

HACCP Manual

(Company Name)

(Company Location)

COMPANY INFORMATION

Company Name:

Company Address:

Contact Person Name, Title:

Contact Phone Number:

Contact Fax Number:

Contact Email:

Brief Company History:

**Types of Products Produced/
Type of Manufacturing:**

Quality Policy:

Mission Statement:

Vision Statement:

(insert Organizational Chart)

HACCP Team

Name

Position

Coordinator:

**Other Team
Members:**

**HACCP Training of
Coordinator:**

Program Title:	SANITATION PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur annually and if there are any significant changes in equipment, cleaning chemicals or methods, or if there is a program failure.	
Program Description:		
Goal:	Maintain a sanitary environment, necessary for the production of safe and legal products. Ensure sanitation activities do not pose a risk to product.	
Scope:	All areas, including processing, product storage areas, support areas, and grounds.	
Content:		
Training:		

Program Title:	INTEGRATED PEST MANAGEMENT
Person Responsible:	
Where Located:	
Revision Approval Authority:	
Revision Timing:	Reviews occur annually and if there are any significant changes in control methods or if there is a program failure.
Program Description:	
Goal:	Manage pest population to minimize its potential for product adulteration and/or contamination.
Scope:	All areas, including processing, product storage areas, support areas, and grounds.
Content:	
Training:	

Program Title:	CHEMICAL CONTROL PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur annually and if there are any significant changes in chemical usage or if there is a program failure.	
Program Description:		
Goal:	Protect the product and process environment from possible chemical contamination.	
Scope:	All non-ingredient chemicals, such as sanitation, maintenance, production, and laboratory.	
Content:		
Training:		

Program Title:	ALLERGEN CONTROL PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur annually and if there is any removal or addition of allergens to the program, any change in allergen usage, or if there is a program failure.	
Program Description:		
Goal:	Control the possibility of cross-contamination with allergenic materials and ensure proper labeling of allergens.	
Scope:	All raw materials, work-in-progress, and finished product.	
Content:		
Training:		

Program Title:	GOOD MANUFACTURING PRACTICES	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur annually and if there are any significant changes in equipment, personnel, or if there is a program failure.	
Program Description:		
Goal:	Maintain an environment and encourage practices that minimize the potential for product adulteration.	
Scope:	Personnel Practices, Water Quality Program, Plant Maintenance, Building and Grounds, Body Fluids Program, Transportation & Storage.	
Content:		
Personnel Practices:		
Water Quality:		

Program Title:	GOOD MANUFACTURING PRACTICES (Cont.)
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Maintenance:	
Buildings & Grounds:	
Body Fluids:	
Transportation and Storage:	
Training:	

Program Title:	SUPPLIER CONTROL PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur annually and if there is any removal or addition of allergens to the program, any change in point of allergen addition, or if there is a program failure.	
Program Description:		
Goal:	Control of incoming materials through Contract Agreement, Letter of Continuing Guarantee, COA's Specification, etc.	
Scope:	All raw materials, including packaging material, coming to the plant.	
Content:		
Training:		

Program Title:	CUSTOMER COMPLAINT PROGRAM
Person Responsible:	
Where Located:	
Revision Approval Authority:	
Revision Timing:	Reviews occur annually and if there is a program failure.
Program Description:	
Goal:	Identification and resolution of complaints.
Scope:	All complaints from customers and consumers, including quality, service, and food safety issues.
Content:	
Training:	

Program Title:	TRACEABILITY PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur semi-annually (trace exercises); if there are any significant changes in non-bulk to bulk items; if there is a program failure.	
Program Description:		
Goal:	To find any raw material or finished product.	
Scope:	All raw materials, packaging material, processing aides, work-in-progress, rework and finished product.	
Content:		
Training:		

Program Title:	RECALL PROGRAM	
Person Responsible:		
Where Located:		
Revision Approval Authority:		
Revision Timing:	Reviews occur semi-annually (recall drills) and if there are any significant changes in non-bulk to bulk items, or if there is a program failure.	
Program Description:		
Goal:	Removal of suspect product, that is in violation of a regulatory requirement, from the market in a timely and effective manner.	
Scope:	All product potentially accessible to consumers.	
Content:		
Training:		

RAW MATERIAL HAZARD ANALYSIS

List all raw materials used in the plant	Identify known hazards	Risk Assessment		Is this hazard significant ⁽¹⁾ (Yes/No)?	If the hazard is not significant, enter the Prerequisite Program used for Control
		Likelihood	Severity		
	B				
	C				
	P				
	B				
	C				
	P				
	B				
	C				
	P				
	B				
	C				
	P				
	B				
	C				
	P				
	B				
	C				
	P				
	B				
	C				
	P				

Hazards: B = Biological, C = Chemical, P = Physical
 Risk Assessment: H = High, M = Medium, L = Low, N = Negligible

⁽¹⁾Significant hazard: Any hazard having High (H) or Medium (M) in any Risk Assessment (Likelihood or Severity) must be considered a significant hazard. Any raw material with a significant hazard must be brought forward to the Process Hazard Analysis form for further analysis.

Non significant hazards are not transferred to the Process Hazard Analysis form.



