

## Audit Protocols

# AUDIT OF LOCAL AUTHORITY ASSESSMENT OF HACCP COMPLIANCE IN FOOD BUSINESS ESTABLISHMENTS

(DECEMBER 2009)

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**(HACCP/1) Organisation and Management [The Standard - para. 3]**

- 3.1 The Authority shall draw up, document and implement a service delivery plan in accordance with the Service Planning Guidance in Chapter 1 of the Framework Agreement.
- 3.2 A performance review shall be carried out by the Authority at least once a year based on the service delivery plan, documented and submitted for appropriate member approval.
- 3.3 Any variance in meeting the service delivery plan shall be addressed in the subsequent year's service arrangements.

Evaluation/Assessment Questions	Comments/Evidence
1. Does the Authority (LA) have a documented service plan? *	Document review/PVQ
2. Method of approval of the Plan and the means by which higher level of clearance was obtained? *	Document review//PVQ
3. To what extent has the Service Plan been developed in accordance with Service Planning Guidance, in the Framework Agreement?*	Document review/PVQ/checklist (HACCP) A
4. In any review of the Service Plan how have any variances been addressed? *	Document review/PVQ? Officer interview ( if necessary)
5. Does the Service support business compliance through: <ul style="list-style-type: none"> <li>• Any food hygiene information scheme such as Scores on the Doors?</li> <li>• Assessment of HACCP compliance?</li> </ul>	

Evaluation/Assessment Questions	Comments/Evidence
6. What actions/measures (if any) did the Authority take in response to the recommendations and issues raised in the Pennington Inquiry Report (March 2009), and the 'post-Pennington' guidance from the FSA?	
7. If no actions/measures were deemed necessary, what were the reasons?	
8. Does the audit evidence and the Authority's response confirm that the actions/measures taken were appropriate and effective to address the recommendations and issues from the Pennington Inquiry Report (March 2009); and post-Pennington guidance from the FSA?	

**Documents:** Service plan, performance review, copy of committee report agreeing service plan and review, published reports on performance against NI's.

**Statistics:** No. of staff, no. of full time equivalents (FTEs), no. of premises for food hygiene, risk categorised – these may be obtained from the LA's OCD returns and PVQ.

**\* Wherever possible these questions should be evaluated prior to the audit.**

*1. The service plan should be provided prior to the visit. Auditors should check the document or documents against the Food Law Enforcement – Service Planning Guidance (including entries relevant to feed law enforcement and imported food/feed). The plan should ideally address all the relevant areas in the Guidance. However, the plan may be written in a corporate format, and the information might not be within one document. Auditors will need to look carefully through the paperwork provided, and follow up any areas where information is not available. (It is likely that the paperwork available for other sections of the audit will provide some answers).*

*2. Auditors will need to see a copy of the relevant minutes, emails etc. Auditors should have in mind that the reason for the submission of the review to the Member forum is to ensure that the detail of the review is in the public domain and that members are aware of the Service's performance. Reviews should be undertaken on at least an annual basis.*

*5. This should include discussion with the ALO on how local targets have been derived. For food hygiene, "broadly compliant" is defined as an establishment that has an intervention rating score of not more than 10 points under Annex 5, A5.2: part 2 Hygiene and Structure, and part 3 Confidence in Management.*

*8. Obtain brief outline of scheme, any guidance to officers including consistency, does the scheme include revisits for re-scoring? Any complaints made about the scheme and how resolved?*

*9. EN/E/09/026 Letter from Sarah Appleby 22<sup>nd</sup> May 2009: FSA Response to the E. coli 0157 Public Enquiry Report.*



**(HACCP/2) Reviewing and Updating of Documented Policies and Procedures [The Standard – para. 4]**

4.1 The Authority shall ensure that all documented policies and procedures for each of the enforcement activities covered by this Standard are reviewed.

NOTE: This should normally be at regular intervals and whenever there are changes to legislation or centrally issued guidance.

