Part 2

Homestyle Kitchen 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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[Facility 1](#_Toc79655463)

[School Nutrition Operation 1](#_Toc79655464)

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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
* training foodservice employees

The team can be as large or as small as deemed necessary. In very small facilities, the “team” may be only a site manager or house parent. In larger facilities, the “team” might include the site manager, employees(s), residents, and others who play a role in the implementation and monitoring of the plan. Each kitchen must have its own food safety team. There cannot be one team for the entire school food authority.

The team leader, which should be the site manager, must list in 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. It must then be filed in Binder 2-1: Food Safety Team. As with any other School Nutrition records, keep completed copies on file for at least three years plus the current year. While it is not required, it is recommended to share a copy of the table with the facility administrator.

**Signature of Team Leadera:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| --- | --- | --- |
| **Name** | **Position Title** | **HACCP Responsibilityb** |
| **Team Leader:** |  |  |
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a The team leader should be the site manager or person in charge (PIC). This is usually the individual who successfully passes a Certified Food Protection Manager (CFP) examination.

b Record the specific task for which the individual will be responsible, such as monitoring refrigerator temperatures, monitoring pest control, etc.

# Facility Description

Signature of Team Leader: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The team leader or designee must complete this form and then file in Part 2 under *Section: Facility Description*. Responses can be typed or handwritten. Sometimes the required information is not available or one needs to use an estimate. If the information is not available or recorded as an estimate, note 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.

## Facility

|  |  |
| --- | --- |
| Name of Facility: |  |
| Address: |  |
| Type of customers you serve.*Check all applying to this facility*. | * Preschool children, such as Head Start
* Elementary school children
* Middle school children
* High school children
 | * Teachers/Administrators
* Off-site, such as alternative schools
* Elderly, such as senior centers, congregate nutrition sites, and Meals on Wheels
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

## School Nutrition Operation

Which best describes the type of foodservice system used in your facility. *Check only one.*

* On-site production
* Satellite kitchen which is part of your SFA
* Off-site production with food transported to your facility; if checked, where do you get your food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On average, how many of the following do you serve each day:

\_\_\_\_\_ Breakfast

\_\_\_\_\_ Lunch

\_\_\_\_\_ Snacks

\_\_\_\_\_ Transported Meals

\_\_\_\_\_ Supper/At Risk After School Meals

\_\_\_\_\_ Other (Please describe)

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

* Exact Numbers.

If checked, what date? \_\_\_\_\_\_\_

* An estimate

Does your school nutrition operation provide foods to students at alternative or innovative locations other than the kitchen in this facility?

* Yes (if yes, complete the information required below.)
* No (if no, skip to the Personnel section.)

What alternative or innovative locations are used to serve foods prepared by the School Nutrition Operation to students?

* Off site location such as field trip
* Picnics
* Classrooms
* Bus
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each of the alternative or innovative service locations checked above, please indicate (in the chart below) the procedures used to maintain food safety from the time it leaves temperature control in the facility until it is consumed by students or discarded. If temperature as a public health control is used, the recipe must state the proper procedures and in section 1 of the production record and any leftover temperature must be completed for all time-temperature controlled for safety (TCS) items. If time as a public health control (TPHC) is used, you must file a copy of the written TPHC plan for each menu item using this control in *Part 5: Menus and Recipes* and include appropriate instructions for employees on the recipe.

|  |  |
| --- | --- |
| List the alternative or innovative locations for serving meals. | Check the type of food safety procedures used in each location. |
|  | * Temperature
* TPHC
 |
|  | * Temperature
* TPHC
 |

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

## Personnel

### Facility Positions

List all positions (not names of employees) assigned to the operation, including part-time positions.

(NOTE: If needed, 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** |
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### Food Safety Certification

Complete the information below for all employees who are currently employed in your facility and have successfully completed an American National Standards Institute (ANSI) accredited Certified Food Protection Manager 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 Public Health Food Protection Branch recognizes food safety certification as current until the date of expiration on the certificate. Certifications are usually valid for 5 years from issuance.*

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| --- | --- | --- |
| **EMPLOYEE NAME** | **POSITION** | **DATE CERTIFICATE EXPIRES** |
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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.)

## Facility

1. What year was your school kitchen built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has the school kitchen been renovated?
* Yes; if yes, what year was it renovated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

1. How many square feet do you have available to the school nutrition program for preparing and serving food? \_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Do not include the dining area.

