

FSSAI Audit Checklist

Facility Name / Location

Date of Audit

Auditor's Name

INSTRUCTIONS:

This checklist is designed to evaluate compliance with the Food Safety and Standards Authority of India (FSSAI) 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.

LICENSING AND REGISTRATION

FSSAI License/Registration: Verify that the facility holds a valid FSSAI license/registration.

Yes No NA

Display of License: Ensure that the FSSAI license/registration is displayed in a prominent location.

Yes No NA

License Renewal: Check if the FSSAI license/registration is renewed as required.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOD SAFETY MANAGEMENT SYSTEM

Implementation of FSMS: Verify that a Food Safety Management System is implemented.

Yes No NA

Written Procedures: Check if written procedures are in place for various food safety activities.

Yes No NA

Review of FSMS: Ensure that the FSMS is periodically reviewed and updated as needed.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOD SAFETY PLAN

Food Safety Plan (if applicable): Verify that a comprehensive Food Safety Plan is in place.

Yes No NA

Hazard Analysis: Check if hazards are identified for each process step.

Yes No NA

Critical Control Points (CCPs): Ensure that CCPs are identified and monitored in the process.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PERSONNEL HYGIENE

Personal Hygiene Practices: Check if personnel follow proper hygiene practices. Yes No NA

Training and Awareness: Verify that personnel receive training on food safety and hygiene. Yes No NA

Health Screening: Ensure that employees undergo health screening, if required. Yes No NA

Observations / Notes /
Corrective actions, if any:

SANITATION AND CLEANING

Sanitation Procedures: Verify that sanitation procedures are in place and followed. Yes No NA

Cleaning Schedule: Check if a cleaning schedule is implemented and followed. Yes No NA

Pest Control: Ensure that effective pest control measures are in place. Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOD LABELING AND PACKAGING

Product Labeling: Check that product labels comply with FSSAI regulations. Yes No NA

Allergen Labeling: Verify that allergens are properly labeled on packaged products. Yes No NA

Packaging Materials: Ensure that packaging materials meet FSSAI requirements. Yes No NA

Observations / Notes /
Corrective actions, if any:

VENDOR MANAGEMENT

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

Record Keeping: Ensure that vendor-related records are maintained. Yes No NA

Observations / Notes /
Corrective actions, if any:

TRAINING AND RECORDS

Food Safety Training: Check that personnel involved in food handling receive appropriate training.

Yes No NA

Training Records: Verify that training records are maintained and up to date.

Yes No NA

Record Keeping: Ensure that all relevant records are maintained as per FSSAI requirements.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES / OBSERVATIONS

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

STATEMENT OF AUDIT

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

Inspector's Name :

Date :

Signature :

APPROVED BY

Name :

Date :

Signature :