4.2 The Authority shall set up, maintain and implement a control system for all documentation, which may be in electronic format, relating to its enforcement activities. The system shall ensure that:

- a) up to date copies of the appropriate documentation including legislation and guidance are available at all relevant locations and to all relevant staff;
- b) all changes to documents or amendments to documents are covered by the correct authorisation and are carried out without undue delay to ensure timely availability; and
- c) superseded documents are removed from use throughout the Authority.

Evaluation Question	Comments/Evidence
1. Does the Authority have all relevant documented policies/procedures?	
2. Are documents reviewed and kept up to date?	

**Documents:** procedure (if documented) for document control.



[insert name of LA]

**(HACCP/3) Authorised Officers [The Standard – para. 5].**

- 5.1 The Authority shall set up, maintain and implement a documented procedure for the authorisation of officers based on their competence and in accordance with the Food Law Code of Practice (England) and any centrally issued guidance.
- 5.2 The Authority, where it is responsible for the enforcement of food hygiene legislation shall appoint an officer/s with specialist knowledge to have lead responsibility for that legislation. Where the Authority has specific responsibilities, for example, it is a UK point of entry or it has establishments approved under product specific legislation, it should ensure that officers have the necessary specialist knowledge.
- 5.3 The Authority shall appoint a sufficient number of authorised officers to carry out the work set out in the approved service delivery plan and they shall have suitable qualifications, training and experience consistent with their authorisation and duties in accordance with the relevant Food Law Code of Practice.
- 5.4 The Authority shall set up, maintain and implement a documented training programme. The Authority shall ensure the training of all authorised officers and appropriate support staff in the technical and administrative aspects of the work in which they will be involved. Where training is provided, details of the content and objectives of the course, the duration and any assessment made of that training should be maintained on file. The training given shall depend upon the ability, qualifications, experience and responsibility of persons involved and their level of authorisation.
- 5.5 Records of relevant academic or other qualifications, training and experience of each authorised officer and appropriate support staff shall be maintained by the Authority in accordance with the relevant Food Law Code of Practice.

Question	Comments/Evidence
1. Does the LA have a documented procedure for authorisations, based on officer competence and in accordance with the CoP?*(CP 1.2.2)  Has the procedure been fully implemented?	Document review/PVQ
2. What is the process/methodology for assessing officer competence?*	Document Review

1. An authorisation procedure should cover:

- *delegated powers – who is authorised to do what and what qualifications are required;*
- *who is authorised to approve legal proceedings (auditors will need to confirm these delegations through the Authority’s standing orders and scheme of delegation);*
- *the arrangements in place for refresher and induction training;*
-

- the assessment process to ensure and demonstrate that the Authority has assessed the competence of the authorised officers in accordance with CP 1.2 (inspection techniques; HACCP assessment; knowledge of legislation; food technology – if high risk – appropriate competency in the technology involved).

Authorisations must be in accordance with officers' individual levels of qualification, training, experience and CoP requirements:

**Food Hygiene:** Competencies at Annex 2 in regard to HACCP and inspection techniques; nature and types of food businesses in their area and the technology they utilise, relevant legislation, Code of Practice, Industry Guides, LACORS guidance and Central Government. CP-1.2.9.1.4. EHO (EHRB registered), OVS, + higher certificate needed for A & B risk premises, all premises in the "substantial" category of the Consumers at Risk section in Annex 5 of the CP. Where premises are approved under product specific legislation officers must have detailed knowledge of the relevant product specific regulations. Officers inspecting specialist or complex processes shall have received additional training and demonstrated their competence to undertake such inspections CP 1.2.9.1.2. **Hygiene Improvement notices:** EHOs Higher Cert. in AB premises and Ordinary in C-F + authorised [CP1.2.9.1.5]. **Improvement Notices:** EHOs **Hygiene Emergency Prohibition Notices, Emergency prohibition notices and Remedial Action Notices:** EHOs, 2yrs experience in food currently involved in food [CP 1.2.9.1.7]. **Seizure and detention:** EHO, TSO, OVS, Meat only – Authorised Officers (Meat Inspection) Regulations 1987 [CP 1.2.9.3.1]. **Alternative Enforcement Strategies:** Officers managing AES must be qualified in accordance with Chapter 1 of the Code of Practice. Officers undertaking AES need not meet the qualification requirements provided their activities are confined to information gathering [CP 1.2.10] Qualification requirements for interventions [CP 1.2.11] **Inspections/audits** – appropriately qualified officer with experience in food law enforcement. **Verification/surveillance** – appropriately qualified officer with experience in food law enforcement, in accordance with CP1.2.9; **sampling visits** – officer appointed in accordance with CP 1.2.7 (and where appropriate CP 1.2.9); **advice and education** and **information/intelligence gathering** – officer authorised in accordance with section CP 1.2.10.

2. CP 1.2.8 & FLECP 1.2.8 Food Authorities with responsibility for food hygiene should appoint a suitably qualified and experienced lead officer.

The Food Authority should notify the Agency of the name(s) of their lead officer(s) and notify the Agency of changes.

Auditors should check that the specialist/enforcement officer(s) have the relevant experience, knowledge, training and general qualification, if there are a number of product specific premises in its area requiring approval/classification.

Question	Comments/Evidence
3. How does the LA ensure that its appointed lead officer(s) and/or officer responsible for internal monitoring has the necessary specialist knowledge and experience of food hygiene, including HACCP?	Checklist (HACCP B)/Officer interview/Document Review/PVQ Annex Name of Officer(s):
4. Has the Authority ensured that all authorised officers are sufficiently and appropriately trained in accordance with their level of authorisation?	Audit check (HACCP B)/Officer interview
5. Does the Authority (LA) have a documented training programme?  Are the training needs identified in the programme commensurate with the officers' and team's training needs?	Audit check/Officer interview
6. Are all officers, including the lead food officer appropriately authorised, based on their experience, qualifications and competency?	
7. Are officer qualifications and training records maintained by the Authority?	Document review/Audit check

6. Auditors should look particularly for evidence of recent/update training relating to the Police and Criminal Evidence Act (PACE), the Criminal Procedure and Investigations Act (CPIA) and other training relevant to processing formal actions.  
Auditors should also look at any arrangements for lIP in place and how these interrelate with the CPD training arrangements.

**Documents:** Current training programme, authorisation procedure, qualification/training records.



**(HACCP/4) Food Premises Inspections [The Standard – para. 7]**

- 7.1 The Authority shall carry out food hygiene inspections of premises in their area, at a frequency which is not less than that determined under the inspection rating system set out in the relevant legislation, Food Law Code of Practice or other centrally issued guidance.
- 7.2 The Authority shall inspect, approve, register, and license relevant premises in accordance with the relevant legislation, Food Law Code of Practice and centrally issued guidance and the Authority’s policies and procedures.

NOTE: Premises includes any ship or aircraft of a description specified in the schedule to the Food Safety (Ships and Aircraft) (England and Scotland) Order 2003, the Food Safety (Ships and Aircraft) (Wales) Order 2003 [and the Food Safety (Ships and Aircraft) (Northern Ireland) Order 2004.

- 7.3 The Authority shall assess the compliance of premises and systems in their area to the legally prescribed standards.

NOTE: In assessing compliance, the Authority shall give due consideration to any relevant Industry Guides to Good Hygiene Practice and have regard to any other relevant centrally issued guidance. The Authority shall take appropriate action on any non-compliance found, in accordance with the Authority’s enforcement policy.

- 7.4 The Authority shall set up, maintain and implement documented inspection procedures for the range of inspections it carries out.
- 7.5 Observations made and/or data obtained in the course of an inspection shall be recorded in a timely manner to prevent loss of relevant information. Officers’ contemporaneous records of inspections shall be legible and stored in such a way that they are retrievable.

