Part 2 (a)

Commercial Kitchen 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 School Nutrition Manager and all 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: ­­­­­­­­­­­­­­­­­

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

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

Food Safety Team 1

Commercial Kitchen School Description 1

School Information 1

School Nutrition Operation 1

Personnel 3

School Positions 3

Food Safety Certification 4

Facility 4

Master Cleaning Schedule 5

Equipment and Fixed Assets 6

Equipment Preventative Maintenance 7

Purchasing 9

Hazard Communications 11

Vendor List 12

# 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 this section. 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 Leader a:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

a The team leader should be the person in charge (PIC). This is 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.

# Commercial Kitchen 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.*

On-site production

Central kitchen serving multiple units. How many units do you serve? \_\_\_\_

If checked, list the names of the units served:

1.

2.

3.

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 section 1 of the production record and any leftover temperatures 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 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** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

### 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 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** |
|  |  |  |
|  |  |  |
|  |  |  |

(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

## Master Cleaning Schedule

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

## 

## 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 serving plates/trays/cups.

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

(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 school’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 for recommendations.*

|  |  |  |
| --- | --- | --- |
| Equipment to be inspected for preventive maintenance | Who will perform the maintenance | Planned date or frequency of preventive maintenance |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 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 the temperature of a vacuum-packed cracker or bread item would not be required.*

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

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

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

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

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

Please insert a list of your SFA’s Approved Non-Domestic List 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 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 |

## 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.