|  |
| --- |
| FORM A – Inspection Cycle Summary Sheet |

Business Information

|  |  |
| --- | --- |
| Business Name: |  |
|  |  |
| Approval Number: |  |
|  |  |
| Address: |  |
|  |  |
| Completing Officer: |  |

Resource Calculation

|  |  |  |
| --- | --- | --- |
| **Resource Requirements:** (Refer to Annex 1 Calculation) | | |
|  | | **Justification/Comments** |
| Process Code |  |  |
| **Factor** | **FTE Days** |  |
| Document Review Time |  |  |
| Additional Document Review Time  (for each additional process requiring a HACCP Study) |  |  |
| On-site Time |  |  |
| Additional On-site Time (for each additional process requiring a HACCP Study) |  |  |
| Factor for Absence of FCMS |  |  |
| Additional Factor for Number of Employees |  |  |
| Other Resource Demands (e.g. research) |  |  |
| Total Resource (FTE days) |  |  |

Inspection Cycle Plan

|  |  |
| --- | --- |
| **Inspection Cycle Plan:** | |
| Proposed Date of Inspection | Proposed Scope (E.g. announced/unannounced, activities, processes or aspects of FCMS being verified) |
|  |  |
|  |  |

Inspection Cycle Outcomes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Interventions** | | | | |
| **Date** | **Officer(s)** | **Scope** | **Announced/ Unannounced** | **Outcomes** |
|  |  |  |  |  |
|  |  |  |  |  |

Inspection Cycle Documentation

|  |  |
| --- | --- |
| **Inspection Documentation** | **Date Completed** |
| Pre-Inspection Documentation Schedule Issued |  |
| HACCP Assessment Checklist Reviewed/Updated |  |
| Establishment Profile Completed/Updated |  |
| Physical and Pre-requisites Inspection Form |  |
| Reality Check Inspection Form |  |
| Establishments Specific Inspection Form |  |
| **END OF FORM** | |