Question	Comments/Evidence
1. Does the Authority have documented procedures covering inspections and interventions at: <ul style="list-style-type: none"> <li>• Food premises?</li> <li>• Approved establishments (food)? *</li> </ul>	Document Review/PVQ
2. Do procedures contain adequate guidance for officers to carry out effective assessments?	Audit check (HACCP) C G
3. Is the Authority carrying out effective assessments of compliance of premises and systems to legally prescribed standards using HACCP based approaches?	Officer interviews/Checklists

Question	Comments/Evidence
4. Are inspections being carried out at the appropriate minimum frequencies set out in the Food Law Code of Practice?	Document Review. Checklist (HACCP) C G
5. Is the annual intervention programme appropriate i.e: <ul style="list-style-type: none"> <li>• Risk based?</li> <li>• All categories of premises addressed?</li> <li>• Approach to the alternative enforcement strategy documented, appropriate and implemented effectively?</li> </ul>	Detail:
6. How does the Authority identify, record or highlight businesses which supply vulnerable groups, eg elderly persons homes, nurseries, schools, hospitals? <i>(Is there a method or process for distinguishing relevant premises files?)</i>	Detail:
7. Are interventions being carried out by staff authorised in accordance with their individual competencies for that risk rating category?	Checklists (HACCP) C G
8. If the Authority has a SotD scheme, is it built on Annex 5 of the Food Law Code of Practice and their interventions programme?	
9. Is timely and appropriate follow up action (e.g. revisit/enforcement notice ) being taken to address any identified non-compliance with HACCP requirements? (Does the Authority maintain any particular strategy or policy where failures associated to food safety management systems have been identified?)	Checklist (HACCP) C G

Question	Comments/Evidence
<p>10. Are records of inspection findings appropriately detailed and easily retrievable?</p> <p>By what means have any areas of concern identified in the records been highlighted to inform future inspections? (Red Flagging).</p>	<p>Checklist (HACCP) C G</p>
<p>11. Is there effective internal monitoring in place:</p> <ul style="list-style-type: none"> <li>• of inspection technique/approach?</li> <li>• of intervention frequencies?</li> <li>• of the quality of interventions? (Including the assessment of HACCP)</li> <li>• to ensure that establishments requiring approval have been appropriately approved or re-approved?</li> <li>• of any food hygiene information scheme such as SotD?</li> </ul>	<p>Audit check Checklist (HACCP) C G</p>

**Documents:** Examples of management reports (e.g. interventions programme, overdue interventions, premises according to risk), intervention procedures, enforcement procedures. SotD ratings on LA's or other website linked to the LA's website.

**Statistics:** Intervention programme statistics.

1. *The procedures should cover all categories of approval relevant to the premises in the LA's area. Where no premises have been identified that require approval, the procedures should contain sufficient information to assist officers to recognise such operations and appropriate references to the relevant legislation, guidance and inspection forms.  
The procedures should cover the inspection of approved establishments and the approval process.  
Where applicable, procedures should also include the Authority's use of Alternative Enforcement Strategies at lower risk premises.*
  
4. *The service plan should have identified the planned programme. The FSA's monitoring information should identify the LA's progress towards these targets. The auditor should verify from the computer/file records that:  
a) Premises are being risk-rated correctly;  
b) Premises are receiving interventions according to their risk category and no later than 28 days after they are due except in circumstances outside of the control of the Authority such as seasonal businesses.[CP – 4.1.6] & [CP – 4.1.12]  
Internal monitoring reports of interventions due, and interventions overdue should be requested, and auditors should verify that interventions are up to date.  
Information from SotD will identify poor performing businesses and can be used to select files for further examination.*
  
5. *Auditors should discuss with the ALO the means by which, in drawing up the intervention programme, the LA decides upon the most appropriate interventions at premises, including:*
  - *options for full/partial inspections or audits of category A or B and non compliant category C premises for food hygiene and category A and non compliant category B for food standards;*
  - *alternating interventions and other official controls at broadly compliant category C premises for food hygiene and broadly compliant category B for food standards;*
  - *alternating official and unofficial controls at category D premises for food hygiene;*
  - *AES at category E premises for food hygiene*
  - *AES at Category C for food standards and feed.*
  - *Approved establishments (AE) with a category D intervention rating may be subject to alternating official and unofficial controls [CP 4.1.5.2.3].  
AES is not an appropriate form of intervention in AEs with a category E intervention rating [CP 4.1.5.2.4]*



