**Worksheet to Review and Revise the HACCP Food Safety Plan**

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title of person responsible for review and revisions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Have there been changes in:**

Menu items  Equipment  Kansas Food Code  Vendors  Operating Procedures

No Changes  If No Changes, go to Question 2.

**Has the HACCP Food Safety Plan been modified to reflect these changes?**

Yes  No  If no, modify plan before continuing review. Date modified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are Standard Operating Procedures (SOPs) accurate and current for your operational procedures?**

Yes  No  If no, update SOPs (cross out or re-write as needed). Date modified\_\_\_\_\_\_\_\_\_

1. **Are the lists of foods in Processes 1, 2, and 3 accurate and current?**

Yes  No  If no, update Process Charts. Date updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are Critical Control Points-CCPs and Critical Limits-CLs correctly identified and appropriate to control each hazard to ensure safe food?**

Yes  No  If no, update Control Measures. Date updated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are effective Monitoring Procedures being used?**

Yes  No  If no, initiate/update monitoring procedures. Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Are appropriate Corrective Actions taken to ensure foods are purchased, received, stored, prepared, held, and served safely?**

Yes  No  If no, update corrective action plan. Date updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Does the existing Record Keeping System provide adequate documentation that SOPs and CCPs are met and corrective actions are taken when needed?**

Yes  No  If no, update record keeping procedures. Date updated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who is responsible for verifying that the required records and logs are being completed accurately and properly maintained?**

Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no one is identified, identify who is responsible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do managers and staff demonstrate knowledge of the HACCP Food Safety Plan?**

Yes  No  If no, complete HACCP Training. Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, Review of HACCP Food Safety Plan is complete.

1. **Changes made to the HACCP Food Safety Plan were conveyed to all school nutrition**

**employees on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Worksheet to Review and Revise the HACCP Food Safety Plan, *cont.***

**Logs/Records for Monitoring the HACCP Food Safety Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Record or Log** | **Required** | **Documentation Schedule** | **Completed** | | **Comments/Suggestions for Improvements** |
| **Yes** | **No** |
| Cooking-Reheating Temperatures | Yes | Daily-All Meals |  |  |  |
| Time and Temperature for Holding | Yes | Daily-All Meals |  |  |  |
| Service Temperature & End of Last Serving Period | Yes | Daily-All Meals |  |  |  |
| Damaged or Discarded Product | Yes | As Necessary |  |  |  |
| Cooling Temperature | Yes, for SOP | As Necessary for SOP |  |  |  |
| Receiving | Yes | Each Delivery |  |  |  |
| Food Transport Sheet | Yes | Each Delivery to Satellites |  |  |  |
| Refrigerator/Freezer Temperature | Yes | Daily |  |  |  |
| Dry Storage Room Temperature | No | As Necessary |  |  |  |
| Thermometer Calibration | Yes | Every 2 Weeks |  |  |  |
| Dishmachine Temperature | No | Recommended Daily |  |  |  |
| Sanitizer Test Strip | No | Recommended Daily |  |  |  |
| Monthly Food Safety Checklist | Yes | Monthly |  |  |  |
| Worksheet to Review/Revise HACCP Food Safety Plan | Yes | Annually |  |  |  |
| Food Safety Training Plan and Record in KN-CLAIM | Yes | On-Going |  |  |  |
| Corrective Action Records | Yes | As Necessary |  |  |  |