

**Date of the HACCP Plan Review:**

**Meeting Chair:**

**Reason for the HACCP plan review:**

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| --- | --- |
| **Attendees:** | |
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# **Update of discussion from the previous HACCP plan review:**

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| **No** | **Details** | **Responsible** | **Date** |
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# **New actions and discussion points raised**

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| **No.** |  | **Details** | **Responsible** | **Date** |
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# **Date of next HACCP plan review:**

Verification of the HACCP Plan

Answer these questions to help complete the HACCP Plan Review checklist

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| --- | --- | --- | --- |
| **Evidence** | **Yes** | **No** | **If Yes, what have you done about this?** |
| Has information been received about new hazards, legislation or best practices that need to be reflected in your HACCP plans(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 plans(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 plans(s)? |
|  |
| Do OV audit reports indicate that your HACCP plans(s) need to be changed? |  |  | How have you changed your HACCP plan(s)? |
|  |
| Do other audit reports indicate that your HACCP plans(s) need to be changed? |  |  | How have you changed your HACCP plan(s)? |
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| 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)? |
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| --- | --- | --- | --- |
| **Evidence** | **Yes** | **No** | **If Yes, what have you done about this?** |
| Do other audit report indicate that your HACCP plan(s) have not been put into practice properly? |  |  | How have you changed your HACCP plan(s)? |
|  |
| Have you received customer complaints? |  |  | What do your investigations suggest caused the complaint? |
|  |
| Have you received microbiological test results that indicate your hygiene procedures need to be improved? |  |  | What does this mean for your procedures or HACCP plan(s)? |
|  |
| Has a walkthrough 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? |
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| **Notes** | | | |
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Verification of the HACCP Plan

Answer these questions to help complete the HACCP Plan Review checklist

HACCP Plan CCP validation check

CCP validation checks are to be completed whenever the HACCP Plan is reviewed, or there is a significant change to operational process.

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|  | | **Yes** | **No** | **Notes** |
| Is the scope an accurate description of the process? | |  |  |  |
| Does the flow chart correctly identify each step of the process? | |  |  |  |
| Are all significant hazards correctly identified and addressed? | |  |  |  |
| Are adequate control measures in place? | |  |  |  |
| Have the CCPs/CPs been correctly identified justified? | |  |  |  |
| Are the critical/legal limits acceptable? | |  |  |  |
| Are there procedures in place for the monitoring? | |  |  |  |
| Are corrective actions in place and understood by relevant staff? | |  |  |  |
| Are there adequate records in place? | |  |  |  |
| Will the plan control all the significant hazards if followed correctly? | |  |  |  |
| **Validation Record**  **Validation carried out by:**  **Signed:** | **Position:**  **Date of Validation:** | | | |

HACCP Plan review checklist

Based on the answers to the questions on the HACCP Plan review, complete the HACCP Plan review checklist

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| **Review Check List** | **Yes** | **No** | **Details of Amendment (s)** |
| Does the scope accurately describe the process?  If no – amend the HACCP Plan |  |  |  |
| Do the process steps correspond to the flow diagram?  If no – amend the HACCP Plan |  |  |  |
| Are controls valid for each hazard (biological, chemical, and physical)?  If no – amend the HACCP Plan |  |  |  |
| Do the CCPs/CPs remain the same?  If no – amend the HACCP Plan |  |  |  |
| Are critical/legal limits adequate?  If no – amend the HACCP Plan |  |  |  |
| Are monitoring procedures still effective?  If no – amend the HACCP Plan |  |  |  |
| Are appropriate corrective actions identified?  If no – amend the HACCP Plan |  |  |  |

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| **Name:**  **Signed:** | **Position:**  **Date:** | **Date of next review:** |

**Document Control**

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| --- | --- |
| **Document name:** | **HACCP Plan Review Record** |
| **Document reference:** | **CPU.FS.F.016.01** |
| **Date of 1st Issue:** | **19 August 2024** |
| **Document owner:** | **Food Safety** |
| **Version number:** | **1** |

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| **CPU / CPK revision record** | | |
| **Issued date of revision** | **Version** | **Details of revision** |
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