

OPERATIONAL CHECKLIST

√ acceptable
X unacceptable

Week Begin: _____

	Mon	Tue	Wed	Thur	Fri	Sat
Person performing check						
Time of Operational Check						
1. General house keeping						
2. Employee personal hygiene practices						
3. No rodent droppings						
4. Zero tolerance of condensation						
5. Handwash sink area, employee wash hands when necessary						
6. No trash overflow						
7. No rodent droppings observed						
8. Proper product handling observed						
9. Freezer temp (= \leq 20F)						
10. Pack cooler temp/product temp (= \leq 44F)						
11. Braccioli room temp/product temp(= \leq 44F)						
12. Kitchen temp/product temp (= \leq 44F)						
13. Hanging cooler temp/product temp (= \leq 44F)						
14. Allergen control in place, handle non-allergen ingredients first, otherwise, all contact surfaces must be cleaned						
15. End products are labeled properly						
16. Reuse box program is followed						
17. Keeper solution (when it is used for treatment of ground items) 500-1200ppm						
18. Running water temp (<70F) / product temp (<45F)						
19. Others						

PRE-OPERATIONAL CHECKLIST

NIU – not in use
 ✓ acceptable; X unacceptable

Week Begin: _____

	Mon	Tue	Wed	Thur	Fri	Sat
Person performing check						
Time of Operational Check						
1. No condensation						
2. Hand wash sink – paper, soap, hot water						
3. No rodent droppings						
4. All food contact surfaces are intact, no missing or chipping on contact surfaces						
5. Equipment contact surfaces in sausage kitchen are clean, grinder, mixer, belt, totes, containers, stuffers, linkers, tables, cutting boards, scales, knives						
6. Equipment contact surfaces in packing room are clean – over wrap machine, packing machine, digi over wrap, tables, cutting boards, totes, containers, scales, knives						
7. Equipment contact surfaces in RAW NOT GROUND area are clean – tables, slicers, scales						
8. Dry storage area						
Receiving and shipping area						
Freezer temp (= $<20F$)						
11. Pack cooler temp/product temp (= $<40F$ when store poultry overnight, if no poultry, = $<44F$)						
12. Braccioli room temp(= $<44F$)						
13. Kitchen temp (= $<44F$)						
14. Hanging cooler temp (= $<44F$)						
15. Others						

PRE-OPERATIONAL INSPECTION FORM 01-B

✓ acceptable
X unacceptable

N.L.U Not In Use

Week Begin: _____

(Please record room temps and place mark on form when complete)

Person Performing Check:

Date of check

Mon

Tue

Wed

Thur

Fri

Sat

1. Lamb cutting area - Cutting boards

2. Lamb cutting area - Band saw, saw

3. Lamb cutting area - Knives

4. Lamb cutting area - Totes

5. Lamb cutting area - Scales

6. Lamb cutting area - Tables

7. Lamb cutting area - Tree hooks

8. Lamb cutting area - Packing materials

9. Lamb cutting area - Rails

10. Hanging cooler temp/product temp (= <44F)

RAW MEAT TEMPERATURE LOG (Take one product internal temp per production day per specie)

Handheld #1 reading with Tel-Tru at 40F: _____ Calibration needed (Y/N): _____ Initials: _____ Date: _____ Time: _____
 Handheld #2 reading with Tel-Tru at 40F: _____ Calibration needed (Y/N): _____ Initials: _____ Date: _____ Time: _____

Date	Code	Product name	Reworked original date	Rework amount	Internal temp (meat≤44F; poultry≤40F)	Initials	Time	Pre-shipper signature	Date
	NG	Pork							
		Beef							
		Veal							
		Lamb							
		Poultry							
	G	Pork							
		Beef							
		Lamb							
		Poultry							
	NG	Pork							
		Beef							
		Veal							
		Lamb							
		Poultry							
	G	Pork							
		Beef							
		Lamb							
		Poultry							
	NG	Pork							
		Beef							
		Veal							
		Lamb							
		Poultry							
	G	Pork							
		Beef							
		Lamb							
		Poultry							
	NG	Pork							
		Beef							
		Veal							
		Lamb							
		Poultry							
	G	Pork							
		Beef							
		Lamb							
		Poultry							
	NG	Pork							
		Beef							
		Veal							
		Lamb							
		Poultry							
	G	Pork							
		Beef							
		Lamb							
		Poultry							

Weekly Verification for RAW NOT GROUND HACCP:

Verified initials	Verified date	Verified time	Verified method	Results

Weekly Verification for RAW GROUND HACCP:

Verified initials	Verified date	Verified time	Verified method	Results

VERIFICATION METHOD: O: Direct observation; R: Review records; Verified Results (√: ok, x: not ok)
 Code: G: Raw ground HACCP NG: Raw not ground HACCP

Meat Temperature Log (°F)

Date: _____ Responsible: _____

Time	Combo	Mixer	Sausage	Tray Pack

Time	Pork	Beef	Veal	Lamb	Poultry

Corrective Action / Notes:

Beef Grinding Log

Employee Name

Product Description

Lot Number

Quantity

Supplier Name

Date

PPM Applied

Time

Verified By:

Date:

