

Model Documents

ONCE YOU HAVE SELECTED WHICH, IF ANY, OF THESE DOCUMENTS YOU WISH TO USE, REMOVE THIS SECTION

- Staff training chart
- Cleaning schedule
- Maintenance plan
- Maintenance checklist
- Chemical records
- Cleaning checklist
- Pest Control checklist
- Equipment calibration log
- Pre-employment health questionnaire
- Staff sickness record
- Individual training record
- Staff hygiene rules
- Glass/hard plastic policy
- Warm transport of red meat

HACCP Plan Template

- Company and HACCP team details
- Scope and process steps
- Control point identification, monitoring and corrective action plan
- Validation check
- Verification of the HACCP plan*
- HACCP plan review checklist*

* These pages have also been included at the end of Section 2 of the diary

Staff Training Chart

Enter date that each relevant training element has been completed

Staff Name: Position held:											NOTES
Induction											
Job-specific											
Specialist											
HACCP											
Refresher											

CODE FOR NOTES SECTION : **O** Training needed **T** Trainee **C** Competent **S** Can supervise

Cleaning Schedule

Area/Item	Frequency	Cleaning Method	Materials	Notes
RAW MEAT EQUIPMENT Slicers, mincers, cutting boards.	Daily and after use.	Remove heavy meat debris. (Soak in 1:100 solution of degreaser where applicable). Using disposable (RED) cloth and stiff brush wash or wipe down the entire equipment with hot water containing a 1:100 solution of detergent. Rinse thoroughly with hot water and a solution of 1:100 of sanitiser. Allow to air dry.	Disposable (RED) cloth. Stiff brush and hot water. CLEANITRITE degreaser (where applicable). CLEANITRITE detergent. CLEANITRITE sanitiser.	

Cleaning Schedule

Area/Item	Frequency	Cleaning Method	Materials	Notes

Maintenance Checklist

Area/Item/Vehicle to be checked	Results of Checks				NOTES (Added to Maintenance Plan?)
	WEEK 1	WEEK 2			

Record 4-weekly verification check of maintenance procedures (including inspections) in diary

Chemical Record

Chemical Product	Description	Precautions	Supplier
CLEANRITE Cleaner and degreaser.	General cleaner and degreaser for floors and walls, used for removing heavy grime and grease from high traffic areas (food contact surfaces or equipment should be sanitised using CLEANRITE sanitiser after degreasing).		
CLEANRITE bactericidal detergent.	General-purpose food safe detergent for all food equipment tools and food contact surfaces.		
CLEANRITE sanitiser.	Food grade sanitiser for use as final rinse for all food equipment tools and food contact surfaces. Can be used in concentrated form, dispensed using a spray for sanitising slicer blades and other suitable equipment throughout the day.		
CLEANRITE bactericidal liquid hand soap.	Hand washing soap used in dispensers. For total hygiene and care of hands for food handling.		
CLEANRITE toilet and drain cleaner and disinfectant.	A strong odourless toilet and drain cleaner used as a concentrate.		

Chemical Record

Chemical Product	Description	Precautions	Supplier

Pest Control Checklist

Area/Item/Vehicle	Initialled by Cleaner							Action/Notes	Checked by
	M	T	W	T	F	S	S		

Record 4-weekly verification check of pest control procedures in diary

Pre-Employment Health Questionnaire

	YES	NO
1. Have you now, or have you over the last seven days, suffered from diarrhoea and/or vomiting?	<input type="checkbox"/>	<input type="checkbox"/>
2. At present, are you suffering from:		
i) skin trouble affecting hands, arms or face?	<input type="checkbox"/>	<input type="checkbox"/>
ii) boils, styes or septic fingers?	<input type="checkbox"/>	<input type="checkbox"/>
iii) discharge from eye, ear or gums/mouth?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you suffer from:		
i) recurring skin or ear trouble?	<input type="checkbox"/>	<input type="checkbox"/>
ii) a recurring bowel disorder?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had, or are you now known to be a carrier of, typhoid or paratyphoid?	<input type="checkbox"/>	<input type="checkbox"/>
5. In the last 21 days have you been in contact with anyone, at home or abroad, who may have been suffering from typhoid or paratyphoid?	<input type="checkbox"/>	<input type="checkbox"/>

Name:	Position:
Signed:	Date: / /

Keep completed forms on individual staff files

Staff Hygiene Rules Example

Hygiene rules for food handling staff (where necessary translate into other languages/read through them with new staff)