1. What is the general condition of your school kitchen?
* 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 your school 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 (Fixed Assets)

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

**NOTE:** Equipment is defined as an article used in the operation of a kitchen and is not easily moveable. Examples include: freezer, refrigerator, and stove. Equipment does not include items such as knives, dishes/trays, serving utensils, cutting boards, and glassware.

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

The School Nutrition Administrator should get the following information from vendors and share with all site managers. When the information is received, please complete the tables below. *NOTE: Some schools might not purchase vacuum packaged TCS foods.*

**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** |
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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.)

**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 school staff receiving deliveries.

Please insert a list of all food vendors and the types of products they sell to you 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 to be available upon request to employees and other designated government officials.

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
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|  |  | □ 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 *Facility Description* form is completed, the *Operation Assessment* must be performed. This assessment will typically take between one and two hours to complete. Some standards will need to be assessed in conjunction with maintenance staff. Other standards may be evaluated using the past two Environmental Health inspection reports.

Before beginning the assessment, collect the Environmental Health inspection reports for the most recent two inspections and file them in the space indicated in this section in chronological order beginning with the most recent report. If the inspection report is used to assess a standard, note directly *on Operation Assessment* form the date of the inspection report used and the violation number cited on the report. Also, thoroughly read and review *Part 1: Pre-requisite Programs* and *Part 1: Safe Food Handling Practices* to show you are completely familiar with all the standards. Continue to file copies of the current Environmental Health inspection reports. You may remove the copy of the oldest report when you file the most recent if the two most recent inspections are included in this section.

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 must be kept on file for at least three years plus the current year; store with other Child Nutrition records in a manner approved by the School Food Authority (SFA). Include only the current year’s *Operation Assessment* form in this section.

|  |  |
| --- | --- |
| **Facility:** |  |
| **School Food Authority (SFA):** |  |
| **Signature of Responsible Person\*:** |  |
| **Date Assessment Began:** |  |
| **Date Assessment Completed:** |  |

\* Typically, the Food Safety Team Leader is the person in charge (PIC) and will complete this annual assessment. However, in some facilities the Food Safety Team Leader/PIC will assign this task to another Food Safety Team member. If so, the name of this person must be listed on the Food Safety Team table (shown in Section 2-1) and their HACCP Responsibility must be listed as “complete Operation Assessment.”

##

## Assessment of Menus and Recipes

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| Menu  |
| A copy of the menu is filed in *Part 5: Menus and Recipes*. | **Yes** | **No** |
| Standardized quantity recipes/procedures are available for all menu items prepared in the school nutrition operations. These recipes are listed in the Menu Summary by appropriate HACCP Process Categories. Refer to *Section 1-1 Menus and Recipes* for details. | **Yes** | **No** |
| Menu summaries have been updated to reflect current menu items and are filed in *Part 5: Menus and Recipes*. If menu summaries are not required, standardized recipes have been updated to reflect current items and HACCP process categories.NOTE: If all menu items (including those used for breakfast, lunch, Fresh Fruit and Vegetable Program, and After School Snack Program) have standardized recipes/procedures specifying the HACCP process category, the Menu Summary is optional. If all menu items do not have standardized recipes or processes including the HACCP process category, you must list those menu items on the Menu Summary. | **Yes** | **No** |
| Critical Control Points (CCPs) are noted on all standardized recipes/procedures and time as a public health control (TPHC) procedures are filed as applicable. | **Yes** | **No** |

## Assessment of Prerequisite Programs

|  |
| --- |
| Facilities |
| 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** |
| The building and all fire safety, electrical, mechanical, and plumbing equipment is maintained in a safe and operating condition. | **Yes** | **No** | **N/A** |
| The kitchen is large enough to provide for the preparation and storage of food and the washing of dishes and is approved by environmental health inspectors. | **Yes** | **No** | **N/A** |
| Floors, walls, and ceilings are smooth, nonabsorbent, and in good repair.  | **Yes** | **No** | **N/A** |
| Floors are covered with a non-slippery, water resistant covering and is easily cleanable.  | **Yes** | **No** | **N/A** |
| Adequate floor drainage is in high moisture areas. | **Yes** | **No** | **N/A** |
| Light bulbs are shielded, coated, and/or shatter-proof in food preparation and serving areas.  | **Yes** | **No** | **N/A** |
| Work areas have sufficient light. | **Yes** | **No** | **N/A** |
| Surfaces with which food or drink comes in contact are easily accessible for cleaning, nontoxic, corrosion-resistant, nonabsorbent, and free of open crevices. | **Yes** | **No** | **N/A** |
| The ventilation system meets local regulations *and* is properly constructed. | **Yes** | **No** | **N/A** |
| Linens are stored in a clean, dry area at least six inches off the floor.  | **Yes** | **No** | **N/A** |
| Linens are washed in a washing machine and then dried in a dryer.  | **Yes** | **No** | **N/A** |
| Soiled clothing, bedding, or other linens from outside the kitchen are not washed or dried with equipment inside the kitchen. | **Yes** | **No** | **N/A** |
| Wiping cloths are washed in a washing machine or sink not used for food preparation. Clean cloths are machine dried or line dried away from food prep and storage areas.  | **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 work area. (If there is no lid, then the can must be emptied frequently and cleaned weekly or as needed.) | **Yes** | **No** | **N/A** |
| A covered waste receptacle is in the female restroom nearest the food preparation and service area. | **Yes** | **No** | **N/A** |

