Part 2

Transported Meals 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.

Food Safety Team 1

School Description 1

School Information 1

School Nutrition Operation 1

Personnel 3

School Positions 3

Food Safety Certification 4

Facility 4

Equipment and Fixed Assets 5

Purchasing 6

Vendor List 7

Hazard Communications 9

Annual Operation Assessment 1

Assessment of Menus and Recipes 1

Menu 1

Assessment of Prerequisite Programs 2

Facilities 2

Equipment 3

Employees 7

Continuing Education and Professional Development 7

Pest Control 7

Pest Control Assessment 8

Cleaning and Sanitizing 9

Master Cleaning Schedule 9

Cleaning and Sanitizing – Chemical Dish machine 10

Cleaning and Sanitizing – High temperature Dishmachine 10

Hazard Communications 10

Assessment of Safe Food Handling Procedures 11

Purchasing and Receiving 11

Dry Storage 11

Refrigerated Storage 11

Frozen Storage 11

Preparation 11

Holding and Serving 11

Leftovers and Advance Preparation 11

Cooling 12

Transporting 12

Sharing Tables and Donated Foods 12

Environmental Health Inspection Reports 12

Food Code Variances 1

HACCP Verification 1

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

Verification of HACCP Plan 2

# 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
* providing continuing education to School Nutrition Employees

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

The team leader, who should be the PIC, 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 inserted in Part 2: HACCP Plan Assessment. 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 a copy of the table be shared with the school principal.

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

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

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| --- | --- | --- |
| **Name** | **Position Title** | **HACCP Responsibility b** |
| **Team Leader:**  |  |  |
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a The team leader should be the person in charge (PIC). This is usually the individual who successfully passes a Food Protection Manager Certification examination.

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

# School Description

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

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

The team leader or designee must complete this information. 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.

## School Information

|  |  |
| --- | --- |
| Name of School: |  |
| Address: |  |
| Type of customers you serve.*Check all which apply*. | * 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, or Meals on Wheels
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

## School Nutrition Operation

Which *best describes* the type of food production system used in your school. *Check only one.*

* All items are purchased and transported from an outside permitted kitchen.
* Satellite kitchen with limited onsite finishing and preparation. 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

\_\_\_\_\_\_\_\_\_\_\_\_ A la carte items

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

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

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

* Exact Numbers
* An estimate

Does your school nutrition operation provide foods to students at alternative or innovative locations other than the cafeteria?

* 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 offered by the school nutrition operation to students?

* Classroom (i.e. After School Snack Program, Fresh Fruit and Vegetable Program, preschool students, in-school suspension, breakfast or lunch in the classroom, etc.)
* Hallway
* Kiosk or cart
* Vending Machines
* Bus
* Off site location such as field trip
* 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 cafeteria 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 the temperature chart in section 1 of the production record and the 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.**

**If TCS foods are never served in alternate service locations, indicate N/A.**

|  |  |
| --- | --- |
| List the alternative or innovative locations for serving meals. Describe safeguards taken to ensure all non-TCS foods remain wholesome and unadulterated. | Check the type of food safety procedures used for any TCS foods in each location. Check N/A if TCS foods are never offered in the location. |
|  | * Temperature
* TPHC
* N/A
 |
|  | * Temperature
* TPHC
* N/A
 |
|  | * Temperature
* TPHC
* N/A
 |
|  | * Temperature
* TPHC
* N/A
 |

## Personnel

### School Positions

List all positions (not names of employees) assigned to the school nutrition 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 operation and have successfully completed an American National Standards Institute (ANSI) accredited 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 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.*

|  |  |  |
| --- | --- | --- |
| **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 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 each school, 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 food establishment and is not easily moveable. Examples include: freezer, refrigerator, slicer, stove, and mixers. Equipment does not include items like 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.

## Vendor List

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.

Insert a copy of the Food Establishment Permit for the caterer providing the meals behind this page.

*The copy of the permit provided to you by the caterer provides must be issued by the State of North Carolina in accordance with T15A:18A.2600 The Sanitation of Food Service Establishments. If a copy cannot be secured, you must get a letter from your local health department stating the caterer providing meals is permitted by the State of North Carolina to operate a food establishment. The local health department must provide the permit number in the letter.*

## 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 be 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.

List the date(s) below showing when employees were taught 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.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |
|  |  | □ Yes □ No | □ Yes □ No |

# Annual Operation Assessment

After the *School 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 must be evaluated using the past two Environmental Health inspection reports – these are noted in *italics* adjacent to the standard.

