

# FSMA Audit Checklist

Facility Name / Location

Date of Audit

Auditor's Name

## INSTRUCTIONS:

This checklist is designed to evaluate compliance with the Food Safety Modernization Act (FSMA) regulations in your facility. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas that require attention. Use the "Notes/Observations" section to provide additional details, necessary improvements, and any required follow-up.

## CURRENT GOOD MANUFACTURING PRACTICES (CGMPs)

Personnel Hygiene: Check if personnel follow proper hygiene practices.

Yes  No  NA

Cleaning and Sanitization: Verify that cleaning and sanitization procedures are in place.

Yes  No  NA

Equipment Maintenance: Ensure that equipment is maintained in a sanitary condition.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## HAZARD ANALYSIS AND RISK-BASED PREVENTIVE CONTROLS (HARPC)

Identify Hazards: Verify that potential hazards have been identified for each process step.

Yes  No  NA

Determine Preventive Controls: Ensure that preventive controls are implemented to mitigate identified hazards.

Yes  No  NA

Review Hazard Analysis: Check that the hazard analysis is periodically reviewed and updated as needed.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SUPPLY CHAIN PROGRAM

Approved Suppliers: Verify that suppliers are approved based on risk assessment.

Yes  No  NA

Supplier Verification: Check if supplier verification activities are conducted as required.

Yes  No  NA

Documentation: Ensure that all supply chain program records are maintained.

Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ALLERGEN CONTROL

Allergen Identification: Verify that allergens are properly identified in the facility.  Yes  No  NA

Prevent Cross-Contamination: Ensure that measures are in place to prevent allergen cross-contamination.  Yes  No  NA

Allergen Labeling: Check allergen labeling on products.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## SANITARY TRANSPORTATION

Transport Vehicles: Check that transport vehicles are maintained in a sanitary condition.  Yes  No  NA

Temperature Control: Ensure that temperature-sensitive products are transported under controlled conditions.  Yes  No  NA

Compliance with Regulations: Confirm that the transportation process adheres to FSMA requirements.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## RECALL PLAN

Recall Procedures: Verify that a recall plan is in place, including contact information and procedures.  Yes  No  NA

Recall Effectiveness: Ensure that mock recalls or recall simulations are conducted periodically.  Yes  No  NA

Record Keeping: Check if all recall-related records are maintained and readily accessible.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## FOREIGN SUPPLIER VERIFICATION PROGRAM (FSVP)

Imported Foods: Check imported foods and verify that they meet FSMA requirements.  Yes  No  NA

Supplier Verification: Ensure that supplier verification activities are conducted for imported foods.  Yes  No  NA

Record Keeping: Verify that FSVP records are maintained and up to date.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## TRAINING AND PERSONNEL

FSMA Training: Check that personnel involved in FSMA-related activities receive appropriate training.  Yes  No  NA

Job Descriptions: Review job descriptions related to FSMA responsibilities.  Yes  No  NA

Competency: Verify that personnel are competent in their assigned FSMA tasks.  Yes  No  NA

Observations / Notes /  
Corrective actions, if any:

## ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or FSMA Audit checklist observations made during the audit]

## STATEMENT OF AUDIT

I hereby certify that I have conducted the above FSMA Audit checklist and that the facility has been assessed for compliance with FSMA regulations.  
Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Date :

Signature :

## APPROVED BY

Name :

Date :

Signature :