1. Clean overalls and hats must be worn each day when handling raw meat. Waterproof boots must be washed in the boot wash on entering and leaving the slaughter hall.
2. Overalls and hats must not be worn outside the premises, except when involved with delivery.
3. Watches or jewellery (except a plain band wedding ring/small sleeper earrings) must not be worn.
4. Strong perfume or aftershave must not be worn.
5. Hair and fingernails must be kept clean. Nail varnish must not be worn.
6. Food and drink must not be consumed in meat handling areas and may only be consumed in areas where it will not cause contamination to any of the products.
7. Smoking is not permitted except in a designated area.
8. Hands must be washed thoroughly with soap and water:
 - before starting work
 - after breaks
 - after visiting the toilet and on return to the workplace
 - after touching hide/fleece, and before handling the carcass
 - after dealing with any gut/stomach spillage, or removal of faecal contamination on the carcass
 - after coughing into the hand or using a handkerchief
 - after eating, drinking or smoking
 - after touching face or hair
 - after carrying out any cleaning
 - after removing waste or rubbish.
9. Slaughter staff must not allow a build up of blood/meat debris on hands and finger nails. Wash hands and arms regularly throughout the slaughter and dressing process.
10. Staff must not blow their nose, or cough or sneeze over exposed meat.
11. Staff must inform the supervisor/manager if they are suffering from vomiting, diarrhoea, other stomach upsets, skin complaints or cuts. Cuts must be covered by coloured waterproof dressings.
12. Protect meat from contamination at all times. Handle meat as little as possible.
13. Staff must ensure that raw food does not come into contact with cooked/ready to eat food.
14. Staff must not use the same equipment or working surfaces for raw and cooked ready to eat foods without thoroughly cleaning and disinfecting them first.
15. Containers for meat must be kept off the floor.
16. Other company hygiene procedures (e.g. on glass breakage) must be followed.

I confirm that I have read and understood the company's hygiene rules

Name:

Signed:

Date: / /

Keep completed forms on individual staff files

Glass/Plastic Breakage Policy Example

To avoid contaminating food with glass or hard plastic materials other than ordinary glass, porcelain and enamelware (e.g. stainless steel, toughened plastic) are used wherever possible in areas where food is handled. (This includes containers, mirrors and gauge covers). All fluorescent tubes are fitted with diffusers or safety coated light strips.

In the event of a breakage the following procedure is to be followed:

1. Notify a responsible person (e.g. supervisor/manager/owner).
2. Stop food production where contamination of the product is possible until restarted by a responsible person.
3. Examine all products near the breakage and, if contaminated (or reasonably likely to have been contaminated) discard the product.
4. Carefully sweep up the glass/other fragments into a dustpan and transfer to a suitable container (e.g. a cardboard box to be marked 'Broken Glass – Take Care').
5. Wipe all areas (including equipment and floor) in the vicinity of the breakage with a clean wet cloth.
6. The responsible person (supervisor/manager/owner) must inspect the whole area carefully and declare it clear before production resumes.
7. Record all breakage incidents in the daily diary, including date, time, place, and actions taken and which, if any, products were contaminated.

Approved by:

Name:

Position:

Signed:

Date: / /

Warm Transport of Red Meat

The name and address of each establishment to be supplied and the intended end product(s) must be listed so that the OV can authorise each one listed (and any additions) in writing, having regard to normal travelling time being 2 hours or less.

Company Name	Intended products	Delivery address	*kms/ miles	Normal travel time	OV signature/date if authorised

* Write down the distance the meat is to be transported in kilometres or miles

HACCP Plan Template

Company Name: _____

Address: _____

HACCP Plan for:* _____

Start Date: / /

Completion Date: / /

Plan agreed by:

Name:	Signed:
Position:	Date: / /

HACCP TEAM

Team Leader:




Team Member 1:




Team Member 2:




Team Member 3:




* State process (e.g. beef slaughter, cutting of poultry meat)

HACCP Plan Template

SCOPE

HACCP PLAN FOR:

Hazards:

- ▶ **Biological Safety:** to prevent, eliminate or reduce the microbiological contamination of meat and to reduce the potential for growth.
- ▶ **Physical and Chemical Safety:** to avoid the physical and chemical contamination of meat.

Product:

Intended use:

Process:

Packaging, Storage, Distribution:

Customers:

Shelf life, Conditions of use:

PROCESS STEPS

1	
2	
3	
4	
5	
6	
7	
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9	
10	
11	
12	

HACCP Plan Template

CONTROL POINT IDENTIFICATION – IMPORTANT: COMPLETE A COPY OF THIS PAGE FOR EACH PROCESS STEP

Process Step:		Notes
Food Safety Hazards and Causes	Control Measures	<p>A Critical Control Point (CCP) is a process step at which control is essential to prevent, eliminate or reduce a hazard to an acceptable level. The decision tree annexed to PART THREE Chapter 1 of the Meat Industry Guide may be used to help determine CCPs.</p> <p>If this process step is a CCP establish at least one critical limit, monitoring procedures and corrective actions for this step.</p> <p>If this process step is one of these:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acceptance of animals (visual contamination) <input type="checkbox"/> Acceptance of raw meat (visual contamination/temperature) <input type="checkbox"/> Dressing Procedures (visual contamination) <input type="checkbox"/> SRM Removal <input type="checkbox"/> Chilling/storage/dispatch (temperature) <p>it is a control point required by the regulations. If not identified as a CCP, establish a 'legal' limit, monitoring procedures and corrective actions for this step.</p>

CCP/ CP No	CRITICAL/'LEGAL' LIMIT(S)	MONITORING PLAN			CORRECTIVE ACTION PLAN			
		Procedures	Frequency	Responsibility	Records	Procedures	Responsibility	Records

Version:	Date:	Completed By:	Checked:
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HACCP Plan Template

HACCP VALIDATION CHECK

A validation check should be carried out before the plan is first implemented to make sure it is thorough and accurate. If the Plan is in any way incomplete or inaccurate it must be amended. Validation checks should also be carried out whenever the Plan is reviewed.

