Central Warehouse - Part 2b

HACCP Plan Assessment (Annual Completion)

The Warehouse Manager and all warehouse employees should be familiar with the contents of the HACCP Plan and have ready access. This section of the HACCP Plan does not have to be printed if a current electronic copy is available and readily accessible by the manager and employees and all are able to access and use this section with ease.

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. ***This section must be completed annually.***

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# 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; 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 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 2a: Annual Revision.* | ☐  **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 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.

|  |  |  |
| --- | --- | --- |
| **Date** | **Reason for Assessment** | **Signature** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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** | |
| 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   ☐   ☐ |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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** |

|  |  |  |  |
| --- | --- | --- | --- |
| 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.

1.

2.

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10.

# 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 faculty  All 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 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
   * Warehouse 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
   * No

If yes, list the new inventory or inventory items with significant changes in the space below. If no, go to question 5.

1.

2.

3.

4.

5.

6.

7.

8.

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.”