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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** |
| Manufacturer instructions for each piece of equipment currently used in the operation are available at the site. | **Yes** | **No** | **N/A** |
| Equipment is installed according to manufacturer instructions, is in good condition, and is used as approved. | **Yes** | **No** | **N/A** |
| All equipment is maintained in a safe and operating condition and is approved by Environmental Health Inspectors. | **Yes** | **No** | **N/A** |
| Equipment preventive maintenance schedules have been determined and a copy is filed in *Part 1: Prerequisite Programs*. (See Table 1 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* have been reviewed by the Food Safety Team Leader and are clearly understood. Employee Health Policy Agreements are properly signed and filed in Section 2-7: Continuing Education and Professional Development. | **Yes** | **No** | **N/A** |
| Continuing Education and Professional Development |
| Continuing Education/Professional Development 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.  | **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. | **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. | **Yes** | **No** | **N/A** |
| Openings surrounding wiring, drainpipes, vents, and flues are caulked or sealed. | **Yes** | **No** | **N/A** |
| Windows and vents are covered with at least a 16-mesh wire screening. | **Yes** | **No** | **N/A** |
| Cracks and gaps are covered at all exterior doors and walls. | **Yes** | **No** | **N/A** |
| All pipes and electrical lines are sealed with wire mesh (copper pads) and/or caulking. | **Yes** | **No** | **N/A** |

###

### Pest Control Assessment

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| **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. |   |   |
| 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.  |   |   |
| Cracks and crevices are sealed, and screens closed and in good condition. |   |   |
| All openings surrounding wiring, drainpipes, vents, and flues are caulked or sealed. |   |   |
| Windows and vents are covered with at least a 16-mesh wire screening.  |   |   |
| Cracks and gaps are covered at all exterior doors and walls. |   |   |
| Areas surrounding light switches, bulletin boards, and vent hoods are caulked and sealed.  |   |   |
| All pipes and electrical lines are sealed with wire mesh (copper pads) and/or caulking. |   |   |
| All pesticides are dispensed and applied by a licensed pest management professional (PMP). |   |   |
| 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. |   |   |
| All food-contact surfaces are washed, rinsed, and sanitized *after* the facility is treated.  |   |   |
| Instructions on product labels are followed when school nutrition employees are using pesticides.  |   |   |
| The building exterior and perimeter is clean and free of clutter and debris. |   |   |
| 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. |   |   |
| Trapping devices or other means of pests control are properly maintained and used. |   |   |
| Pesticides are kept in their original containers and properly stored. Pesticides are never stored in food containers. |   |   |

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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. (See Tables 2 and 3 in *Part 1: Prerequisite Programs* for samples.) | **Yes** | **No** | **N/A** |
| Cleaning and sanitizing standards for norovirus incidents outlined in *Part 1: Safe Food Handling Handout 5 h*ave been reviewed by the Food Safety Team Leader and are clearly understood. | **Yes** | **No** | **N/A** |

### Master Cleaning Schedule

Insert a copy of the master cleaning and sanitizing schedule used in your facility behind this page.

*(Refer to Part 1 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 environmental health department for more information about proper disposal of hazardous chemicals.* | **Yes** | **No** | **N/A** |
| Employees are educated on proper usage of hazardous chemicals in the operation.  | **Yes** | **No** | **N/A** |

## Assessment for Safe Food Handling Procedures

|  |
| --- |
| 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 areas. | **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 areas. | **Yes** | **No** | **N/A** |
| 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** |
| Thermometers are in the frozen storage areas. | **Yes** | **No** | **N/A** |

