

**Hazard Analysis Critical Control Point (HACCP)  
Application Checklist  
Vacuum Packaging – Reduced Oxygen Packaging (ROP)**

<b>Establishment Name:</b>	<b>Tel:</b>
<b>Address:</b>	<b>Email:</b>
<b>Owner/Person-in-Charge:</b>	<b>Fax:</b>
<b>Who is in Charge of the HACCP Process?</b>	<b>Tel:</b>

**Complete every section of this checklist.** All supporting information must be in the order listed with pages numbered and the page location for each required item included in the space provided. If an item is not applicable, enter NA for the page number.

**Incomplete applications will be returned.**

- Page\_\_\_ Variance request, if required (ex: cooked meat)
- Page\_\_\_ Name of each food product(s)
- Page\_\_\_ A list of all ingredients for each product.
- Page\_\_\_ A copy of the label including name, date packaged and instructions to maintain at or below 41° F.
- Page\_\_\_ An accurate, step-by-step description (food flow) of how the product is prepared, sealed, cold held, etc. for each product. See example
- Standard Operating Procedures (SOP) including:
  - o Page\_\_\_ Packaging, monitoring temperature and thermometer calibration.
  - o Page\_\_\_ Preparation process. How cross contamination between raw and ready-to-eat foods will be prevented. Identify where the processing will occur. The processing should be separate from other operations.
  - o Page\_\_\_ Employee Hygiene and Health Policy. Handwashing protocols and procedures prohibiting bare hand contact with ready-to-eat foods. Reporting requirements and exclusion or restriction for ill food employees.
  - o Page\_\_\_ Provide a food safety training program that shows employees and supervisors know how to perform the steps in this plan, how to use necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.
  - o Page\_\_\_ Describe how equipment is cleaned and sanitized. Also include how often in the process equipment is cleaned (before beginning, between types of foods, etc.)
  - o Page\_\_\_ List of equipment and materials used in the process. Equipment must meet ANSI standards. These standards are in 4-1 and 4-2 of the FDA Model Food Code.
- Page\_\_\_ **HACCP worksheet** - identification of the most important food safety control(s) for each process. Each of these important food safety controls are called Critical Control Points (CCP). The Critical Control Point for vacuum packaged meat products is usually the cold storage after packaged and labeled. More complicated processes will have more CCPs. See example.

**For Each Critical Control Point:**

- 1) Identify acceptable levels. These levels are called Critical Limits. **Critical Limits must be things you can measure.** Examples are refrigerated temperature (41° F or less), use by date (14 days or less), etc.
- 2) Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure. Provide specifications of testing equipment and instructions on use.
- 3) Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?
- 4) What are the actions taken by the *person in charge* if the critical limits for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the refrigerated product is above 41° F? Or above 45° F?
- 5) Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

**I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Washington State Retail Food Code.**

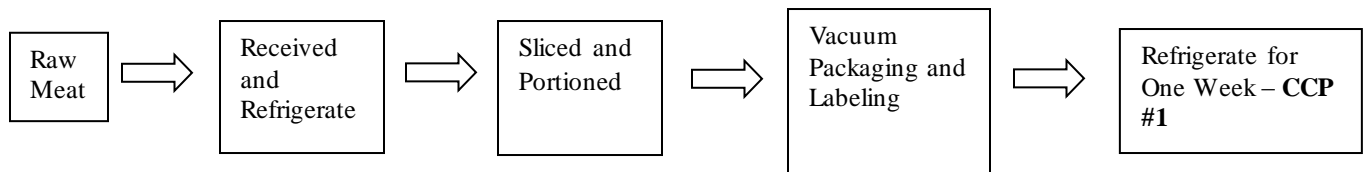
**An approved, signed copy of the plan will be kept on the premises for review by the regulatory authority.**

**The regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.**

**I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of the Title 5, King County Board of Health Food Code and may result in enforcement action**

\_\_\_\_\_  
Permit Holder or Person-in-Charge                      Signature/Title                      Date: \_\_\_\_\_

**FOOD FLOW EXAMPLE: RAW MEAT**



**DISTRICT HEALTH CENTERS**

**EASTGATE**

14350 S.E. Eastgate Way  
Bellevue, WA 98007

(206) 477-8050

**DOWNTOWN**

401 Fifth Avenue, Suite 1100  
Seattle, WA 98104

(206) 263-9566