



**HACCP PLAN VERIFICATION INSPECTION FORM**  
(To be completed as a separate inspection)

Establishment Name: _____	
Address: _____	
City: _____	CFSM: _____
Verification Inspection Date: ____/____/____	Permit#: _____
Time In: ____:____ a.m. /p.m.	Time Out ____:____ a.m. /p.m.

This Form is to be used instead of the Food Service Inspection Report Form during the scheduled inspection with the CFSM to verify compliance with a required HACCP plan

This inspection must be arranged with the establishment's Certified Food Safety Manager (CFSM) at a time when food processing under the required HACCP plan can be observed by the Health Authority.

**Document Review:**

**1. Documents provided for review:**

Type of Document	Reviewed ( Y or N)	Comments/Problems Noted
Prerequisite Programs (list them below)		
Menu or Food List or Food Preparation Process		
Flow Diagram (Food Preparation)		
Equipment Layout		
Training Protocols		
Hazard Analysis		
Written Plan for Food Safety Management System		
Other		





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4. Who is responsible for verification that the required records are being completed and being properly maintained?

Comments:

5. Describe the training that has been provided to support the HACCP Plan.

Comments:

6. Describe examples of any documentation that the above training was accomplished.

Comments:

7. Is the approved HACCP plan readily available within the food service establishment?  Yes  No

Note: The approved HACCP plan and its supportive documentation must be present onsite within the establishment. The HACCP plan must be the same as that on record as the approved plan within the establishment's inspection file at the local Health Authority.

Comments:

8. Do managers and employees demonstrate knowledge of the HACCP plan?  
Managers:  Yes  No      Food Employees:  Yes  No

Comment:



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9. Record Review and On-site Verification (Choose at random one week from the previous four and examine the current day's records, if possible):

Note: The following will apply when accessing HACCP plan records:

- a. Does the food service establishment's HACCP documentation indicate that the required monitoring procedures were followed (frequency, initialed, dated, etc.) on the form? A "YES" answer would indicate that ALL required monitoring was documented. If ANY required monitoring was NOT documented, a "NO" answer would be circled.
- b. Does the food establishment's HACCP plan documentation for the selected dates appear accurate (NO dry tabbing results, repeated temperatures)? A "YES" answer would indicate that the record appears accurate. A "NO" answer would indicate that there are inaccurate HACCP documentation.
- c. Was corrective action(s) documented in accordance to the HACCP plan when critical limits were not met on the form? A "YES" answer would indicate that ALL corrective action(s) were documented for each critical limit for that particular date. A "NO" answer would indicate any missing documentation of corrective action(s).

HACCP Plan Verification Summary			
	Record #1	Record #2	Record #3
	Current Date (if possible)	2 <sup>nd</sup> Selected Date	3 <sup>rd</sup> Selected Date
*Required Monitoring Recorded – See question "a" above	YES/NO	YES/NO	YES/NO
*Accurate (Believable) See question "b" above	YES/NO	YES/NO	YES/NO
*Corrective Action Documented. See question "c" above	YES/NO	YES/NO	YES/NO

10. Are routine calibrations of equipment/thermometers required by the plan?     Yes     No

11. Are the calibrations performed according to the plan?     Yes     No

Comment:

