

STATE ON-SITE REVIEW CHECKLIST

Date: (mm/dd/yyyy)

Name of Reviewer: (First, Last)

REVIEW TYPE

☐ Custom ☐ Establishment ☐ HQ/State/Office
(Skip to Review Results Summary)

NAME AND LOCATION

Location Name:

Address:

City:

State:

Zip:

District/Circuit/State:

Instructions: For each establishment, document the results of each food safety principle and associated regulatory requirements, verified by records review, direct observation, or both. Use 'A' to indicate acceptable, use 'X' to indicate a finding, use 'O' to indicate the section was applicable, but not reviewed, and use 'N/A' to indicate the section not applicable. For each 'X', provide a corresponding description in the 'Documentation of Findings' section.

Establishment
Number:Establishment
Size:☐ Large☐ Small☐ Very Small

Facility Size:

Ft²

Number of Employees:

Facility Layout:

SANITATION PERFORMANCE STANDARDS (416.2 - 416.6)

1. Grounds and Pest Control
2. Construction
3. Light
4. Ventilation
5. Plumbing
6. Sewage Disposal
7. Water Supply, Ice and Solution Reuse
8. Dressing Room, Lavatories and Toilets
9. Equipment and Utensils
10. Sanitary Operations
11. Employee Hygiene
12. Tagging Insanitary Equipment, Utensils

SLAUGHTER AND PROCESSING OPERATIONS

26. Humane Handling (313)
27. Ante Mortem (309 and 381)
28. Post Mortem (310 and 381)
29. Sanitary Dressing (417)
30. Antibiotic Residue Control (417)
31. SRM Handling and Disposition (310.22)
32. Process Control Testing (310.25 and 381.65)
33. Condemned Product Control (314 and 381.95)

INSPECTION REQUIREMENTS

34. Custom Exempt Requirements (303.1)
35. Retail Exempt Requirements (303.1)
36. Recall (418)
37. Labeling (317 General)
38. Allergens (417)
39. Net Weight
40. Product Standards
41. Other/Other Labeling (Describe in narrative below)

SANITATION STANDARD OPERATING PROCEDURES (SOP)
(416.11 - 416.17)

13. General Rules
14. Development of Sanitation SOP's
15. Implementation of SOP's
16. Maintenance of Sanitation SOP's
17. Corrective Actions
18. Record keeping Requirements
19. Agency Verification

HAZARD ANALYSIS AND HACCP SYSTEMS (417)

20. Hazard Analysis and HACCP Plan
21. Corrective actions
22. Validation, Verification, Reassessment
23. Records
24. Training
25. Agency Verification

LISTERIA MONOCYTOGENES IN READY TO EAT (RTE)
PRODUCT (430)

42. Alternative 1 - PLT and AMAP
43. Alternative 2 - PLT or AMAP
44. Alternative 3 - Sanitation Only
45. Written Program
46. Implementation
47. Sample
48. Corrective Actions

Instruction: For each active HACCP category, select the 'check box' to indicate the average daily production volume and if the production is infrequent.

DAILY PRODUCTION VOLUME	Infrequent							
Slaughter - Meat	<input type="checkbox"/>	head per day	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> >50	
Slaughter - Poultry	<input type="checkbox"/>	head per day	<input type="checkbox"/> 0-10	<input type="checkbox"/> 11-25	<input type="checkbox"/> 26-50	<input type="checkbox"/> 51-100	<input type="checkbox"/> >100	
Raw Intact	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Raw Non-Intact	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Not Heat Treated, Shelf Stable	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Heat Treated, Shelf Stable	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Fully Cooked, Not Shelf Stable	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Heat Treated, Not Fully Cooked, Not Shelf Stable	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Secondary Inhibitors	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	
Thermally Processed/Commercially Sterile	<input type="checkbox"/>	lb. per day	<input type="checkbox"/> 0-100	<input type="checkbox"/> 101-300	<input type="checkbox"/> 301-500	<input type="checkbox"/> 501-1000	<input type="checkbox"/> >1000	

PRODUCTS PRODUCED

Describe the products produced. Briefly describe the infrequent or seasonal production process, if applicable.

Recall:	(Date, Action, and Reason)	NR Range: (mm/dd/yyyy)	Open	Closed
		Sanitation SOP		
		HACCP		
FSA or In- Depth Review:	(Date, Action, and Reason)	SPS		
		Other Requirements		
Enforcement:	(Date, Action, and Reason)	NR Trends:		
		Timely Closure:		

ISSUES/CONCERNS

Describe the longstanding issues or concerns identified. If there were no issues or concerns identified, list that fact.

PROGRAM TESTING AT ESTABLISHMENT			Date Range: (mm/dd/yyyy)
	Total	Positive	Notes: (if applicable)
Salmonella			
Campylobacter			
non-O157 STEC			
E. coli O157:H7			
L. monocytogenes			
Residue			

REVIEW OF HACCP PLAN/PREREQUISITE PROGRAMS/SUPPORTING DOCUMENTS/GMPs/CERTIFICATES

IN-DEPTH ISSUANCE REVIEW

Cite the issuance(s) reviewed. If not directly followed, list documents the State uses to maintain 'at least equal to' status. Briefly summarize the inspection personnel's understanding of the issuance(s) and ability to follow the procedures outlined.

Establishment Number:	Location Name:	Date: (mm/dd/yyyy)
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DOCUMENTATION OF FINDINGS (Include Other Results)

Name of Reviewer: (First, Last)	Signature of Reviewer:	Date: (mm/dd/yyyy)
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