Food Safety and HACCP Audit

Company Name		Audit Date		Auditor		
INSTRUCTIONS This checklist is designed to conduct an audit of each item and mark the corresponding checkbox section to provide additional details, corrective a	to indicate compliance or note an	y observations and	trol Points (HACCP) areas for improveme	system in your faci ent. Use the "Notes	lity. Carefully re /Observations"	view
1. GENERAL FACILITY CONDITIONS						
The facility is clean and well-maintained.				Yes	No	NA
Adequate pest control measures are in plant	ace.			Yes	No	NA
Handwashing stations are accessible and	stocked.			Yes	No	NA
The facility has designated areas for wast	e disposal.			Yes	No	NA NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any	v]					
2. PERSONAL HYGIENE						
Employees follow proper personal hygien	e practices.			Yes	No	NA
Workers use appropriate PPE in food han	dling areas.			Yes	No	NA
Employees with illnesses are excluded from	om handling food.			Yes	No	NA
Workers are trained in personal hygiene p	procedures.			Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any	v]					
3. FOOD STORAGE						
Proper storage practices are followed for ra	w and cooked foods.			Yes	No	NA
Food storage areas are clean and organiz	zed.			Yes	No	NA
Temperature controls are maintained for p	perishable items.			Yes	No	NA
First-in, first-out (FIFO) method is used fo	r inventory rotation.			Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any	/]					

4. FOOD PREPARATION			
Food is prepared in clean and sanitized workstations.	Yes	No	NA
Cross-contamination risks are minimized during preparation.	Yes	No	NA
Cooking temperatures are monitored and recorded.	Yes	No	NA NA
Proper cooking, cooling, and reheating practices are followed.	Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any]			
5. HAZARD ANALYSIS AND CRITICAL CONTROL POINTS (HACCP)			
The facility has a written HACCP plan in place.	Yes	No	NA
Critical control points (CCPs) are identified and monitored.	Yes	No	NA
Records of HACCP monitoring are maintained.	Yes	No	NA
Corrective actions are taken when CCP deviations occur.	Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any]			
6. CLEANING AND SANITATION			
Cleaning schedules and procedures are established.	Yes	No	NA NA
Sanitizers are used appropriately and at the correct concentrations.	Yes	No	NA
Equipment and utensils are cleaned and sanitized regularly.	Yes	No	NA NA
Records of cleaning and sanitation activities are maintained.	Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any]			
7. ALLERGEN CONTROL			
Allergens are identified, and controls are in place.	Yes	No	NA NA
Proper labeling of allergenic ingredients is done on products.	Yes	No	NA NA
Measures are taken to prevent cross-contact with allergens.	Yes	No	NA
Employees are trained on allergen handling and prevention.	Yes	No	NA
Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any]			

Supplier verification records are maintained. Supplier audits are conducted as per the schedule.	Yes Yes Yes Yes	No No No No	
Supplier audits are conducted as per the schedule. Non-conforming ingredients are rejected and documented. Observations/Notes: [Insert food safety and HACCP audit observations and corrective actions, if any] NOTES/OBSERVATIONS [Insert any additional notes or food safety and HACCP audit observations made during the audit] STATEMENT OF COMMITMENT I hereby certify that I have conducted the above food safety and HACCP audit and commit to addressing any identifier areas for improvement promptly.	Yes	No	NA
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Observer's Name : Signature :	ed non-c	onformities	and
Date :			
APPROVED BY			
Name : Signature :			
Date :			

