#### **General Information**

Worksheets are recommended to document the product description, hazard analysis and preventive controls. The Hazard Analysis form should contain information to justify the identification of the hazards requiring preventive controls and the types of preventive controls applied. The information in the Food Safety Plan must explain the details for each preventive control.

There is no standardized or mandated format for documenting the Food Safety Plan. It is recommended that the information be arranged in the Food Safety Plan in a progressive manner that clearly explains the thought process for the hazard analysis and the individual steps in the Food Safety Plan. For example, the hazard analysis should contain information to justify the identification of each hazard requiring a preventive control and the types of preventive controls applied. Details should be explained for each preventive control form used for process preventive controls, which may also be adapted for allergen preventive controls. However, other formats are entirely acceptable if the other formats work for the organization and contain all the required information.

The following worksheets are provided as examples. The information is arranged in a similar manner, but the layouts are in either a landscape or a portrait form to suit individual preferences.

**Special Note:** These worksheets can be used for training purposes as is, but if they are used for official use, they must include details that identify the commercial firm and related information. The additional information must include:

- Firm name and location:
- Date and, when appropriate, the time of the activity documented;
- Where appropriate, product identification and lot code, if any; and
- The signatures or initials of the person performing the activity.

Forms: The following example forms have been provided as samples for use:

- Product Description, Distribution, Consumers, and Intended Use
- Hazard Analysis
- Process Preventive Controls (Landscape Layout)
- Process Preventive Controls (Portrait Layout)
- Food Allergen Preventive Controls
- Ingredient Food Allergen Identification
- Finished Product Food Allergen Label Declaration Criteria
- Production Line Food Allergen Assessment
- Sanitation Preventive Controls
- Corrective Action Form
- Supply-Chain Preventive Controls Determination of Verification Procedures and Corrective Actions
- Ingredient Receiving Procedures
- Food Safety Plan Reanalysis Checklist

All forms can be adapted or modified as needed. There is NO required form.

## Form Name: Product Description, Distribution, Consumers, and Intended Use

FACILITY NAME:	ISSUE DATE:	PAGE OF
ADDRESS:	SUPERSEDES:	PRODUCT CODE:
Product Name(s)		
Product Description, (including important food safety characteristics)		
Ingredients		
Packaging Used		
Intended Use		
Intended Consumers		
Shelf Life		
Labeling Instructions (related to safety)		
Storage and Distribution		
Approved by*:	Date A	pproved:
Print Name:		
Signature or Initials:		

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<sup>\*</sup>Signature or initials may just be on plan or may be on each page.

Form Name: Hazard Analysis

FACILITY NAME:	ISSUE DATE:	PAGE OF
ADDRESS:	SUPERSEDES:	PRODUCT CODE:

Hazard identification (Column 2) considers those hazards that may be present in the food. Because the hazard occurs naturally, the hazard may be unintentionally introduced, or the hazard may be intentionally introduced for economic gain.

- B = Biological hazards including bacteria, viruses, parasites, and environmental pathogens
- C = Chemical (including radiological) hazards, food allergens, substances such as pesticides and drug residues, natural toxins, decomposition, and unapproved food or color additives
- P = Physical hazards include potentially harmful extraneous matter that may cause choking, injury, or other adverse health effects.

(1) Ingredient / Processing Step	(2) Identify poten food safety haz introduced controlled, of enhanced at the	tial pote food s haze requirements for this prevenue.	ards ire a entive	(4) Justify your decision for Column 3	(5) What preventive control measure(s) can be applied to significantly minimize or prevent the food safety hazard? Process including CCPs, Allergen, Sanitation, Supply- chain, other preventive	(6) Is the preventive control applied at this step?	
		Yes	No		control	Yes	No
	В						
	С						
	P						
	В						
	С						
	P						
	В						
	С						
	P						

				, , , , , , , , , , , , , , , , , , , ,		1
(1) Ingredient / Processing Step	(2) Identify potential food safety hazards introduced, controlled, or enhanced at this step	(3) Do any potential food safety hazards require a preventive control?	(4) Justify your decision for Column 3	(5) What preventive control measure(s) can be applied to significantly minimize or prevent the food safety hazard? Process including CCPs, Allergen, Sanitation, Supplychain, other preventive	(6) Is the preventive control applied at this step?	
		Yes No		control	Yes	No
	В					
	С					
	P					
	В					
	С					
	P					
	В					
	С					
	P					
	В					
	С					
	P					
	В					
	С					
	P					

