**Model HACCP Plan**

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

Glass/Hard Plastic Policy

Pest Control

Equipment Calibration Log

Individual training Record

Staff Hygiene rules

Pre-employment health questionnaire

Staff Sickness Record

HACCP Plan Template

1. Company and HACCP team details
2. Scope and Process Steps
3. Control Point Identification, Monitoring and Corrective Action Plan
4. Validation Check
5. Verification of the HACPP Plan
6. HACCP Plan Review C
7. Checklist

Staff Training Chart Enter date that each relevant training element has been completed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Staff NamePosition Held |  |  |  |  |  |  |  |  |
| 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 EQUIPTMENTSlicers, 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 sanitizer. Allowed to air dry. SAMPLE | 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 plan for *insert year*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Area/Item/Vehicle | Work Required | Planned Date | Date Completed | Signed |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Maintenance Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item/Vehicle to be checked |  | Results of Checks | NOTES(Added to Maintenance plan?) |
| Week 1 | Week 2 | Week 3 | Week 4  | Week 5 | Week 6 |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 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, use for removing heavy grime and grease from high traffic areas (food contact services or equipment should be sanitised using CLEANRITE sanitiser after degreasing)  |  |  |
| CLEANRITEbactericidal 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 spray for sanitising slicer blades and all that 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Cleaning Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item/Vehicle | Initialled by cleaner | Actions/Notes | Checked by |
| M | T | W | T | F | S | S |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Record 4 weekly verification check of cleaning procedures in diary |

Glass/Plastic Breakage Policy

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item/Vehicle | Initialled by cleaner | Actions/Notes | Checked by |
| M | T | W | T | F | S | S |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Record 4 weekly verification check of cleaning procedures in diary |

Pest Control Checklist

|  |  |  |  |
| --- | --- | --- | --- |
| Area/Item/Vehicle | Initialled by cleaner | Actions/Notes | Checked by |
| M | T | W | T | F | S | S |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Record 4 weekly verification check of cleaning procedures in diary |

Equipment Calibration Log

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Equipment/Unique number | Name of calibration contractor or ‘self’ | Date of Test | Pass or fail | Action taken (if needed) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| File certificates provides by contractor |

Individual Training Record

|  |  |
| --- | --- |
| Name:  | Start Date |
| Date | Type/Level of training | Subjects covered | Confirmation of attendance | Results etc (if applicable) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 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 and/or jewellery (except a plain wedding band) 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 my only be consumed in areas where eating and drinking is permitted.
7. Smoking is not permitted except in a designated area.
8. Hands must be washed with soap and water:
	* before starting work
	* before and after breaks
	* after visiting the toilet and again on return to workplace
	* after touching hide/fleece, and before handling the carcase
	* after dealing with any gut/stomach spillage, or removal of faecal contamination on the carcase
	* after coughing into the hand or using a handkerchief
	* after eating, drinking or smoking
	* after touching face or hair
	* after carting out any cleaning
	* after removing waste or rubbish
9. Slaughter staff must **not** allow a build of blood/meat debris on hands and fingernails. Wash hands and arms regularly throughout the slaughter and dressing process.
10. Staff must **not** blow their nose, or cough over exposed meat.
11. Staff must inform their supervisor/manager if they are suffering from vomiting, diarrhoea, and other stomach upsets, skin complaints or cuts. Cuts must be covered by coloured waterproof dressing.
12. Always protect meat from contamination. 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 work 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 |

Pre-Employment Health Questionnaire

 Yes No

1. **Have you now, or have you over the last seven days, suffered from**

**diarrhoea and /or vomiting?** [ ] [ ]

1. **At present, are you suffering from:**

i) skin trouble affecting hands, arms or face? [ ] [ ]

ii) boils, sties or septic fingers?[ ] [ ]

iii) discharge from eye, ear or gums/mouth? [ ] [ ]

1. **Do you suffer from:**

i) recurring skin or ear trouble? [ ] [ ]

ii) a recurring bowel disorder? [ ] [ ]

1. **Have you ever had, or are you now known to be a carrier of**

**typhoid or paratyphoid?** [ ] [ ]

1. **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?** [ ] [ ]

|  |
| --- |
| Name: Position:Signed: Date |

|  |
| --- |
| Keep completed forms on individual staff files |

Staff Sickness Record

**Keep this section up to date**

Note that if staff have been suffering from vomiting, diarrhoea, septic skin (boils, infected cuts etc. however small) or discharge from ear, nose or elsewhere, they must report it to the manager. They should have been free from symptoms for at least 48 hours, or being cleared by a doctor, before handling food (see chapter 7 of the Meat Industry Guide).

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date off sick | Illness | Date returned |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

HACCP Flow Template – Front Page

For information on HACCP: <https://www.food.gov.uk/business-guidance/hazard-analysis-and-critical-control-point-haccp>

|  |
| --- |
| HACCP TEAM |
| Company Name: Address: HACCP Plan for: \*State Date:Completion Date: |  | Team Leader: |  |
|  |  |
| Team Member 1: |  |
|  |  |
| Team Member 2: |  |
|  |  | Team Member 3: |  |
| Plan agreed by:Name: Signed: Position: Date: |  |  |  |
|  |  |

\* State process (e.g. cattle slaughter, poultry meat cutting)

HACCP Flow Process Template

|  |  |  |
| --- | --- | --- |
| **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. |
|  |
| 8. |
|  |
| 9. |
|  |
| 10. |
|  |
| 11. |
|  |
| 12. |

HACCP CCP Identification Template

|  |  |  |
| --- | --- | --- |
| Process Step: |  | Notes |
| Food Safety Hazards and Causes | Control Measures | 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. If this process step is a CCP establish at least one critical limit monitoring procedures and corrective actions for this step.If this process step is one of these:[ ]  Acceptance of animals (visual contamination) [ ]  Acceptance of raw meat (visual contamination/temperature)[ ]  Dressing Procedures (visual contamination)[ ]  SRM removal[ ] Chilling /storage/dispatch (temperature)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. |
|  |  |
|  |  |  |  |
| Version: | Date: | Completed by: | Checked: |

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

 HACCP CCP Identification Template - Continued

|  |  |  |  |
| --- | --- | --- | --- |
| Version: | Date: | Completed by: | Checked: |

HACCP CCP – Validation Check

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 |  | **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: |  |
|  |

Verification of the HACCP plan Template

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?** |
| 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)? |
|  |
| 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)? |
|  |

Verification of the HACCP plan Template - Continued

|  |  |  |  |
| --- | --- | --- | --- |
| **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? |
|  |
| **NOTES** |
|  |

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 products, 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

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

|  |  |  |
| --- | --- | --- |
| Name: Signed: | Position:Date: | Date of Next review |