**HACCP Plan Template**

**Reference number:**

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| --- | --- | --- | --- |
| **Company name** |  | **Address** |  |
| **Process covered by the HACCP plan** |  |
| **Start date** |  |
| **Completion date** |  |
| **Review date** |  |

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| **HACCP team:** |
| **Team member** | **Role** | **Job title** | **HACCP trained?** **Y/N** | **Why included in the HACCP team?** | **Signed** |
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| **The product(s):** |
| Include a full description of each food product or group of food products. Add/delete headings where appropriate.**Product:****Properties:****Processes:****Storage and distribution conditions:****Packaging:****Shelf life:** |

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| **Intended use:** |
| Include the intended use of each food product or group of food products.  |

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| **Intended consumers:** |
| Include the intended consumers of each food product or group of food products. |

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| **Flow diagram of process steps:** | **Notes** |
| Include the product process steps in the correct order from start to finish.

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| 1. |

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| 2. |

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| 3. |

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| 4. |

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| 5. |

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| 6. |

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| 7. |

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| 8. |

 | This section can be used to note any changes to the diagram or to explain the process steps further. |
| **On-site confirmation of flow diagram** |
| **Has the flow diagram been confirmed as being correct?** |  | **Date that the flow diagram was confirmed as being correct:** |  |
| **Have previous versions of the flow diagram been kept?** |  | **Has an updated copy of the flow diagram been signed by participants?** |  |
| **Who confirmed the flow diagram was correct (names and positions)?**  |  |
| **Comments** | Add any comments about corrections or changes to the flow diagram. |

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| **Version number:** |  | **Date:** |  | **Completed by:** |  | **Checked by:** |  |
|  |
| **Process step** | **CCP** | **Food safety hazards, causes and assessment** | **Control measures** | **Critical limits** | **Monitoring procedures** | **Corrective action****procedures** | **Verification****procedures** | **Records** |
| **1.** |  |  |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |  |  |
| **3.** |  |  |  |  |  |  |  |  |  |
| **4.** |  |  |  |  |  |  |  |  |  |
| **5.** |  |  |  |  |  |  |  |  |  |
| **6.** |  |  |  |  |  |  |  |  |  |

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| **HACCP Plan Validation** |
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| **Date of validation:** |  | **Signature of person validating plan:** |  |
| **Conducted by (name and position):** |  |
|  |
|  | **Yes** | **No** | **Comments** |
| **Has the product/process been accurately described?** |  |  |  |
| **Does the flow diagram include all process steps?** |  |  |  |
| **Has the team identified all significant hazards and have these been addressed?** |  |  |  |
| **Are there suitable control measures for the hazards identified?** |  |  |  |
| **Have all CCPs been identified?** |  |  |  |
| **Are established critical limits acceptable and legal?** |  |  |  |
| **Are appropriate monitoring, verification and corrective action procedures in place and do staff understand them?** |  |  |  |
| **Are adequate records kept for due diligence?**  |  |  |  |
| **If this HACCP plan is correctly followed, will it control all significant hazards?** |  |  |  |