Before beginning the assessment, collect the environmental health inspection reports (usually quarterly 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 the *Operation Assessment* form the date of the inspection report used and the violation number cited on the report. Also, thoroughly read and review *HACCP Plan Part 1: Prerequisite Programs and 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 was begun and the date the assessment was completed. Previously completed assessments must be kept on file for at least three years plus the current year; store with other school nutrition records in a manner approved by the School Food Authority (SFA). Include only the current year’s *Operation Assessment* form in this section.

|  |  |
| --- | --- |
| **School:** |  |
| **School Food Authority:** |  |
| **Signature of Person in Charge\*:** |  |
| **Date Assessment Begun:** |  |
| **Date Assessment Completed:** |  |

\* Typically, the Food Safety Team Leader is the person in charge (PIC) and will complete this annual assessment. However, in some schools the Food Safety Team Leader/Person in Charge 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 Menus and Recipes

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| --- |
| Menu  |
| A copy of the menu, including a la carte items 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. This includes á la carte items. These recipes are listed in the Menu Summary by appropriate HACCP Process Categories and are filed in the Recipe Book for your school. Refer to *Part 5 Menus and Recipes* for details. | **Yes** | **No** |
| Menu summaries, if required, 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 a la carte, 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 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 *HACCP Plan* *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. *Use the past two environmental health inspection reports to determine if in compliance.**If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| Adequate floor drainage is in high moisture areas, such as the dishwashing area and the food preparation area(s). *Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| Lights are positioned so employees do not cast shadows onto work surface.  | **Yes** | **No** | **N/A** |
| Light bulbs are shielded, coated, and/or shatter-proof in all areas.  | **Yes** | **No** | **N/A** |
| Work areas have adequate light. *Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| The ventilation system meets local regulations *and* is properly constructed. *Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| Ventilation in chemical storage areas is installed in accordance with appropriate building codes. *Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| Ventilation system is turned on while food equipment under the hood is turned on. | **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 food serving are (i.e. classrooms, etc.) are not washed or dried with equipment inside the food preparation or serving area. | **Yes** | **No** | **N/A** |
| Wiping cloths are washed in a washing machine or sink not used for food preparation. Cleaned cloths 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 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 each female restroom. | **Yes** | **No** | **N/A** |
| 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. *Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.* | **Yes** | **No** | **N/A** |
| *All equipment meets American National Standards Institute (ANSI) Sanitation Standards (NOTE: food processors and blenders must meet the ANSI-accredited standards). The only equipment not required to meet these standards are: toasters, mixers, microwave ovens, water heaters, and hoods*.Use the past two environmental health inspection reports to determine if in compliance. If checked “No”, note the date and violation number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | **Yes** | **No** | **N/A** |
| Stationary equipment is mounted on legs at least six inches off the floor or sealed to a masonry base. | **Yes** | **No** | **N/A** |
| Stationary equipment mounted on legs and placed on a tabletop is 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 which includes 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 annually and filed in Part 4: 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 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. State the file location: \_\_\_\_\_\_\_\_\_\_\_\_\_* | **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, drain pipes, vents, and flues caulked or sealed. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Windows and vents covered with at least a 16-mesh wire screening. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Cracks and gaps covered at all exterior doors and walls. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| Air curtains or fly fans installed, if necessary, and used. | **Yes** | **No** | **N/A** |
| Lighting 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 caulked and sealed. *Have maintenance staff help evaluate this standard.* | **Yes** | **No** | **N/A** |
| All pipes and electrical lines 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. |   |   |
| 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, drain pipes, 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** |
| Cleaning and sanitizing standards for Norovirus incidents outlined in *Part 1: Safe Food Handling Handout 7 h*ave 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** |

### Master Cleaning Schedule

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

|  |
| --- |
| Cleaning and Sanitizing – Chemical Dish machine |
| A thermometer is installed on the machine to measure the temperature of water at the manifold, where it sprays into the tank. *Have maintenance staff assist with evaluating this standard.* | **Yes** | **No** | **N/A** |
| A pressure gauge is installed on the machine to measure the PSI of the final rinse water as it sprays into the tank. | **Yes** | **No** | **N/A** |
| Chemical dispensers are operating properly, and an approved chemical sanitizer is used. | **Yes** | **No** | **N/A** |
| Cleaning and Sanitizing – High temperature Dishmachine |
| A thermometer is installed on the machine to measure the temperature of wash and final rinse water at the manifold, where it sprays into the tank. *Have maintenance staff assist with evaluating this standard.* | **Yes** | **No** | **N/A** |
| A pressure gauge is installed on the machine to measure the PSI of the final rinse water as it sprays into the tank. | **Yes** | **No** | **N/A** |
| 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 on proper usage of hazardous chemicals in the operation.  | **Yes** | **No** | **N/A** |

## Assessment of Safe Food Handling Procedures

|  |
| --- |
| Purchasing and Receiving |
| Purchasing and receiving standards outlined in *Part 1: Safe Food Handling procedure s*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** |
| 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** |
| Cooling |
| Cooling standards and instructions for completing the cooling log outlined in *Part 1: Safe Food Handling Procedures* have been reviewed by the Food Safety Team Leader and are clearly understood. Cooling logs are completed for all leftover TCS foods saved for re-service. | **Yes** | **No** | **N/A** |
| Transporting |
| Transporting 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** |
| Procedures for preparing, serving, and transporting foods during unexpected school closures provided 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 *Environmental Health Inspection Reports* for at least the last 2 inspections behind this page.

Organize the reports in chronological order beginning with the most recent report.

If the local Environmental Health Specialist does not complete a minimum of two (2) health inspections each school year, it is the responsibility of the SFA to request in writing an inspection is solicited. The SFA is to retain a copy of the solicitation letter(s) 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 letter submitted in lieu of the inspection reports for the current school year behind this page.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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# Food Code Variances

A Variance may be approved for certain deviances from the Food Code when special circumstances warrant this change. There is a defined process allowing food establishments to petition the North Carolina Environmental Health Variance Committee for a variance when strict application of the Food Code regulations fail to take special considerations into account.

In August 2014, School Nutrition Services petitioned for and was granted a variance for *labeling of packaged food prepared in the cafeteria*. A copy of this variance is included on the following pages. In addition, a Position Statement about this practice is included in Part 1 of the HACCP Plan template in the *Department of Health and Human Services Food Protection Branch Position Statements* section.

If your school does not use this Labeling Variance, please indicate below and you may remove it from this HACCP template.

* School uses this variance and it remains a part of the HACCP Plan Template.
* School does not use this variance and it has been removed from the HACCP Plan Template.

If your School has been granted additional Food Code Variances, insert copies of the letter and other supporting documentation for those variances behind this page.

**Variance request for Packaged Foods and Labeling in Food Establishments**

**ISSUE:** Labeling PACKAGED FOODS in FOOD ESTABLISHMENTS regulated under 15A NCAC 18A .2600

North Carolina Department of Public Instruction, School Nutrition Services Sections requests a variance for labeling packaged foods prepared in North Carolina school cafeterias and offered to consumers on self-service lines or other venues during meal service periods. This request is based on the individual school’s ability to communicate with consumers about ingredients and potential allergens by:

* Developing and following Hazard Analysis Critical Control Point (HACCP)Plans for all schools
* Offering the self-service packaged foods during meal service periods when cafeteria staff can respond to consumer requests for allergen information
* Providing specialized allergen continuing education annually to employees who replenish the self-service lines and cashiers working the point of service locations.
* Ensuring all point of service (POS) venues are “manned” during meal service
* Following allergen accommodation instructions provided on individual student medical statements from the physician and providing a corresponding allergen medical alert in the computerized POS system.
* Maintaining a library of labels for approved bid products at the School Food Authority’s (SFAs) School Nutrition Administrative office

The practices mentioned above should allow for safe preparation and service of packaged foods and provide adequate contact with knowledgeable cafeteria personnel to address consumer questions during meal service, thus eliminating a health hazard or nuisance resulting from offering packaged food without allergen labels in school cafeterias during “manned” meal service periods.


#

# 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 note done at the end of the previous year. Usually this will be the Person in Charge, Team Leader, or a Supervisor. 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 showing critical limits at critical control points are satisfactory. | NCSU facultyProcedures outlined in the Plan are based on the most recently adopted US 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 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 Child 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 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 school 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 Person completing the HACCP Verification: |  |
| Date Completed: |  |

1. Have the following forms been completed for the most recent 10 months/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 or recipes with significant changes in the space below.
	* No (If no, go to question 5.)

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1. Have the new recipes been added to your printed or electronic Recipe Book?
	* Yes
	* No

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

1. Check below which monitoring records your school 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 – Hand sink Assessment
 |  |
| * Daily – Refrigerator Assessment
 |  |
| * Daily – Freezer Assessment
 |  |
| * Daily – Hot-holding Unit 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 New Employees
 |  |
| * Annual – Employee Health Policy Agreement
 |  |
| * Pest Control Reports from PMP
 |  |
| * 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 food safety continuing education sessions offered during the school year being verified to support the HACCP plan.
2. Describe the documentation provided (if any) to support such education has occurred. This could be handouts, agendas, etc. If no documentation is provided, state “no documentation of continuing education.