**(HACCP/5) Food and Food Premises Complaints [The Standard - para. 8]**

- 8.1 The Authority shall set up, maintain and implement a documented policy and procedure(s) in relation to complaints about food that originate within the UK, and those foods originating from other EU member states, or from third countries and in relation to complaints against food premises. Procedures should cover any referral arrangements to inland authorities and/or authorities with responsibility for imported food controls at the UK point of entry.
- 8.2 The Authority shall investigate complaints received in accordance with the Food Law Code of Practice, centrally issued guidance and the Authority's policies and procedures.
- 8.3 The Authority shall take appropriate action on complaints received in accordance with the Authority's enforcement policy.

Question	Comments/Evidence
1. Does the Authority have an appropriate <b>policy</b> on the investigation of food and food premises complaints in accordance with official guidance?*	Document review/PVQ
2. Are all food and food premises complaints investigated effectively in accordance with the policy and/or official guidance?	Audit check/Checklists (HACCP) H
3. Does the Authority have an appropriate <b>procedure(s)</b> on the investigation of food and food premises complaints?*	Document review/PVQ
4. Are the procedures implemented – has appropriate follow-up action been taken on all complaints?	Checklist (HACCP) H
5. Is there appropriate liaison with home/originating authorities, primary authority, single liaison body or other relevant organisations?	
6. Where applicable, is there evidence that relevant parts of the HACCP based FSMS has been examined as part of the complaint investigation process?	
7. Is there evidence of effective internal monitoring of follow up action on: <ul style="list-style-type: none"> <li>• Food complaints?</li> <li>• Food premises complaints?</li> </ul>	



**(HACCP/6) Food Inspection and Sampling [The Standard- para. 12].**

**[NB: Formal enforcement actions carried out following inspection/sampling also covered by para. 15 of The Standard 'Enforcement']**

- 12.1 The Authority shall ensure that food is inspected in accordance with relevant legislation, Food Law Code of Practice and centrally issued guidance to ensure that food meets legally prescribed standards.
  - 12.2 The Authority shall take appropriate action on any non-compliance found in accordance with the Authority's enforcement policy.
  - 12.3 The Authority shall set up, maintain and implement documented procedures for the inspection of food.
  - 12.4 The Authority shall set up, maintain and implement a documented sampling policy and programme that shall accord with any centrally issued or relevant guidance, and relevant Food Law Code of Practice and shall include reference to its approach to any relevant national sampling programme centrally co-ordinated by the Food Standards Agency.
- NOTE: The Authority should consider the nature of its food establishments, and where applicable the nature of imported foods , and also have regard to any relevant sampling programme centrally co-ordinated by LACORS and the HPA and in Scotland, SFELC (the Scottish Food Enforcement Liaison Committee), in Wales the Welsh Food Microbiological Forum and in Northern Ireland, the Public Health Laboratory.
- 12.5 The Authority shall set up, maintain and implement documented procedures for the procurement or purchase of samples, continuity of evidence and the prevention of deterioration or damage to samples whilst under their control in accordance with the relevant Food Law Code of Practice and centrally issued guidance.
  - 12.6 The Authority shall carry out sampling in accordance with its documented sampling policy, procedures and programme.
  - 12.7 The Authority shall take appropriate action in accordance with its enforcement policy where sample results are not considered to be satisfactory.
  - 12.8 The Authority shall, where appropriate, ensure a Public Analyst, and/or Agricultural Analyst is appointed to carry out examinations and analyses of food samples. In making these appointments all relevant legal requirements and Food Law Code of Practice shall be satisfied. All samples for examination should be submitted to a Food Examiner at a laboratory accredited for the purpose of examination.

