

Hazard Analysis Critical Control Point Review

Facility Name: _____ Owner(s): _____

Mailing Address: _____

Physical Address: _____

Phones: facility: _____ owners' _____

Place an "X" next to the type of food service system that most accurately describes the system(s) you will use:

- ___ cook – serve
- ___ cook – hot hold – serve
- ___ cook – chill – reheat – hot hold – serve
- ___ cold hold – serve
- ___ commercially packaged food only
- ___ other: describe: _____

This facility is best described as:

- | | | |
|---------------------------|------------------------|--------------------|
| ___ fast food | ___ banquet service | ___ cafeteria |
| ___ table service | ___ delicatessen | ___ school/college |
| ___ hospital/elder care | ___ tavern | ___ grocery |
| ___ catering: on-site | ___ catering: off-site | ___ mobile unit |
| ___ other: describe _____ | | |

HACCP Plans

Facility:

Preparer:

Date:

Food Item:

Health Department Review: Name:

Date:

Flow Diagram or descriptive narrative of the food preparation steps for this item:

HACCP Chart

Critical Control Points (CCPs)	Monitoring Procedures	Corrective Action(s)
1.		
2.		
3.		
4.		
5.		

Equipment utilized at each CCP (include type and quantity of each unit)

CCP 1:

CCP 2:

CCP 3:

CCP 4:

CCP 5:

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CCP 4:

7/12/2001