

20 Food Safety Management Diary for Meat Producers

Approval number:

Proprietor:

HACCP Key Worker:

Company name:

Address:

Telephone:

Fax:

E-mail:

Introduction

How to use this diary

Use of this diary is voluntary. It has three sections for keeping important information about the hygienic operation of your food business for the year and provide evidence to auditors of the food safety management producers.

Section 1. Contacts

- SERVICE SUPPLIER DETAILS
- STAFF CONTACT DETAILS
- SUPPLIER CONTACT DETAILS
- CUSTOMER CONTACT DETAILS

Keep contact details up to date to help in emergencies and to record changes over the year (e.g. new customers may have requirements that change how you operate and you will want to check that new procedures are being followed.)

Section 2. Management Checks

- DAILY CHECKLIST – this page lists what needs to be checked every day. You may want to laminate this page to preserve it for repeated use.

Daily Check List
Amend and add items as necessary

OPENING CHECKS – carry out before work starts

- ✓ Clean rooms, surfaces, equipment, tools
- ✓ Cloths, and room, working properly
- ✓ Equipment (eg. bins, steel bars) working properly
- ✓ Staff fit for work, wearing clean protective clothing
- ✓ Wash, wearing business clean, aprons as required
- ✓ Vehicles, Clops and refrigeration units working properly

OPERATIONAL CHECKS

- ✓ Laminated hygiene conditions, identified
- ✓ Cleaning procedures, satisfactorily performed
- ✓ Dressing procedures, no visible contamination
- ✓ Staff and tools, cleaned, clothing changed as necessary
- ✓ Food handling areas
- ✓ Temperature of bulk materials
- ✓ Temperature of food handling equipment
- ✓ Temperature of chiller, cold rooms
- ✓ Meat, received, satisfactory condition and temperature
- ✓ Meat in store, conditions, spacing and temperature
- ✓ Meat, use, satisfactory condition and temperature
- ✓ Samples taken, if necessary for microbiological testing

CLOSING CHECKS

- ✓ All food preparation surfaces cleaned
- ✓ All areas disinfected or re-cycled, change
- ✓ All areas cleaned for cleaning
- ✓ If necessary, microbiological samples sent off for testing

RECORDS

- ✓ Daily diary
- ✓ Tick the box to confirm the checks have been carried out before production starts
- ✓ Note any problems and what was done to correct them
- ✓ Note the results of occasional checks (eg. chiller temperature)
- ✓ When daily checks are more frequent (eg. product temperature) the results only need to be recorded when there is a problem
- ✓ Complete other records as appropriate

- DIARY – a responsible person should sign the diary every day to confirm that:
 - opening, operational and closing checks have been carried out, and that
 - hygienic procedures have been followed.

Don't tick the boxes without carrying out the checks!

W O R K I N G D A Y

Results of checks

- Opening Checks
- Operational Checks
- Closing Checks *See below*

Fan in chiller requires cleaning

Any problems or changes - what did you do?
Fan cleaned by LM

Name **A N Other** Signed *A N Other*

- When checks are carried out once or a few times a day (e.g. on pre-operational cleaning, chiller temperature) – write down the result of each specific check.
- When daily checks are more frequent (e.g. carcass contamination, product temperatures) the results – you need only to write down when there is a problem or something out of the ordinary happens. This is called ‘exception reporting’.
- Also write down the action taken to correct the problem and stop it happening again.

PROBLEMS ARE ALWAYS HAPPENING, THE IMPORTANT THING IS TO SHOW WHAT IS BEING DONE TO PUT THINGS RIGHT. USE THE DIARY TO RECORD THE ACTIONS YOU HAVE TAKEN TO MAKE SURE THAT FOOD IS BEING PRODUCED SAFELY.

- 4-WEEKLY CHECKS** – Look back at the last four weeks and note down any persistent problems or any significant changes that have been made and how you are dealing with them.

For example, there may be a continuing problem with a piece of equipment, or a need to remind staff (or contractors) about cleaning or pest control procedures. There may be a need to carry out some training or to amend the HACCP plan because a new chiller has been installed.

- VERIFICATION OF HACCP PLAN** – look back at how your 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.

The image shows a '4-Weekly Checks' form. At the top, it asks for the date and instructs the user to look back at the last four weeks for persistent problems or significant changes. The form is divided into two main sections: 'Any problems?' and 'Action taken'. The 'Any problems?' section contains a list of 20 items, each with a 'Yes' and 'No' checkbox. The items include: Hygiene, Water supply, Hygiene, Cleaning, Pest control, Training, Personal hygiene, Hair restraint, Personal cleanliness, Clothing, Cleaning, Chiller temperature, Cutting, Processing, Toxicity issues, Waste management, Storage & packaging, Transport hygiene, Store use, and others. The 'Action taken' section is a large table with columns for 'Problem', 'Action', 'Date', and 'Status'. Below the table is a 'Notes' section. At the bottom, there are fields for 'Name', 'Position', 'Date', and 'Time'.

The image shows a 'HACCP Plan Template' form titled 'VERIFICATION OF THE HACCP PLAN'. It asks the user to look back at how good hygiene practices and operational procedures are still effective in managing food safety. The form contains several sections: 'Evidence', 'Has information been received about...', 'Do your daily procedures...', 'Do you...', 'Do OIV audit reports...', 'Do other audit reports...', 'Do OIV audit reports indicate...', and 'Do other audit reports indicate...'. Each section has a 'Yes' and 'No' checkbox. There are also 'Notes' and 'Action' sections. At the bottom, there are fields for 'Name', 'Position', 'Date', and 'Time'.

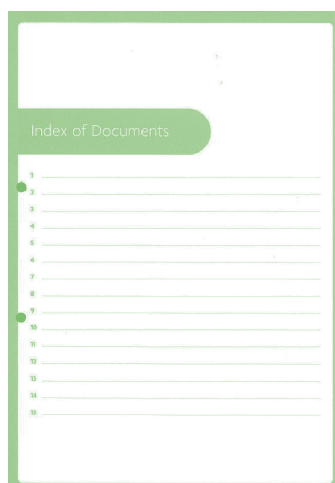
The image shows a 'HACCP Plan Review Checklist' form. It asks the user to review the HACCP plan(s) and indicate if they are still relevant, or if changes are needed. The form is divided into two main sections: 'REVIEW REQUIRED' and 'REVIEW COMPLETED'. The 'REVIEW REQUIRED' section contains a list of 10 items, each with a 'Yes' and 'No' checkbox. The items include: Does the scope accurately describe the process?, Do the process steps correspond to the flow diagram?, Are controls used for each hazard (Biological, Chemical and Physical)?, Do the CCPs/CPs remain the same?, Are critical/legal limits adequate?, Are monitoring procedures still effective?, and Are appropriate corrective actions identified?. The 'REVIEW COMPLETED' section contains a table with columns for 'Item', 'Status', and 'Action'. At the bottom, there are fields for 'Name', 'Position', 'Date', and 'Time'.

- HACCP PLAN REVIEW CHECKLIST** – Review the HACCP plan(s) at least once a year unless this has already been done because of changes to products, procedures, legislation or perhaps, customer complaints or an audit report. If there are changes, the review should make sure that food safety procedures remain effective.

The Review may indicate that aspects of the HACCP plan need to be changed, e.g. the scope, the process flow diagram, the technical data and hazard analysis, control measures, decisions on control points, critical legal limits, monitoring checks, corrective actions and records.

RECORD THE RESULTS OF YOUR REVIEW. AMEND YOUR HACCP PLAN(S) IF NECESSARY.

Section 3. Other Information



The image shows a form titled "Index of Documents" with a header in a green rounded rectangle. Below the header is a list of 15 numbered lines, each with a horizontal line for writing. The numbers 1 through 15 are listed on the left side of the form.

- **INDEX** – complete the index sheet at the front of this section to show which other key documents about day-to-day operations are being kept here.

These may include one of the following: a cleaning schedule, chemical list, maintenance checklist and plan, staff training chart, personal hygiene rules, glass/hard plastic policy, staff health and safety policy, medical questionnaire, equipment calibration log, microbiological test results. Your HACCP plan(s) can be kept here or on a separate HACCP file but note that verification and review sections are already included at the end of Section 2.

- **INDUSTRY GUIDANCE** – refer to the **GUIDE TO THE FOOD HYGIENE & OTHER REGULATIONS FOR THE UK MEAT INDUSTRY (Meat Industry Guide)** for information on good hygiene practice, HACCP and microbiological criteria.
- **FSA MEAT PLANT HACCP GUIDANCE PACK** – contains a short guide to completing a HACCP Plan, a guide to the HACCP EU Regulation (Part Three, Chapter 1 – Application of HACCP Principles), HACCP plan template, Generic HACCP plan (selected steps), model documents and food safety management diary. (CD-rom and hard copy of this guidance pack is available, free of charge, on request by emailing to: MeatIndustryGuide@foodstandards.gsi.gov.uk or downloadable on the FSA website at: <http://www.food.gov.uk/foodindustry/meat/haccpmeatplants/>

Daily Check List

Amend and add items as necessary

OPENING CHECKS – carry out before work starts	RECORDS
Clean rooms, surfaces, equipment, tools	Daily diary: – tick the box to confirm the checks have been carried out before production starts – note any problems and what was done to correct them
Chillers, cold rooms working properly	
Equipment (e.g. knife sterilisers) working properly	
Staff fit for work, wearing clean protective clothing	
Hand washing facilities clean, properly equipped	
Vehicles clean and refrigeration units working properly	
OPERATIONAL CHECKS	
Livestock/game: condition, identified	Daily diary: – tick the box to confirm the checks have been carried out during production – note any problems and what was done to correct them – record the results of occasional checks (e.g. chiller temperatures) – when daily checks are more frequent (e.g. product temperatures) the results only need to be recorded when there is a problem – complete other records as appropriate
Dressing procedures: satisfactorily performed	
Dressing procedures: no visible contamination	
Dressing procedures: no visible SRM	
Staff and tools: cleaned, clothing changed as necessary	
Food handling areas:	
Temperature of: knife sterilisers	
Temperature of: scald tanks/other equipment	
Temperature of: chillers, cold rooms	
Meat received: satisfactory condition and temperature	
Meat in store: condition, spacing and temperature	
Meat sent out: satisfactory condition and temperature	
Samples taken, if necessary for microbiological testing	
CLOSING CHECKS	
All food preparation surfaces cleared	Daily diary: – tick the box to confirm the checks have been carried out after production ends – note any problems and what was done to correct them
All meat dispatched or in chilled storage	
All areas cleared for cleaning	
If necessary, microbiological samples sent off for testing	

Diary

Daily Diary week beginning / /

SIGN THE DIARY EVERY DAY TO CONFIRM THAT:

- **OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND**
- **HYGIENIC PROCEDURES HAVE BEEN FOLLOWED.**

MONDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

TUESDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

WEDNESDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

THURSDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

Daily Diary

PROBLEMS ARE ALWAYS HAPPENING, THE IMPORTANT THING IS TO SHOW WHAT IS BEING DONE TO PUT THINGS RIGHT. USE THE DIARY TO RECORD THE ACTION YOU HAVE TAKEN TO MAKE SURE THAT FOOD IS BEING PRODUCED SAFELY.

FRIDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SATURDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

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Daily Diary week beginning /

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FRIDAY

Results of checks:

Opening checks

Operational checks

Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SATURDAY

Results of checks:

Opening checks

Operational checks

Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY

Results of checks:

Opening checks

Operational checks

Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

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Daily Diary week beginning /

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Name _____ Signed _____

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Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

NOTES

4-Weekly Checks Date

Look back at the last four weeks and write down any persistent problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
▪ Cleaning?		
▪ Pest control?		
▪ Training?		
▪ Personal hygiene?		
▪ Raw materials?		
▪ Animal welfare/transport?		
▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

SIGN THE DIARY EVERY DAY TO CONFIRM THAT:

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- **HYGIENIC PROCEDURES HAVE BEEN FOLLOWED.**

MONDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

TUESDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

WEDNESDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

THURSDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

Daily Diary

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FRIDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SATURDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

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Daily Diary week beginning /

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MONDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

TUESDAY Results of checks: Opening checks Operational checks Closing checks

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WEDNESDAY Results of checks: Opening checks Operational checks Closing checks

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Name _____ Signed _____

THURSDAY Results of checks: Opening checks Operational checks Closing checks

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Any problems or changes – what did you do?

Name _____ Signed _____

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Daily Diary week beginning /

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Name _____ Signed _____

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Any problems or changes – what did you do?

Name _____ Signed _____

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Name _____ Signed _____

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Daily Diary week beginning /

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Any problems or changes – what did you do?

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Any problems or changes – what did you do?

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Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

NOTES

4-Weekly Checks Date

Look back at the last four weeks and write down any persistent problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
▪ Cleaning?		
▪ Pest control?		
▪ Training?		
▪ Personal hygiene?		
▪ Raw materials?		
▪ Animal welfare/transport?		
▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

SIGN THE DIARY EVERY DAY TO CONFIRM THAT:

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MONDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

TUESDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

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Name _____ Signed _____

Daily Diary

PROBLEMS ARE ALWAYS HAPPENING, THE IMPORTANT THING IS TO SHOW WHAT IS BEING DONE TO PUT THINGS RIGHT. USE THE DIARY TO RECORD THE ACTION YOU HAVE TAKEN TO MAKE SURE THAT FOOD IS BEING PRODUCED SAFELY.

FRIDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SATURDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

SUNDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

Name _____ Signed _____

NOTES

4-Weekly Checks Date

Look back at the last four weeks and write down any persistent problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
▪ Cleaning?		
▪ Pest control?		
▪ Training?		
▪ Personal hygiene?		
▪ Raw materials?		
▪ Animal welfare/transport?		
▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

SIGN THE DIARY EVERY DAY TO CONFIRM THAT:

- **OPENING, OPERATIONAL AND CLOSING CHECKS HAVE BEEN CARRIED OUT, AND**
- **HYGIENIC PROCEDURES HAVE BEEN FOLLOWED.**

MONDAY Results of checks: Opening checks Operational checks Closing checks

Any problems or changes – what did you do?

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THURSDAY Results of checks: Opening checks Operational checks Closing checks

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▪ Maintenance?		
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▪ Raw materials?		
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▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
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Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

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▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
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▪		
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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
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Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
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Does this affect HACCP Plans?			

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Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

SIGN THE DIARY EVERY DAY TO CONFIRM THAT:

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PROBLEMS ARE ALWAYS HAPPENING, THE IMPORTANT THING IS TO SHOW WHAT IS BEING DONE TO PUT THINGS RIGHT. USE THE DIARY TO RECORD THE ACTION YOU HAVE TAKEN TO MAKE SURE THAT FOOD IS BEING PRODUCED SAFELY.

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4-Weekly Checks Date

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	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
▪ Cleaning?		
▪ Pest control?		
▪ Training?		
▪ Personal hygiene?		
▪ Raw materials?		
▪ Animal welfare/transport?		
▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
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Does this affect HACCP Plans?			

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Name:	Position:
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Daily Diary week beginning / /

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▪ Water supply?		
▪ Maintenance?		
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▪ Raw materials?		
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▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
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▪ Transport hygiene?		
▪ Micro test results?		
▪		
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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
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Does this affect HACCP Plans?			

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Signed:	Date: / /

Daily Diary week beginning / /

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Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
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Does this affect HACCP Plans?			

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4-Weekly Checks

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▪ Structure?			
▪ New staff? Have they had appropriate training?			
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▪ Species, products?			
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Signed:	Date: / /

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4-Weekly Checks Date

Look back at the last four weeks and write down any persistent problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
▪ Cleaning?		
▪ Pest control?		
▪ Training?		
▪ Personal hygiene?		
▪ Raw materials?		
▪ Animal welfare/transport?		
▪ Slaughter?		
▪ Dressing?		
▪ SRM Removal?		
▪ Chiller temperatures?		
▪ Cutting?		
▪ Processing?		
▪ Traceability issues?		
▪ Waste management?		
▪ Wrapping & packaging?		
▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Daily Diary week beginning / /

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NOTES

4-Weekly Checks Date

Look back at the last four weeks and write down any persistent problems or any significant changes that have been made and how you are dealing with them.