Question	Comments/Evidence
1. Does the Authority have an appropriate documented sampling <b>policy</b> ?* [CP – 6.1.2]	Document review/PVQ
2. Does the LA have an appropriate documented food sampling <b>programme</b> ? [CP – 6.1]	Document review/PVQ
3. Does the Authority take samples in accordance with the sampling programme?	Document review/audit check

Question	Comments/Evidence
4. Does the Authority have appropriate food sampling procedures? *	Document review/PVQ
5. Have samples been taken in line with the CoP and official guidelines and legislation?	Checklist (HACCP) L
6. Has the authority effectively dealt with unsatisfactory sample results?	
7. What are the LAs arrangements for carrying out checks on food/feed subject to specific control measures?	
8. Is there any evidence of effective internal monitoring of food/feed samples and any appropriate follow up? <i>(Include details of any monitoring against the Authority's own programme).</i>	

1. Auditors should check if there is any policy on formal/informal samples and justification for choice.

1,2,4. Auditors will need to take account of the LA's range of responsibilities when assessing the completeness of the sampling policy, procedures and programme e.g. specific imported food/feed & Approved Premises responsibilities.

6. The auditor will need to examine records of sampling activity. Where samples have been unsatisfactory, the premises files/interviews with officers should establish whether appropriate action has been taken. The FE reports will give an indication whether the food/feed met legal requirements and if further investigation was necessary.

NB: Formal enforcement follow-up actions are recorded on Protocol (HACCP 7) 'Enforcement'

7. These concern, primarily, nuts and dried fruits from specific countries. Organic foods are subject to a verification process. Emergency/ interim arrangements for controls on various products – check Agency website for latest version: [http://www.food.gov.uk/multimedia/pdfs/foodstuff\\_controls.pdf](http://www.food.gov.uk/multimedia/pdfs/foodstuff_controls.pdf)

**(HACCP/7) Enforcement [The Standard- para 15].**

15.1 The Authority shall set up, maintain and implement a documented enforcement policy, in accordance with the relevant Food Law Code of Practice, the Enforcement Concordat and other official guidance, approved by the relevant Local Authority Member forum. The policy shall have regard to the Regulators' Compliance Code.

NOTE: The enforcement policy or an accurate summary should be readily available to the public and food businesses in the Authority's area.

15.2 The Authority shall set up, maintain and implement documented procedures for follow up and enforcement actions in accordance with the relevant Food Law Code of Practice and official guidance.

15.3 The Authority shall carry out food law enforcement in accordance with the relevant Food Law Code of Practice and centrally issued guidance.

15.4 All decisions on enforcement action shall be made following consideration of the Authority's enforcement policy. The reasons for any departure from the criteria set out in the enforcement policy shall be documented.

Question	Comments/Evidence
1. Does the Authority have an appropriate written enforcement policy in line with official guidance? [CP – 3.1]*	Document review/PVQ
2. Is there evidence of it being properly implemented for the range of enforcement actions examined?	Audit check Detail:
3. Is there evidence of effective enforcement actions and a graduated approach being taken, a) in food premises with serious health risks?  b) in case of persistent offenders? (including a failure to meet HACCP requirements in both cases).	Detail:
4. Have enforcement actions been taken where appropriate, and  a) has appropriate evidence been gathered to support these enforcement decisions? b) has effective action been taken in accordance with official guidance and the Authority's enforcement policy? c) does the enforcement policy make specific reference to approach when failures in HACCP based FSMS are identified?	

5. Does the Authority have appropriate documented procedures for formal follow-up /enforcement actions? ie: *	
<ul style="list-style-type: none"> <li>• Prosecutions?</li> </ul>	Checklist (HACCP)F
<ul style="list-style-type: none"> <li>• Simple Cautions</li> </ul>	Checklist (HACCP)F
<ul style="list-style-type: none"> <li>• Emergency prohibitions?</li> </ul>	Checklist (HACCP)E
<ul style="list-style-type: none"> <li>• Hygiene Emergency prohibitions?</li> </ul>	Checklist (HACCP)E
<ul style="list-style-type: none"> <li>• Voluntary closures?</li> </ul>	Checklist (HACCP)E
<ul style="list-style-type: none"> <li>• Hygiene Improvement Notices?</li> </ul>	Checklist (HACCP)D
6. Is there evidence of effective internal monitoring of enforcement actions?	

