Central Warehouse - Part 2a

HACCP Plan Assessment (Annual Revision)

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.

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 may be carried over annually as long as it is reviewed and revised to reflect current answers.

This section was reviewed and revised as needed by: ­­­­­­­­­­­­­­­­­

Warehouse Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (indicative of current school year):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Food Safety Team 1](#_Toc200017046)

[Central Warehouse Description 2](#_Toc200017047)

[Warehouse Information 2](#_Toc200017048)

[Personnel 3](#_Toc200017049)

[Warehouse Positions 3](#_Toc200017050)

[Food Safety Certification 3](#_Toc200017051)

[Food Safety Certifications 4](#_Toc200017052)

[Facility 5](#_Toc200017053)

[Master Cleaning Schedule 6](#_Toc200017054)

[Equipment and Fixed Assets 7](#_Toc200017055)

[Equipment Preventative Maintenance 8](#_Toc200017056)

[Equipment Preventive Maintenance Schedule 9](#_Toc200017057)

[Purchasing and Delivery 10](#_Toc200017058)

[Approved Non-Domestic Products List 11](#_Toc200017059)

[Vendor List 12](#_Toc200017060)

[Hazard Communications 13](#_Toc200017061)

[Food Defense Plan 14](#_Toc200017062)

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

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

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

|  |  |  |
| --- | --- | --- |
| **Name** | **Position Title** | **HACCP Responsibility b** |
| **Team Leader:** |  |  |
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a The team leader should be the warehouse manager or PIC. This is the individual who usually completes a food safety certification program.

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

# Central Warehouse Description

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

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

## Warehouse Information

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Personnel

### Warehouse 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.)

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| --- | --- |
| **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 Certified Food Protection Manager (CFPM) examination. A listing of approved examinations can be found at:

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

*NOTE: NC Environmental Health 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.)

## Food Safety Certifications

Insert a printed or electronic copy of each employee’s (from the table above) current Certified Food Protection Manager (CFPM) certification behind this page.

*E.g. ServSafe Manager, Safe Plates Food Manager, etc.*

## Facility

1. What year was the warehouse facility built? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has the warehouse been renovated?

* Yes; If yes, what year was it renovated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

1. How many square feet do you have available in the warehouse operation? \_\_\_\_\_\_\_\_\_\_\_

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

1. What is the general condition of the warehouse?

* Excellent, in no need of repairs
* Very good, minimal need for repairs
* Good, needs modest repairs
* Poor, needs many repairs

1. Describe the repairs needed, as indicated in question 4 above, in the space below:
2. Is the warehouse operation on a non-transient, non-community public water system?

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

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

### Master Cleaning Schedule

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

## Equipment and Fixed Assets

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

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

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| --- | --- |
| **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.)

## 

## Equipment Preventative Maintenance

Insert a printed or electronic copy of the warehouse’s equipment preventive maintenance schedule behind this page. Refer to Recommendations for Equipment Maintenance Schedule Tasks in Part 1 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 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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## Purchasing and Delivery

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **FOOD** | **BRAND** | **VENDOR** |
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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 warehouse staff receiving deliveries.

## Approved Non-Domestic Products List

Please insert a list of your SFA’s Approved Non-Domestic Products List behind this page.

Your School Nutrition Administrator should provide this information.

## Vendor List

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

## Hazard Communications

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

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

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

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

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

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

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

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 |

# Food Defense Plan

Please insert a copy of your most recent Food Defense Plan behind this page.

**Food Defense Plan for:**

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

(Your facility’s name)

Step 1. Begin development of your warehouse Food Defense Plan by answering the assessment questions in *Part 2a: HACCP Assessment* *Annual Revision* and *Part 2b: HACCP Assessment Annual Completion* to determine if changes should be made to your current practices.

Step 2. Copy the possible areas of vulnerability you found into the column called “Vulnerability” below. In the column beside it, list what food defense solutions you plan to use to reduce them. If you do not know of possible solutions, you may refer to <https://www.fsis.usda.gov/food-safety/food-defense-and-emergency-response/food-defense>. Refer to Guide to Developing a Food Defense Plan for Warehouse and Distribution Centers for examples of vulnerabilities and solutions.

**Outside Security**

|  |  |
| --- | --- |
| Vulnerability | Food Defense Solutions |
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**Inside Security**

|  |  |
| --- | --- |
| Vulnerability | Food Defense Solutions |
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**Shipping and Receiving Security**

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| Vulnerability | Food Defense Solutions |
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**Personnel Security**

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| --- | --- |
| Vulnerability | Food Defense Solutions |
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If you suspect someone has tampered with food at your facility, consult your emergency contact list.

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| --- | --- |
| **Emergency Contact List\*** | |
| **Person, Agency or Organization** | **Phone Number** |
| Warehouse Emergency Contact/Crisis Management Team |  |
| Local Police Department |  |
| Local Federal Bureau of Investigation (FBI) Office Weapons of Mass Destruction Coordinator  <https://www.fbi.gov/investigate/wmd> |  |
| City/County Department of Health |  |
| State Department of Health |  |
| State Department of Emergency Response or Homeland Security |  |
| USDA Food Safety and Inspection Service (FSIS) Office of Program Evaluation, Enforcement and Review (OPEER) |  |
| USDA FSIS Office of Food Defense & Emergency Response (NC District Office) | 1-800-662-7608 |
| Food and Drug Administration (FDA) |  |
| Customers |  |
| Insurance Carrier |  |
| Other |  |
|  |  |
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\*Add other contacts as needed or required by the School Food Authority (SFA).