**HACCP System Validation Checklist**

**Plant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Validation Conducted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Validation Type:**

 Annual Validation (Reassessment) of the HACCP Plan including the Hazard Analysis.

Validation (Reassessment) due to changes made in any area of the HACCP Plan.

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| **HACCP No.:** Identify document number and sets**Product:** Name the HACCP plan type or product category.**Hazard:** Name the hazard of concern. This should be the same content that is in the hazard analysis.**Process:** Name the processing step or prerequisite program that addresses the hazard.**Critical Control Points (CCP) /COP (Critical Operating Parameters):** Refers to the critical limits or other parameters cited in the scientific or technical support necessary for effective execution of the process step or program.**Validation of Each CCP/COP(Critical Operating Parameters) :**Scientific or Technical Support - State the scientific or technical support document references and page numbers where the critical operating parameters are described.In-plant Validation Data - State the name of the monitoring documents or other records where observations were collected including the time frame.\*For each HACCP category, identify at least one product from the category for which collect in-plant demonstration data and complete a validation worksheet for such product containing the following information. |

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| **Topic** | **Yes** | **No** | **If "Yes" Describe** | **Food Safety Implication** | **Are modifications to the HACCP plan or Hazard Analysis Required?** |
| **1. Evaluate Product & Process** |   |   |   |   |   |
| Product description changed? |   |   |   |   |   |
| Formula changed? |   |   |   |   |   |
| Ingredient/Packaging changed? |   |   |   |   |   |
| Any new product consumptions? |   |   |   |   |   |
| Any new storage change? |   |   |   |   |   |
| Any new supplier? |   |   |   |   |   |
| Process flow diagram changed? |   |   |   |   |   |
| Equipment changed? |   |   |   |   |   |
| Finished product distribution change? |   |   |   |   |   |
| Product volume change? |   |   |   |   |   |
| **2. Evaluate Product Safety History** |   |   |   |   |   |
| Excessive CCP deviations? |   |   |   |   |   |
| Any industry recalls of similar product? |   |   |   |   |   |
| New emerging hazards? |   |   |   |   |   |

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**Plant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **Topic** | **Yes** | **No** | **If "Yes" Describe** | **Food Safety Implication** | **Are modifications to the HACCP plan or Hazard Analysis Required?** |
| **2. Evaluate Product Safety History** |   |   |   |   |   |
| Any food safety consumer complaints? |   |   |   |   |   |
| Do CCP's control hazards? |   |   |   |   |   |
| Are the CCP critical limits adequate? |   |   |   |   |   |
| Do monitoring methods and frequency identify deviations? |   |   |   |   |   |
| Do corrective actions correct and control deviations? |   |   |   |   |   |
| Are record keeping procedures adequate? |   |   |   |   |   |
| Does verification activities include calibration of process monitoring equipment? |   |   |   |   |   |
| Does verification include review of customer complaints? |   |   |   |   |   |
| Does verification include review of records? |   |   |   |   |   |
| Are Pre-Requisite Programs and/or SSOP's identified in the Hazard Analysis as reducing the likelihood of hazards still effective? |   |   |   |   |   |

 **3. Evaluate adequacy of CCP’s critical limits, monitoring, corrective action, CCP verification and record keeping procedures. Review current CCP documentation. Review Pre-Requisite Programs & SSOP’s.**

Validated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Validated By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_