1. *The enforcement policy should reflect the need to have regard to the Regulators' Compliance Code, which came into force on 6 April 2006. (Legislative and Regulatory Reform Act 2006)*

2. *This evidence may be in the form of coversheets on prosecutions or notes in relation to follow up on interventions demonstrating that the policy has been considered, or it may be obtained through officer interview.*

5. *The circumstances when emergency prohibition procedures under section 12 of the Food Safety Act 1990 should be used are set out in the FLCoP para 3.3.3.2 e.g a process/treatment that introduces a teratogenic/genotoxic chemical into food.*

**Documents:** Enforcement policy, formal enforcement procedures.



**(HACCP/8) Records and Inspection Reports [The Standard – para. 16]**

- 16.1 The Authority shall maintain up to date accurate records in retrievable form for all food premises in its area and relevant checks on imported food in accordance with the relevant Food Law Code of Practice. These records shall include reports of all inspections and visits and the determination of compliance with legal requirements made by the authorised officer, details of action taken where non compliance was identified, details of any enforcement action taken, results of any sampling, details of any complaints and any action taken, and also relevant food and registration, approval and licensing information
- 16.2 All records shall be kept for at least 6 years, unless they have been marked for longer retention because of litigation or Local Government Ombudsmen review.

Question	Comments/Evidence
1. Are the records easily retrievable, up to date, comprehensive and accurate for all areas examined during the audit?	Audit check/Enforcement actions checklists
2. Is there sufficient evidence available to determine that Food Business Operators have in place permanent procedures based on HACCP principles which are proportionate to the nature and size of the food business?	Detail:
3. Do records adequately demonstrate that the Authority has completed a thorough evaluation of the food safety management system at the food business?	
4. Is there evidence of effective internal monitoring of record keeping?	Detail:

1. *Records will be required for the checks on enforcement. This will go some way in determining whether they are retrievable. Auditors should examine the storage system and attempt to retrieve records themselves.*
2. *Auditors should establish whether the records held are sufficient to demonstrate compliance with Regulation (EC) No.852/2004 Article 5 **Hazard analysis critical control points.***



**(HACCP/9) Internal Monitoring [The Standard – para. 19]**

19.1 The Authority shall set up, maintain and implement documented internal monitoring procedures in accordance with the Food Law Code of Practice and centrally issued guidance.

19.2 The Authority shall verify its conformance with this Standard, relevant legislation, the relevant Food Law Code of Practice, relevant centrally issued guidance and the Authority’s own documented policies and procedures.

19.3 A record shall be made of all internal monitoring. This should be kept for at least 2 years.

Question	Comments/Evidence
1. Does the Authority have an appropriate documented monitoring procedure covering all areas of food enforcement?*	Document review/PVQ
2. Who is responsible for carrying out the monitoring?*	Name(s):
3. Are there nominated deputies?*	Name(s):
<b>4. Does the monitoring procedure adequately cover monitoring of:*</b>	
a) Officer authorisations, in line with their individual competencies/ qualifications/ training/ experience?	Detail:
b) Compliance with: <ul style="list-style-type: none"> <li>• Official guidance?</li> <li>• Internal policies/procedures?</li> <li>• The Standard?</li> </ul>	
c) Inspections and other interventions of food premises and reports including assessments of compliance with HACCP requirements	
d) Complaints?	
e) Food sampling?	
f) Enforcement actions?	
g) Food safety promotion including any SotD scheme?	