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HACCP FINISHED PRODUCT PROFILE

General Product Information:

Description of Product(s):	
Intended Use and Consumer/ Customer:	
Method of Storage and Distribution:	
Shelf-life/ Traceability information:	

Technical Product Information:

Preservative(s):	
Water Activity (a_w):	
pH (or titratable acidity):	
Packaging requirements:	

Food Safety Information:

Potential for consumer/ customer misuse:	
Describe the potential food safety issues associated with this product/ process. Be specific:	
List any support programs or ingredient/ product/process parameters essential to preventing, controlling or eliminating each food safety issue identified above:	

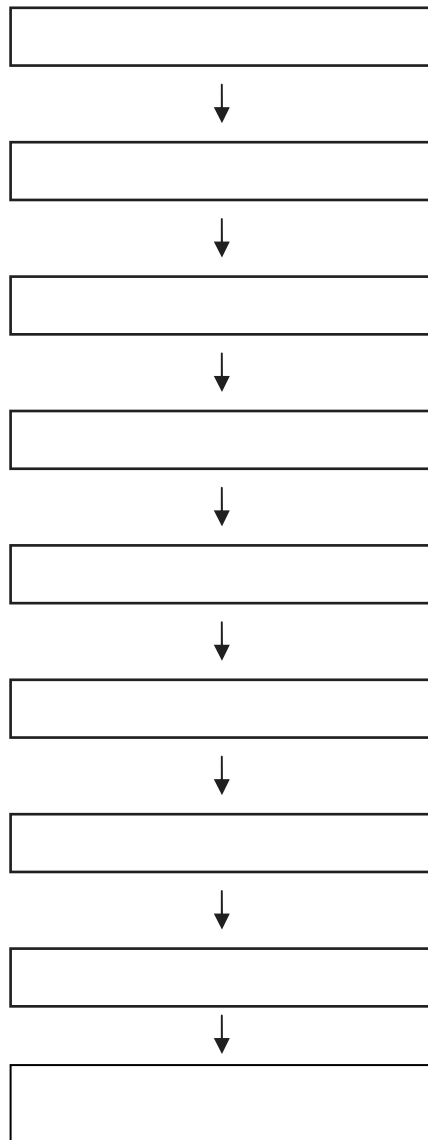
Signature of Company Official: _____

Title: _____ Date: _____



PROCESS FLOW DIAGRAM

Guidance: Accurate flow-charting is critical to ensure that raw material transfers, process steps, and distribution are analyzed for potential hazards. Typically, flow charts include receiving, warehouse/bulk storage, product manufacturing steps, and finished product storage/shipping. Make your flow charts simple, yet cover all principal process steps. Be sure any potential CCPs are included. Do not include process conditions or proprietary information.



PROCESS HAZARD ANALYSIS

(1)	(2)	(3)	(4)	(5)
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	B			
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	B			
	C			
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HACCP MASTER PLAN

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CCP	Significant Hazard	Critical Limit	Monitoring	Corrective Action(s)	Verification	Records
			What: 			
			How: 			
			Frequency: 			
			Who: 			

Signature of Company Official: _____ Title: _____ Date: _____



HACCP MASTER PLAN

(1)	(2)	(3)	(4)	(5)	(6)	(7)
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Signature of Company Official: _____ Title: _____ Date: _____



HACCP MASTER PLAN

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CCP	Significant Hazard	Critical Limit	Monitoring	Corrective Action(s)	Verification	Records
			What: How: Frequency: Who:			

Signature of Company Official: _____ Title: _____ Date: _____



HACCP DEVIATION REPORT

Date: _____ **Critical Control Point:** _____

Location: _____ **Equipment:** _____

Specified Range: _____ **Actual Reading:** _____

Past History:

Corrective Action:

Future Corrective Action Needed:

Product Disposition:

Attach a copy of all records of the critical control point deviation.

Reviewed by: _____ **Date:** _____
Signature of HACCP Coordinator

HACCP CORRECTIVE ACTION REQUEST

Major

Minor

Problem Noted:

Temporary Action Taken:

Long-Term Corrective Action:

Assigned To/Due Date:

Prepared by: _____ Date: _____

Reviewed by: _____ Date: _____

Was the corrective action effective? _____

Remarks:

Corrective Action Open Closed

**NOTICE OF UNUSUAL OCCURRENCE
AND CORRECTIVE ACTION
(NUOCA)**

This NUOCA contains trade secret/business confidential information and is exempt from disclosure pursuant to applicable law.

Date: _____
Supplier: _____
Product: _____ Product Lot Identifier: _____

DESCRIPTION OF UNUSUAL OCCURRENCE:

DESCRIPTION OF CRITICAL LIMITS EXCEEDED (if any):
(Identify by CCP Number)

PREDETERMINED CORRECTIVE ACTION PURSUANT TO HACCP PROGRAM:

- Product Segregation and Hold Product to be Destroyed
 Further Hazard Analysis (Describe below) Reconditioning/Alternative Use (Describe below)

ACTION TAKEN UPON FURTHER HAZARD ANALYSIS PURSUANT TO GENERIC CORRECTIVE ACTION PLAN: (Describe in detail)

RECOMMENDED ACTION FOR REEVALUATION OR MODIFICATION OF HACCP PROGRAM: (Describe in detail)

Signature

REVIEWED BY:

Signature of HACCP Coordinator

Date: _____