



HACCP PLAN VERIFICATION

Hazard Analysis and Critical Control Point

Owner		Business		License Number						
								R		
Address		Restaurant <input type="checkbox"/> General <input type="checkbox"/> Seating		Number of Seats		Inspection Date			Inspection Time	
						Month	Day	Year	In	Out
						<input type="checkbox"/> Catering <input type="checkbox"/> MFDV <input type="checkbox"/> Theme Park Food Cart <input type="checkbox"/> Vending				
City		Zip Code								

NOTE: ITEMS MARKED WERE REVIEWED DURING THE HACCP PLAN VERIFICATION

- Are there any changes to the menu or recipes since the last verification visit? Yes No
 - Was the HACCP plan modified because of these menu or recipe changes? Yes No
- Comments: _____
- _____
- _____

3. List Critical Control Points (CCPs) and Critical Limits (CLs) identified by the establishment's HACCP plan.

Critical Control Points	Critical Limits

4. What CCP monitoring records are required by the plan?

Type of Record	Monitoring Frequency	Record Location

I acknowledge receipt of this Plan Verification form and comments. **REMINDER:** Your license expires ____/____/____

Recipient's name (please print)		Title		Inspector's name (please print)		Title	
Recipient's signature				Inspector's signature			
Establishment telephone		Date	Time	Office telephone		Date	

5. Who is responsible for verification that the required records are being properly maintained?

Comments: _____

6. Describe the training that has been provided to support the HACCP plan.

Comments: _____

7. Describe examples of any documentation that the above training was accomplished.

Comments: _____

Choose one week at random from the previous four:

8. Are monitoring actions performed according to the plan?

Full Compliance Partial Compliance Non-Compliance

Comments: _____

9. When CLs established by the plan are not met, are immediate corrective actions taken and recorded? Yes No

Comments: _____

10. Do the corrective actions taken reflect the same actions as described in the establishment's plan? Yes No

Comments: _____

11. Do managers and employees demonstrate knowledge of the HACCP plan?

Managers: Yes No Employees: Yes No

Comments: _____

12. Are routine calibrations of equipment/thermometers required by the plan? Yes No

13. Are the calibrations performed according to the plan? Yes No

Comments: _____

Examine the current day's records:

14. Is the plan for the present day accurate for the observed situation in the facility? Yes No

Comments: _____



INSTRUCTIONS

for completing DBPR Form HR 5022-082 HACCP PLAN VERIFICATION

- Menu Changes:** This refers to a new concept or line of foods, not a simple item change (e.g., adding a sushi bar, bulk-producing products). If “yes”, describe changes on DBPR Form HR 5022-042 Comments Sheet.
- HACCP Plan Changes:** If “yes”, the Critical Control Points (CCPs) and Critical Limits (CLs) will need to be identified (see item #3).
- List of Critical Control Points (CCPs) and Critical Limits (CLs) identified in HACCP plan:** Be specific as to what is identified by the establishment’s HACCP plan. If the CCP or CL is not identified correctly, document this DBPR Form HR 5022-042 Comments Sheet.
- Required Critical Control Point (CCP) Monitoring Records:** Be specific as to what is required by the establishment’s HACCP plan.
 - Type of Record** – E.g., written, computer. If no record of any type is specified, document this on DBPR Form HR 5022-042 Comments Sheet.
 - Monitoring Frequency** - What time frame is specified in the HACCP plan? If no time frame is specified, document this on DBPR Form HR 5022-042 Comments Sheet.
 - Record Location** - Where are the records kept? If not stated, document this on DBPR Form HR 5022-042 Comments Sheet.
- Maintenance of Records:** The HACCP plan must address who is responsible for maintaining the records. Different records may be maintained by different people. If no one is identified in the plan, document this under Comments.
- Training Provided:** Training may be verbal or written. Describe the training provided to employees. If no training has been provided, document this under Comments.
- Training Documentation:** Describe the documentation provided (if any) to support that such training has occurred. If no documentation is provided, state “no documentation of training” under Comments.

Randomly choose one of the four previous weeks’ records.
- Monitoring Actions:** Is the establishment actually doing what the HACCP plan requires in item #4? Mark the most appropriate reply in response to the extent of record keeping.
- Corrective Actions Taken and Recorded:** “Yes” indicates that the establishment took a corrective action when a Critical Limit was not met and such action was documented. If all required corrective actions were not taken, document under Comments.
- Corrective Actions:** Examine the HACCP plan to verify whether the corrective actions taken are the actions specified in the establishment’s HACCP plan. If different corrective actions were taken, document under Comments.
- Demonstration of Knowledge:** Ask questions of both employees and managers about parts of the HACCP plan to determine if they know and understand their plan. If demonstration of knowledge does not occur, document under Comments.
- Thermometer Calibration Required:** If calibrations are not required by the HACCP plan, document under Comments located after item #13.
- Thermometer Calibration Performed:** Document if the establishment is calibrating according to plan. If not, document under Comments.
- Correlation of HACCP Plan:** Examine some of the establishment’s records for the day. Do the records match what you observe? (E.g., take a current temperature of a product and match it to the recorded temperature). Document any discrepancies under Comments.

**Remember, you are verifying the establishment’s HACCP plan.
It is their plan.**