|  |  |
| --- | --- |
| FORM E – Reality Check Record | |
|  |  |
| Business Name: |  |
|  |  |
| Approving Number: |  |
|  |  |
| Officer: |  |
|  |  |
| Date of Initial Completion: |  |

**Reality Check**

This form is to be used as a cover page to which officers should attach all relevant tools and evidence used during the reality check.

|  |  |
| --- | --- |
| FCMS element(s)  being assessed: |  |
|  |  |
| Justification: |  |
|  |  |
| Tools/Methods  to be used: |  |
|  |  |
| Observation on the  validity of HACCP  for element assessed: |  |
|  |  |
| Future considerations: |  |

**Other Observations**

|  |  |
| --- | --- |
| Officers Notes: |  |

(Attach all other relevant tools and evidence as required.)

|  |
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| **END OF FORM** |