**HACCP Plan Template**

**Reference number:**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.   |  | | --- | | 1. |  |  | | --- | | 2. |  |  | | --- | | 3. |  |  | | --- | | 4. |  |  | | --- | | 5. |  |  | | --- | | 6. |  |  | | --- | | 7. |  |  | | --- | | 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?** | |  |  |  |