*The HACCP Team or an external expert may carry out validations.

	Yes	No
Is the scope an accurate description of the process?	<input type="checkbox"/>	<input type="checkbox"/>
Does the flow chart correctly identify each step in the process?	<input type="checkbox"/>	<input type="checkbox"/>
Are all significant hazards correctly identified and addressed?	<input type="checkbox"/>	<input type="checkbox"/>
Are adequate control measures in place?	<input type="checkbox"/>	<input type="checkbox"/>
Have the CCPs/CPs been correctly identified justified?	<input type="checkbox"/>	<input type="checkbox"/>
Are the critical/legal limits acceptable?	<input type="checkbox"/>	<input type="checkbox"/>
Are there procedures in place for monitoring?	<input type="checkbox"/>	<input type="checkbox"/>
Are corrective actions in place and understood by relevant staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate records in place?	<input type="checkbox"/>	<input type="checkbox"/>
Will the plan control all the significant hazards if followed correctly?	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

VALIDATION RECORD

Validation carried out by:

Position:

Signed:

Date of Validation: / /

/

HACCP Plan Template

VERIFICATION OF THE HACCP PLAN

Look back at how your good hygiene practices and operational procedures have been working since the last time you reviewed your HACCP Plan(s) to make sure they are still effective in managing food safety

Answer these questions to help complete the HACCP Plan Review checklist on the next page.

Evidence	YES	NO	IF YES what have you done about this? <small>Refer to other documents if necessary</small>
Has information been received about new hazards, legislation or best practices that need to be reflected in your HACCP plan(s)?			How have you changed your HACCP plan(s)?
Do your daily diary records show that, where action was needed, changes have been made to hygiene procedures, checks carried out, staff instruction etc?			Are these changes reflected in your HACCP plan(s)?
Do your records of 4-weekly checks indicate that, where action was needed, changes have been made to hygiene procedures, checks carried out, staff instruction, etc?			Are these changes reflected in your HACCP plan(s)?
Do OV audit reports indicate that your HACCP plan(s) need to be changed?			How have you changed your HACCP plan(s)?
Do other audit reports indicate that your HACCP plan(s) need to be changed?			How have you changed your HACCP plan(s)?
Do OV audit reports indicate that your HACCP plan(s) have not been put into practice properly?			How have you changed your HACCP plan(s)?
Do other audit reports indicate that your HACCP plan(s) have not been put into practice properly?			How have you changed your HACCP plan(s)?

HACCP Plan Template

VERIFICATION OF THE HACCP PLAN continued

Evidence	YES	NO	If YES what have you done about this? <small>Refer to other documents if necessary</small>
Have you received customer complaints?			What do your investigations suggest caused the complaint?
			What does this mean for your procedures or HACCP plan(s)?
			What changes are you making as a result?
Have you received microbiological test results that indicate your hygiene procedures need to be improved?			What changes are you making as a result?
Has a walk-through of the production process shown that the scope, process flow diagram, product/process details are incorrect?			What changes are you making as a result?
Having followed a sample of product from before, during and after processing, does it show that company procedures are not being followed correctly, including inspections, traceability records, and labels?			What changes are you making as a result?

NOTES

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HACCP Plan Template

HACCP PLAN REVIEW CHECKLIST

You need to make sure your HACCP plan(s) are still accurate. It may be necessary to change the plan, when there are changes to your product, procedures, legislation or perhaps as a result of customer complaints or an audit report.

Use the answers to the questions on the previous page (Verification of the HACCP plan) to help complete this HACCP Plan Review checklist

Does the scope accurately describe the process? If No – amend Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the process steps correspond to the flow diagram? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>
Are controls valid for each hazard (Biological, Chemical and Physical)? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>
Do the CCPs/CPs remain the same? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>
Are critical/legal limits adequate? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>
Are monitoring procedures still effective? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate corrective actions identified? If No – amend Plan	<input type="checkbox"/>	<input type="checkbox"/>

AMENDMENT REQUIRED: Yes <input type="checkbox"/> or No? <input type="checkbox"/> (If Yes, amend Plan then carry out validation)	Details of Amendment(s)

REVIEW CARRIED OUT BY:

Name:	Position:
Signed:	Date: / /
Date of Next Review: / /	

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