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| --- |
| Preparation |
| Preparation 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** |
| Potable water is used to make ice. | **Yes** | **No** | **N/A** |
| Holding and Serving |
| Holding and serving 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** |
| Leftovers and Advance Preparation |
| Leftovers and advance preparation 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** |
| Sharing Tables and Donated Foods |
| Sharing table and donated food standards outlined in *Part 1: Safe Food Handling Procedures Appendix A* have been reviewed by the Food Safety Team Leader and are clearly understood | **Yes** | **No** | **N/A** |

### Environmental Health Inspection Reports

**Insert copies of the Food Environmental Health Inspection reports for at least the last 2 inspections behind this page.**

**Place the reports in chronological order beginning with the most recent report.**

**If the Registered Environmental Health Specialist does not complete a minimum of two (2) facility inspections which includes the food preparation and service areas each school year, it is the responsibility of the SFA to request the solicitation of an inspection in writing. The SFA is to retain a copy of the written communication for a period of three (3) years after the end of the fiscal year to which they pertain or as otherwise specified as prescribed in 7 CFR Parts 210, 215, 220 or 245. Insert a copy of the communication(s) submitted for the current school year behind this page in lieu of the inspection reports.**

**Refer to USDA Memorandum SP5-2008 for additional information.**Operation Assessment Summary of Identified Problems

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

**Signature of Person in Charge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please note the problems identified during your assessment in the space below. Give a copy of the completed summary to the School Nutrition Administrator so they can assist you in determining how to correct the problems. Additional pages may 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. The facility 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. Usually this will be the Person in Charge or team leader. That individual is responsible for making sure the HACCP Plan is verified. 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.

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

|  |  |  |
| --- | --- | --- |
| **TYPE OF HACCP VERIFICATION** | **WHO IS RESPONSIBLE** | **FREQUENCY OF REVIEW** |
| Scientific or technical verification of critical limits at critical control points are satisfactory. | NCSU facultyAll procedures outlined in the Plan are based on the most recently adopted FDA Food Code and Food Code Supplement and RULES GOVERNING THE SANITATION OF RESIDENTIAL CARE FACILITIES 15A NCAC 18A .1600. | Once in 2006 and NC Department of Public Instruction will determine when updates are needed. Plan was updated in 2008-09, 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 of PIC at each site, or 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. |

**HACCP Verification**

Verification of the HACCP Plan is usually completed annually by the Person in Charge or their designee 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.

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

**Signature of Person Completing HACCP Verification:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Have the following forms been completed for the most recently completed school year?
	* Menu Summary (optional)
	* Recipes, including information about allergens
	* Food Safety Team
	* School Description
	* Operation Assessment
	* Monitoring Summary
2. Were there any new additions to menus/recipes during the most recent 10 months/school year?
	* Yes
	* No
3. Were there any significant changes to recipes during the most recent 10 months/school year? Significant changes would be changing from a precooked to raw product, or the addition of a TCS food to an existing recipe, etc.
	* Yes (If yes, list the new recipes or recipes with significant changes in the space below.
	* No (If no, go to question 5.)

1.

2.

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9.

1. Have these new recipes been added to your printed or electronic standardized recipe book?
	* Yes
	* No

1. Have the recipes been evaluated for the presence of allergens and has this information been added to the recipes?
* Yes
* No

1. Check below which monitoring records your facility 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 -- Production Record
 |  |
| * Daily – Kitchen Assessment
 |  |
| * Daily – Refrigerator Assessment
 |  |
| * Daily – Freezer Assessment
 |  |
| * Daily – Dry Storage Assessment
 |  |
| * Monthly -- Series of four inspection forms
 |  |
| * Monthly -- Pest Control
 |  |
| * Annual -- Operation Assessment
 |  |
| * Employee Illness Log(s)
 |  |
| * 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 Pest Management Personnel
 |  |
| * Purchasing and Receiving Delivery Invoices/Delivery Tickets
 |  |
| * Environmental Health Inspection Reports
 |  |
| * Foodborne Illness Complaint Form(s)
 |  |

1. Are required monitoring records properly completed and on file? To evaluate this, randomly select the monitoring records for one week from the most recent 10 months/school year. Record the dates of the records reviewed to validate the HACCP plan:

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

* Yes
* No
1. Were any corrective actions taken and recorded during the most recent 10 months/school year? You may use the one-week random selection in question 7 as evidence of corrective actions.
* Yes
* No

Briefly summarize the corrective actions taken during the random week selected or for other periods reviewed during this verification.

1. List all continuing education sessions offered during the school year being verified to support the HACCP plan.
2. Describe the documentation provided (if any) to supporting such education has occurred. This could be handouts, agendas, etc. If no documentation is provided, state “no documentation of continuing education.”