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(1) Ingredient / Processing Step	(2) Identify potential food safety hazards introduced, controlled, or enhanced at this step	(3) Do any potential food safety hazards require a preventive control?	(4) Justify your decision for Column 3	(5) What preventive control measure(s) can be applied to significantly minimize or prevent the food safety hazard? Process including CCPs, Allergen, Sanitation, Supplychain, other preventive	(6) Is the preventive control applied at this step?	
		Yes No		control	Yes	No
	В					
	С					
	P	+ +				
	В					
	С					
	Р					
	В					
	С					
	Р					
	В					
	С					
	Р					
	В					
	С					
	P					

## Form Name: Process Preventive Controls (Landscape Layout)

FACILITY NAM	E:			ISSUE DATE		PAGE OF			
ADDRESS:				SUPERSEDES:		PRODUCT CO	DDE:		
Process Prev	entive Cont	rols							
		Parameters,		Мо	nitoring				
Process Control/CCP	Hazard(s)	Values, or Critical Limits	What	How	Frequency	y Who	Corrective Action	Verification	Records

# Form Name: Process Preventive Controls (Portrait Layout)

FACILITY NAM	IE:	ISSUE DATE:	PAGE OF						
ADDRESS:		SUPERSEDES:	PRODUCT CODE:						
Process Pre	eventive Controls								
[This is an alternate layout for process preventive controls.]									
Process Control/CCP Step									
Hazard(s)									
Parameters, critical limit									
Monitoring	What								
	How								
Monitoring	Frequency								
	Who								
Corrective A	Action								
Verification									
Records									

## Form Name: Food Allergen Preventive Controls

FACILITY NA	ME:			ISSUE DATE	:	PAGE	OF		
ADDRESS:				SUPERSEDES:		PRODUCT CODE:			
Food Allerge	en Preventive	Controls							
				Mon	itoring				
Allergen Controls	Hazard(s)	Criterion	What	How	С		Corrective Action	Verification	Records

### Form Name: Ingredient Food Allergen Identification

FACILITY NAME:	FACILITY NAME:				ISSU	E DATE	:	PA	AGE	OF	
ADDRESS:						RSEDE	S:	Pi	RODUCT	COD	E:
		Food Allerg			ergens in Ingredient For			Formu	mulation		
Raw Material Name	Supplier	Bego Soy Wheat Tree Nut (market name) Peanut Fish (market name) Shellfish (market name) Shellfish (market name)				Sesame	Allergens in Precautionary Labeling				
											-

#### How to Use the Ingredient Allergen Identification Chart

List all ingredients received in the facility. Identify allergens contained in each ingredient by reviewing ingredient labels or contacting the manufacturer. Any allergens listed in "May contain" or other precautionary labeling on ingredients should be listed in the last column and reviewed to determine if allergen labeling is needed on the finished product.

## Form Name: Finished Product\* Food Allergen Label Declaration Criteria

FACILITY NAME:		ISSUE DATE:		PAGE OF		
ADDRESS:		SUPERSEDES:		PRODUCT CODE:		
Product	Allergen Statement		Lab	abel Number		
*All finished product labels n	nust declare the allergens pre	sent in the formula.	•			

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### Form Name: Production Line Food Allergen Assessment

FACILITY NAME:					ISSUE DATE:			PAGE OF		
ADDRESS:					SUPERSEDES: PRODUCT CODE:				:	
					Intent	ional Alle	rgens		-	
Product Name	Production Line	E99	Milk	Soy	Wheat	<b>Tree Nut</b> (market name)	Peanut	<b>Fish</b> (market name)	Shellfish (market name)	Sesame
Scheduling Implications:										
Allergen Cleaning	llergen Cleaning Implications: (Required)									

#### How to Use the Production Line Food Allergen Assessment Form

Complete for each production line. Identify each allergen contained in each product produced on the line. Identify any allergens unique to a specific product, then indicate scheduling information (i.e., run unique allergens last) and allergen cleaning information.

### **Form Name: Sanitation Preventive Controls**

FACILITY NAME	:	ISSUE DATE:	PAGE	OF
ADDRESS:		SUPERSEDES:	PRODUCT	CODE:
Objective				
Purpose				
Frequency				
Who				
Procedure				
Monitoring				
Corrections or Corrective				
Actions				
Records				

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## Form Name: Corrective Action Form

FACILITY NAME:	ISSUE DATE:	PAGE OF
ADDRESS:	SUPERSEDES:	PRODUCT CODE:
Date of Record:		Code or Lot Number:
Date and Time of Deviation:		
Description of Deviation:		
Root Cause/Actions Taken to Restore Order to t		
Name of Person Taking Action:	Signature of Per	son Taking Action:
Amount of Product Involved in Deviation:		
Evaluation of Product Involved with Deviation:		
Final Disposition of Product:		
Verification Record		
Reviewer Name:	Date of Re	view:
Reviewer Signature or Initials:		

## Form Name: Supply-Chain Preventive Controls Determination of Verification Procedures and Corrective Actions

FACILITY NAME:		ISSUE DATE:		PAGE	PAGE OF			
ADDRESS:		SUPERSEDES:		PRODUCT	PRODUCT CODE:			
Approved Supplier Name and Location	Date of Approval	Requir Sup Cha App	ring a ply- ain- lied	Preventive Control Applied by Supplier	Verification Activities	Verification Procedures	Corrective Actions	Records
	Approved Supplier Name and	Approved Supplier Name and Date of	Approved Sup Supplier Cha Name and Date of App	SUPER  Hazard(s) Requiring a Supply- Supplier Name and Date of Applied	SUPERSEDES:  Hazard(s) Requiring a Supply- Preventive Chain- Name and Date of Applied Applied Applied by	SUPERSEDES: PRODUCT  Hazard(s) Requiring a Supply- Preventive Supplier Name and Date of Applied Applied by Verification	SUPERSEDES: PRODUCT CODE:    Hazard(s)   Requiring a   Supply- Preventive   Chain- Control   Name and Date of Applied Applied by Verification Verification	SUPERSEDES: PRODUCT CODE:    Hazard(s)   Requiring a   Supply- Preventive   Chain- Control   Name and Date of Applied Applied by Verification Verification Corrective

#### Form Name: Ingredient Receiving Procedures

FACILITY NAME:	:	ISSUE DATE:	PAGE OF		
ADDRESS:		SUPERSEDES:	PRODUCT CODE:		
[Document prod Control.]:	cedures used for receiving ingredi	ents requiring a Supply	r-chain Preventive		
Purpose					
Frequency					
Who					
Procedure					
Corrections					
Records					
Verification					
	<u> </u>				

Example: For each shipment received, the receiving clerk uses the receiving database to identify required documentation then:

- Verifies that the product is from an approved supplier and their specific location;
- Verifies that each lot in the shipment is accompanied by a COA, if appropriate;
- Reviews each COA against acceptance criteria above, as appropriate; and
- Documents the above on the Incoming Raw Material Receiving Log.

## Form Name: Food Safety Plan Reanalysis Checklist

FACILITY NAME:			ISSUE DATE	:	PAGE OF		
ADDRESS:			SUPERSEDE	S:	PRODUCT CODE:		
Reason for reanalysis:							
Reanalysis Task	Date Reviewed and Initials		Is Update Needed? (yes/no)	Date Task Completed		Signature or Initials of Person Completing Task	
List of Food Safety Team with individual responsibilities							
Product Flow Diagrams							
Hazard Analysis							
Process Preventive Controls							
Food Allergen Preventive Controls							
Sanitation Preventive Controls							
Supply-Chain Program							
Recall Plan							
Updated Food Safety Plan Implemented	Not applicable		Not applicable				
Updated Food Safety Plan Signed by Owner or Agent-in-Charge	Not applicable		Not applicable				
Verification Record (this is not require	d in the re	egula	tion but is rec	ommended	1)		
Reviewer Name:				Date of Review:			
Reviewer Signature or Initials:							
Date issued: mm/dd/yyyy Supersedes: mm/d			ld/yyyy				

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