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| **HACCP INTERNAL AUDIT REPORT** |

Use this Internal Audit form to complete an Internal audit/ review of food safety and compliance to your HACCP food safety program. Record the details of your review of records and premises.   
Record the result of your findings.  
 Record the details of any noncompliance’s or breaches of your HACCP food safety program.   
Record the Corrective action that is is taken to close out or fix the noncompliance(s) in the Corrective Action Colum  
Alternatively use the internal audit form that is part of the food safety manual for the business or an alternative internal audit report.

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| **Name of Business** |  | | | **Internal Audit Number:** | | |  |
| **Name of person completing the internal audit** |  | | | **Date of Internal Audit:** | | |  |
| Time Review Started |  | **Finished** |  | | **Hours** |  | |
| Scope of Audit (Including products & audited standard) |  | | | | | | |

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| **Audit Summary: ( record findings)** |

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| **Non Conformances raised ( Record noncompliance to the documented HACCP food Safety Program))** |

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| **Signed by Auditor:** |  | **Date:** |  |

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| **Section Assessed** | **Findings/Result** | **Corrective Action** |
| **HACCP** | | |
| HACCP Team |  |  |
| Scope and Purpose |  |  |
| Product Description |  |  |
| Intended Use |  |  |
| Final Product Specifications |  |  |
| Flow diagrams- confirm currency |  |  |
| Hazard Analysis (including microbial, chemical, physical, allergens, quality, regulatory) |  |  |
| HACCP Audit Table |  |  |
| Monitoring records |  |  |
| Corrective action records |  |  |
| Validation activities |  |  |
| Verification records |  |  |
| Additional Comments | | |

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| **Section Assessed** | **Findings/Result** | **Corrective Action** |
| **Document Control** | | |
| Quality Policy |  |  |
| Description of Management System |  |  |
| Organizational Structure |  |  |
| Document Register |  |  |
| Amendment Register |  |  |
| Insurance |  |  |
| Other |  |  |
| **Good Manufacturing Practice** | | |
| Staff facilities   * Toilets * Hand washing * Eating and smoking areas |  |  |
| Personal Hygiene |  |  |
| Clothing   * Personal effects storage * Clothing adequacy * Clothing cleanliness |  |  |
| Signage |  |  |
| Site Security |  |  |

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| **Section Assessed** | **Findings/Result** | | **Corrective Action** |
| **Good Manufacturing Practice** | | | |
| Visitors | |  |  |
| Premises and Environment   * Closed from outside * Door seals intact * Windows intact * Paint and rust * Holes and cracks * Ventilation and condensation | |  |  |
| Construction and Layout   * Pest harbourage * Chemical storage * Floor drainage * Pipes, sewage and lagging | |  |  |
| Glass and Wood   * Lights covered * Extraneous glass and wood | |  |  |
| Stock handling, including rotation and cross contamination   * Stock rotation * Product on ground | |  |  |
| Are there records of the verification audits conducted on GMP? | |  |  |
| Are non-conformances actioned accordingly? | |  |  |
| Other | |  |  |

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| **Section Assessed** | **Findings/Result** | **Corrective Action** |
| **Cleaning Procedures** | | |
| Are all cleaning policies documented and up to date? |  |  |
| Are audits conducted of Cleaning procedures? |  |  |
| Are non-conformances actioned accordingly ? |  |  |
| Is there evidence that Cleaning procedures are adhered to? |  |  |
| Are there SDS on site for cleaning chemicals used? |  |  |
| **Other?** |  |  |
| **Pest Control Program** | | |
| Are all pest control policies documented and up to date? [In-house and external] |  |  |
| Are audits conducted of Pest Control procedures? |  |  |
| Are non-conformances actioned accordingly? |  |  |
| Is there evidence that Pest Control procedures are adhered to? |  |  |
| Have SDS been provided or available for pest control chemicals used? |  |  |
| **Other?** |  |  |

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| **Section Assessed** | **Findings/Result** | | **Corrective Action** |
| **Training** | | | |
| Is there a documented policy on training? [Induction and on-the-job] |  | |  |
| Are there records for induction and specific job training? (Including HACCP / Internal auditor). |  | |  |
| Has a review been conducted of training? |  | |  |
| **Other?** |  | |  |
| **Calibration** | | | |
| Is there a documented calibration policy? | |  |  |
| Has all equipment been appropriately identified in the policy? | |  |  |
| Are all calibration records current ? | |  |  |
| Are non-conformances actioned ? | |  |  |
| **Other?** | |  |  |
| **Preventive Maintenance** | | | |
| Is there a documented policy for both preventative and unplanned maintenance? | |  |  |
| Has all equipment been appropriately identified in the policy? | |  |  |
| Is preventive maintenance being carried out as per the schedule? | |  |  |
| If there are any out of specification equipment have corrective actions been raised? | |  |  |
| Have SDS been provided or available for Chemicals used? | |  |  |
| **Other?** | |  |  |

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| **Section Assessed** | **Findings/Result** | **Corrective Action** |
| **Product Identification & Traceability** | | |
| Are there policies in place for the identification of:   * Final Product * Garbage and the like * On-hold product? |  |  |
| Are all labels up to date and both accurate and legal? |  |  |
| Do records identify appropriate traceability details? |  |  |
| **Other?** |  |  |
| **Corrective Action** | | |
| Is there a documented policy for corrective action? |  |  |
| Are Corrective Action records maintained? |  |  |
| Is appropriate action taken for non-conforming product? |  |  |
| Is the customer complaints register maintained? |  |  |

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| **Other?** |  |  |

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| **Section Assessed** | | **Findings/Result** | **Corrective Action** |
| **Approved Supplier Program** | | | |
| Is there a documented policy for approving suppliers? |  | |  |
| Is there evaluation criteria set for Approval Status? |  | |  |
| Is the Approved Supplier List current? |  | |  |
| Is all products purchased from Approved Suppliers? |  | |  |
| **Other?** |  | |  |
| **Product Recall** | | | |
| Is there a documented Product Recall Program based on guidelines? |  | |  |
| Have there been any recalls, including mock recall?  If yes are the forms filled out appropriately |  | |  |
| Current contact details of the recall team (including after-hours contact), FSANZ food recall action officers list, applicable state notification requirements, applicable branded customer products |  | |  |
| Other? |  | |  |
| **Continuous Improvement** | | | |
| Is there a documented policy for Management Review? |  | |  |
| Are there records of Management Reviews? |  | |  |
| Is there a documented policy for Internal Audit? |  | |  |
| Are there records of Internal Audits? |  | |  |
| Other |  | |  |