with at least a 16-mesh wire screening. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Cracks and gaps are covered at all exterior doors and walls. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Air curtains or fly fans are installed, if necessary, and used. | **Yes** | **No** | **N/A** |
| Lighting is installed away from exterior doors. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Areas surrounding light switches, bulletin boards, and vent hoods are caulked and sealed. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| All pipes and electrical lines are sealed with wire mesh (copper pads) and/or caulking. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |

### Pest Control Assessment

|  |  |  |
| --- | --- | --- |
| **Task** | **(Y)es or (N)o** | **Responsible Party** |
|  |  |  |
| A licensed pest management professional (PMP) is on staff or is on contract to service the operation. | Yes No ☐   ☐ |   |
| A map of the facility's interior and exterior layout is available and updated each year so one can mark exactly where evidence of pests was found and where bait traps were placed.  |  Yes No ☐   ☐ |   |
| Cracks and crevices are sealed, and screens closed and in good condition. |  Yes No ☐   ☐ |   |
| All openings surrounding wiring, drainpipes, vents, and flues are caulked or sealed. |  Yes No ☐   ☐ |   |
| Windows and vents are covered with at least a 16-mesh wire screening.  |  Yes No ☐   ☐ |   |
| Cracks and gaps are covered at all exterior doors and walls. |  Yes No ☐   ☐ |   |
| Areas surrounding light switches, bulletin boards, and vent hoods are caulked and sealed.  |  Yes No ☐   ☐ |   |
| All pipes and electrical lines are sealed with wire mesh (copper pads) and/or caulking. |  Yes No ☐   ☐ |   |
| All pesticides are dispensed and applied by a licensed pest management professional (PMP). |  Yes No ☐   ☐ |   |
| Facilities treated as needed. Managers will call for additional pest control visits on an as needed basis when there are noticeable problems between regularly scheduled visits. |  Yes No ☐   ☐ |   |
| Instructions on product labels are followed when warehouse employees are using pesticides.  |  Yes No ☐   ☐ |   |
| The building exterior and perimeter is clean and free of clutter and debris. |  Yes No ☐   ☐ |   |
| Insecticides and rodent traps are properly used in and near the garbage and waste area. Indoors, it is preferable to use traps over baits because you never know where the rodent may die. |  Yes No ☐   ☐ |   |
| Trapping devices or other means of pests control are properly maintained and used. |  Yes No ☐   ☐ |   |
| Pesticides are kept in their original containers and properly stored. Pesticides are never stored in food containers. |  Yes No ☐   ☐ |   |

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| Cleaning and Sanitizing |
| Cleaning and sanitizing standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| A master cleaning and sanitation schedule is in place and a copy is filed in behind this page. (Refer to Appendix C in *Part 1: Prerequisite Programs* for samples.) | **Yes** | **No** | **N/A** |

### Master Cleaning Schedule

Insert a copy of the master cleaning and sanitation schedule used in your warehouse behind this page. Refer to Part 1: Prerequisite Programs for a sample.

|  |
| --- |
| Hazard Communications |
| Hazard communications standards outlined in *Part 1: Prerequisite Programs* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Hazardous chemicals which are past dated or have not been used within one year are properly discarded. *NOTE: Check with your local health department for more information about proper disposal of hazardous chemicals.* | **Yes** | **No** | **N/A** |
| Employees are educated about how to properly use hazardous chemicals in the operation.  | **Yes** | **No** | **N/A** |

## Assessment for Safe Food Handling Procedures

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| --- |
| Purchasing and Receiving |
| Purchasing and receiving standards outlined in *Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Dry Storage |
| Dry storage standards outlined in *Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Thermometers are in the dry storage area. | **Yes** | **No** | **N/A** |
| Refrigerated Storage |
| Refrigerated storage standards outlined in *Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Thermometers are in the refrigerated storage area. | **Yes** | **No** | **N/A** |

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| --- |
| Frozen Storage |
| Frozen storage standards outlined in *Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |
| Thermometer is in the frozen storage area. | **Yes** | **No** | **N/A** |
| Transporting |
| Transporting standards outlined in *Part 1: Prerequisite Programs and Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood | **Yes** | **No** | **N/A** |

## Operation Assessment Summary of Identified Problems

**School:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Responsible Person\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Assessment Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note the problems identified during your assessment in the space below. Give a copy of the completed summary to the School Nutrition Administrator for assistance in determining how to correct the problems. Additional pages can be used, if needed.

