# ISO 22000 Audit Checklist

| Facility Name / Location | |
|---|---|
| Date of Audit | Auditor's Name |

## FOOD SAFETY MANAGEMENT SYSTEM

Establishment of FSMS: Verify that the Food Safety Management System is established and documented. ☐ Yes ☐ No ☐ NA

FSMS Scope: Check that the scope of the FSMS is defined, including products and processes. ☐ Yes ☐ No ☐ NA

Management Commitment: Ensure that top management demonstrates commitment to the FSMS. ☐ Yes ☐ No ☐ NA

Observations / Notes / Corrective actions, if any:

## HAZARD ANALYSIS AND RISK ASSESSMENT

Hazard Identification: Check if potential hazards are identified for each process step. ☐ Yes ☐ No ☐ NA

Risk Assessment: Verify that risk assessments are conducted to determine the severity and likelihood of hazards. ☐ Yes ☐ No ☐ NA

Review of Hazards: Ensure that the hazard analysis is periodically reviewed and updated as needed. ☐ Yes ☐ No ☐ NA

Observations / Notes / Corrective actions, if any:

## PREREQUISITE PROGRAMS

cGMPs: Check compliance with Current Good Manufacturing Practices. ☐ Yes ☐ No ☐ NA

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

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

Observations / Notes / Corrective actions, if any:

## OPERATIONAL PREREQUISITE PROGRAMS (OPRPS)

Identification of OPRPs: Verify that OPRPs are identified and addressed in the FSMS.  ☐ Yes  ☐ No  ☐ NA

Control Measures: Check that control measures are in place for each OPRP.  ☐ Yes  ☐ No  ☐ NA

Validation of OPRPs: Ensure that OPRPs are validated for effectiveness.  ☐ Yes  ☐ No  ☐ NA

Observations / Notes / Corrective actions, if any:

## CRITICAL CONTROL POINTS (CCPS)

Identification of CCPs: Verify that CCPs are identified in the process flow.  ☐ Yes  ☐ No  ☐ NA

Monitoring of CCPs: Check if CCPs are monitored at the appropriate frequency.  ☐ Yes  ☐ No  ☐ NA

Record Keeping: Ensure that CCP monitoring records are maintained and up to date.  ☐ Yes  ☐ No  ☐ NA

Observations / Notes / Corrective actions, if any:

## FOOD SAFETY MANAGEMENT SYSTEM COMMUNICATION

Internal Communication: Verify that food safety information is communicated within the organization.  ☐ Yes  ☐ No  ☐ NA

External Communication: Ensure that food safety information is communicated to relevant stakeholders.  ☐ Yes  ☐ No  ☐ NA

Emergency Communication: Check if emergency communication procedures are established.  ☐ Yes  ☐ No  ☐ NA

Observations / Notes / Corrective actions, if any:

## TRACEABILITY AND RECALL

Traceability System: Verify that a traceability system is in place and effectively implemented.  ☐ Yes  ☐ No  ☐ NA

Recall Procedures: Check that recall procedures are established and tested.  ☐ Yes  ☐ No  ☐ NA

Record Keeping: Ensure that traceability and recall records are maintained.  ☐ Yes  ☐ No  ☐ NA

Observations / Notes / Corrective actions, if any:

## TRAINING AND COMPETENCE

| | | | |
|---|---|---|---|
| Training Needs: Check that training needs are identified for personnel involved in food safety. | ☐ Yes | ☐ No | ☐ NA |
| Training Records: Verify that training records are maintained and up to date. | ☐ Yes | ☐ No | ☐ NA |
| Competence Assessment: Ensure that personnel's competence is assessed periodically. | ☐ Yes | ☐ No | ☐ NA |

Observations / Notes /
Corrective actions, if any:

## ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or ISO 22000 Audit checklist observations made during the audit]

## STATEMENT OF AUDIT

I hereby certify that I have conducted the above ISO 22000 Audit checklist and that the facility has been assessed for compliance with ISO 22000 requirements. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Date :

Signature :

## APPROVED BY

Name :

Date :

Signature :