Question	Comments/Evidence
h) Quantitative aspects of the service?	Detail:
i) Qualitative aspects of the Service?	
5. Does the procedure set out the frequency of monitoring and responsibility?*	
6. In practice, has the procedure been effectively implemented and records of internal monitoring maintained?	Audit check Detail:
7. In practice, are any key areas omitted from internal monitoring ?	Detail:
8. Where necessary, have corrective actions been identified and implemented?	Audit check of records

1 Planned intervention programme, quality & consistency [CP –7.1.2 & std. 19.1]

Officers returning to food after > 3 years – should be monitored for 3 months [CP -1.2.4]

Monitoring of the different sections of the Standard may be undertaken at differing frequencies. The aim of monitoring is to ensure compliance with official guidance, the Standard, the Authority's procedures, and for consistency of enforcement between officers. The auditor may consider making use of any third party report in assessing conformance with this part of the Standard.

3. *If not, auditors should check the arrangements for monitoring in the absence of the person responsible.*

4(a) *Include details of any competency matrices used for this purpose.*

*NB: compliance with local policies and procedures will ensure compliance with official guidance/the Standard where these have been developed to reflect the national standards.*

4(c) *Should include:*

- *adherence to the planned intervention programme;*
- *priority given to inspecting businesses according to intervention ratings, compliance with CP and FSA guidance;*
- *appropriate inspection techniques and effective assessment of business compliance with HACCP requirements;*
- *consistent assessment of intervention ratings;*
- *compliance with relevant inspection forms;*
- *compliance with internal procedures and policies;*
- *interpretation and follow-up action is consistent within in that Authority with centrally issued guidance;*
- *that officers are aware of and have access to published industry codes and other centrally issued guidance;*

*that in relation to food hygiene interventions: priority is given to inspecting businesses subject to Regulation (EC) 853/2004 and that officers have due regard to published UK and EU Industry Guides to Good Hygiene Practice. [CP – 7.1.2]*

4(i) *Examples of quantitative monitoring may include:*

- *No. interventions against the programme;*
- *No. samples against the programme;*
- *No. complaints/service requests outstanding;*

*Response times against PIs e.g. response to service requests/issue of inspection reports.*

4(j) *[NB: LACORS guidance on monitoring systems 1995](Reissued 2009)*

*Examples of qualitative monitoring may include:*

- *Consistency exercises;*
- *Team meetings to discuss interpretational issues;*
- *File audits;*
- *Review of paperwork;*
- *Prior approval of formal enforcement actions;*
- *Shadow/verification visits;*
- *Review of complaints about the Service;*
- *Customer satisfaction questionnaires*
- *Business focus groups.*

6. *Auditors should check team meeting minutes and records of qualitative monitoring activity. Quantitative monitoring is likely to form part of regular management meeting, minutes, reports to Members and reviews against the service plan.*

8. *There should be evidence of corrective action where non-conformity is found. Continuing identification of the same problem could indicate that corrective action had not been effective. e.g. training; revised procedures; discussion at team meetings etc.*



**(HACCP/10) Third Party or Peer Review [The Standard- para. 20]**

20.1 The Authority shall participate in any appropriate third party or peer review process against the Standard.

Question	Comments/Evidence
1. Has the Authority participated in any inter authority audit/peer review scheme in the last 2 years?*	Document review /PVQ/Officer interview Scope/Date(s)/Detail of areas covered:
2. If YES, what standard(s) was the audit(s) carried out against? e.g. Port Benchmarking/ national guidance/ the Standard/ ISO etc. *	Detail:
3. How does the LA ensure that corrective actions are appropriately acted upon?	Audit check Detail:
4. Has there been any third party or peer review activity specifically relating to HACCP compliance, Food Safety Management systems or SFBB evaluation in food business establishments?	
5. Any third party or peer review SoTD consistency exercise carried out? ( if applicable)	

**Documentation:** Audit reports, summaries and action plans.

*1. The auditor should record the scope of any audits, the dates and whether it was part of a rolling/wider programme. A copy of any audit reports should have been received with the PVQ. If there is no evidence of an inter-authority audits (IAA), the auditor should ascertain whether any such exercises have been undertaken in the area.*

