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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: ( Participant student)** |  | **Date:** |  |

**Internal Audit Checklist**

Satisfactory (S) Unsatisfactory (U) and complete corrective action/comments column

**Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Section** | **S/U** | **Details: Corrective Action** |
| **Management responsibility**  Is the food safety policy still current?  Is the scope and purpose still current?  Are the members of the HACCP team still current? |  |  |
| **Food Safety Program**  Is the product description still current?  Is the flow chart still correct?  Is the Hazard Analysis still applicable?  Is the HACCP Audit Table current? Are CCP’s validated or justified?  Have records been kept for all CCPs? |  |  |
| **Maintenance**  Is the Maintenance program up to date?  Have all maintenance issues been recorded? |  |  |
| **GMP**-Clean , not source of contamination Staff facilities   * Toilets * Hand washing   Eating and smoking areas |  |  |
| Clothing   * Personal effects storage * Clothing adequacy   Clothing cleanliness |  |  |
| Personal Hygiene. Handwashing Wound care |  |  |
| Premises and Environment   * Closed from outside * Door seals intact * Windows intact * Paint and rust * Holes and cracks * Ventilation and condensation * Site security |  |  |
| Construction and Layout   * Pest harbourage * Chemical storage * Floor drainage- no water |  |  |
| Glass and Wood   * Lights covered * Extraneous glass and wood |  |  |
| Stock handling, including rotation and cross contamination   * Stock rotation (FIFO) * Product on ground |  |  |
| **Supplier Approval Program**  Is the Approval program up to date?  Is the Supplier Approval List up to date? |  |  |
| **Food Handling Program**  Are all procedures as documented being followed?  Have the Daily Records been completed? |  |  |
| **Cleaning and Sanitation**  Are all procedures as documented being followed?  Has the Daily Record been completed? |  |  |
| **Pest Control**  Are procedures still correct?  Are pest company records available and complete? |  |  |
| **Recall**  Are procedures still correct?  Have there been any recent recalls? |  |  |
| **Staff Training**  Have all staff been briefed on personal hygiene and stock handling procedures?  Are Staff Training records up to date? |  |  |
| **Calibration**  Has the master probe been calibrated? Has other measuring equipment been calibrated? |  |  |
| **Corrective & preventive Action**  Is the procedure as written still current?  Have all corrective actions been dealt with correctly?  Have all complaints been investigated and resolved? |  |  |
| **Document and Data Control**  Are there any uncontrolled procedures in the system?  Have all records been filed correctly? |  |  |