	Any problems?	Action Taken
▪ Structure?		
▪ Water supply?		
▪ Maintenance?		
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▪ Transport hygiene?		
▪ Micro test results?		
▪		
▪		

Note: refer if necessary to the Meat Industry Guide for information about good hygiene practices.

4-Weekly Checks

Any Changes?	No	Yes	Action Taken
▪ Structure?			
▪ New staff? Have they had appropriate training?			
▪ Suppliers?			
▪ Species, products?			
▪ Working methods?			
▪ Equipment?			
▪ Legal requirements?			
▪			
▪			
Does this affect HACCP Plans?			

NOTES

Name:	Position:
Signed:	Date: / /

Verification of the HACCP Plan

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? Refer to other documents if necessary
			How have you changed your HACCP plan(s)?
Has information been received about new hazards, legislation or best practices that need to be reflected in your HACCP plan(s)?			
			Are these changes reflected in 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 plan(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?			
			How have you changed your HACCP plan(s)?
Do OV audit reports indicate that your HACCP plan(s) need to be changed?			
			How have you changed your HACCP plan(s)?
Do other audit reports indicate that your HACCP plan(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)?
Do other audit reports indicate that your HACCP plan(s) have not been put into practice properly?			

Verification of the HACCP Plan continued

Evidence	YES	NO	If YES what have you done about this? <small>Refer to other documents if necessary</small>
Have you received customer complaints?			What do your investigations suggest caused the complaint?
			What does this mean for your procedures or HACCP plan(s)?
			What changes are you making as a result?
Have you received microbiological test results that indicate your hygiene procedures need to be improved?			
			What changes are you making as a result?
Has a walk-through 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?			

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 product, procedures, legislation or perhaps as a result of customer complaints or an audit report.

Use the answers to the questions on the previous page to help complete this HACCP Plan Review checklist.

	YES	NO
Does the scope accurately describe the process? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Do the process steps correspond to the flow diagram? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Are controls valid for each hazard (Biological, Chemical and Physical)? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Do the CCPs/CPs remain the same? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Are critical/legal limits adequate? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Are monitoring procedures still effective? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate corrective actions identified? If No – amend Plan.	<input type="checkbox"/>	<input type="checkbox"/>

REVIEW CARRIED OUT BY:

Name:	Position:
Signed:	Date: / /
Date of Next Review: / /	

AMENDMENT REQUIRED:	Details of Amendment(s)
Yes <input type="checkbox"/> or No? <input type="checkbox"/> (If Yes, amend Plan then carry out validation)	

Index of Company Documents

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____
- 11 _____
- 12 _____
- 13 _____
- 14 _____
- 15 _____

Model Documents

- Temperature Log (this is enclosed)

**OTHER MODEL DOCUMENTS LISTED BELOW ARE AVAILABLE FROM THE FSA :
(See Introduction, Section 3)**

- Staff training chart
- Cleaning schedule
- Maintenance plan
- Maintenance checklist
- Chemical records
- Cleaning checklist
- Pest Control checklist
- Equipment calibration log
- Pre-employment health questionnaire
- Staff sickness record
- Individual training record
- Staff hygiene rules
- Glass/hard plastic policy
- Warm transport of red meat

HACCP Plan Template

- Company and HACCP team details
- Scope and process steps
- Control point identification, monitoring and corrective action plan
- Validation check
- Verification of the HACCP plan*
- HACCP plan review checklist*

* These pages have also been included at the end of Section 2 of the diary

Weekly Temperature Log:

Week commencing.....

Doc Number:.....

(Insert location/operations at which temperatures are to be taken e.g. room/sterilizer/chiller/product at intake/stages of production/storage/dispatch – two or more forms may be needed)

	Time									Signed
MONDAY										
TUESDAY										
WEDNESDAY										
THURSDAY										
FRIDAY										
SATURDAY										
SUNDAY										

- Meat temperatures should be 4-7°C or below
- Mince temperatures during processing should be 4-5°C or below
- Mince temperature at despatch should be 2°C or below
- Sausage temperature at despatch should be 4°C or below
- Sterilizer temperatures should be 82°C or above
- Cutting room air temperature should be _____°C or below
- Fridge temperatures should be _____°C or below

If temperatures are elevated, take the following action :.....