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# HACCP Verification

Verification is defined as the process of evaluating the HACCP Plan to determine whether the standards are being properly implemented, monitored, and observations recorded. Each school nutrition operation must identify one individual who is responsible for verifying the HACCP Plan annually, at the beginning of the school year if not done at the end of the previous year. This individual is responsible for making sure the HACCP Plan is verified before the beginning of each school year. Complete the form and file it (the most recent verification) in this section. File previously completed HACCP verification reports with other School Nutrition HACCP Records and keep for at least 3 years plus the current year.

**Table 1. Types of HACCP verification and who is responsible**

|  |  |  |
| --- | --- | --- |
| **TYPE OF HACCP VERIFICATION** | **WHO IS RESPONSIBLE** | **FREQUENCY OF REVIEW** |
| Scientific or technical verification showing critical limits at critical control points are satisfactory. | NCSU facultyAll procedures outlined in the Plan are based on the most recently adopted USDA Food and Drug Administration (FDA) Food Code. | Once in 2006 and NC Department of Public Instruction will determine when updates are needed. Plan was updated in 2008-09, 2010-11, 2012-13, 2013-14, and 2014-15. |
| HACCP plan is functioning effectively; therefore, the Food Safety Team Leader at each site must review the HACCP plan, be certain the HACCP plan is being correctly followed, and review records. | Identified Food Safety Team Leader or PIC at each site or their designee | Annually at the beginning of the school year (if not done at the end of the previous year). |
| HACCP plan is functioning effectively. The School Nutrition Administrator or Area Supervisor must review the HACCP plan to be certain it is being correctly followed and records are properly prepared.  | School Nutrition Administrator or their designee | During each school year |
| NC Department of Public Instruction and the local health department to ensure the establishment’s HACCP system is functioning in a satisfactory fashion. | NC Department of Public Instruction School Nutrition Consultants and Specialists | Annually or as needed during Technical Assistance and Administrative Reviews. |

**VERIFICATION OF HACCP PLAN**

The Verification of HACCP Plan is usually completed annually by the Person in Charge or their supervisor annually at the beginning of the school year if not done at the end of the previous year. File the most recently completed HACCP verification in this section. The previously conducted HACCP verification pages should be removed and kept in a separate file with other HACCP records for three years.

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Food Authority:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Responsible Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have the following forms been completed for the most recently completed school year?
	* Inventory Summary
	* Food Safety Team
	* School Description
	* Annual Warehouse Operation Assessment
2. Were there any new additions to inventory during the last school year?
	* Yes
	* No
3. Were there any significant changes to inventory during the last school year? Significant changes would be changing from a frozen or precooked to fresh or raw product, etc.
* Yes (If yes, list the new inventory or inventory items with significant changes below.
* No (If no, go to question 5.)

1.

2.

3.

4.

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6.

7.

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9.

1. Have these new inventory items been added to your HACCP Plan Binder?
	* Yes
	* No

1. Check below which monitoring records your warehouse is required to have. Also, indicate where those records are stored after the completed records are removed from the current year’s binder.

|  |  |
| --- | --- |
| **TYPE OF RECORD** | **RECORD STORAGE LOCATION** |
| * Daily – Warehouse Assessment
 |  |
| * Daily – Dry Storage Assessment
 |  |
| * Daily – Refrigerator Assessment
 |  |
| * Daily – Freezer Assessment
 |  |
| * Monthly -- Series of four inspection forms
 |  |
| * Monthly -- Pest Control
 |  |
| * Annual -- Operation Assessment
 |  |
| * Reports from the health department for employee diagnosed with foodborne illness
 |  |
| * Food Safety Checklist for Employees
 |  |
| * Annual – Employee Health Policy Agreement
 |  |
| * Pest Control Reports from PMP
 |  |
| * Purchasing and Receiving Delivery Invoices/Delivery Tickets
 |  |

1. Are required monitoring records properly completed and on file?
* Yes
* No

To evaluate this, randomly select the monitoring records for one week during the last 10 months of operation. Identify the dates of the records reviewed to validate the HACCP plan:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Were any corrective actions taken and recorded during the past school year? You may use the one-week random selection above as evidence of corrective actions.
* No
* Yes

If yes, briefly summarize the corrective actions taken during the random week selected or for other periods which may have been reviewed during this verification.

1. List all continuing education offered during the previous 12 months to support the Warehouse HACCP plan.
2. Describe the documentation provided (if any) to support such continuing education has occurred. This could be handouts, agendas, etc. If no documentation is provided, state “no documentation of continuing education.”