

Hazard analysis critical control point (HACCP) is a preventive approach to food safety. It identifies food safety hazards in the food production process and designs measurements to reduce those hazards to a safe level. HACCP includes having a written plan that addresses identified critical control points (CCPs) where illness or injury is reasonably likely to occur in the absence of the hazard's control.

Submit the completed HACCP plan and provide all documents relating to your establishment's HACCP plan to the North Dakota Department of Health and Human Services, Food and Lodging Unit by email (foodandlodging@nd.gov), fax (701-328-0340), or mail (1720 Burlington Dr, Ste A, Bismarck, ND 58504-7736). If you have further questions, please contact us at: 701-328-1291.

Establishment Information

Establishment Name	License Number	Date	
Establishment Address	City	State	Zip Code
Owner/Corporate Name			
Mailing Address (if different)	City	State	Zip Code
Primary Contact for HACCP Plan			
Primary Contact Email Address	Primary Contact Telepho	one Number	

HACCP Team

Name	Job Title or Description

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^{*}Please consult with the Regulatory Authority to determine if a variance is required.

Product details

Provide product name, ingredients list, recipe/directions, and process description. Additional scientific documentation, as required by the Regulatory Authority, addressing the food safety concerns involved for this HACCP activity shall be provided.

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Ingredients List	
ingredients dist	
Desires	
Recipe	
Directions	
Process Description	

Intended use and consumer Please check one or more of the following to indicate how the product will be used. Ready-to-eat; served in the food establishment to consumers. Ready-to-eat; distributed to satellite location; served at satellite location to consumers. Ready-to-eat; packaged and sold in the food establishment for home use. Ready-to-eat; packaged and sold wholesale to another food establishment for retail sale. Raw; served in the food establishment to consumers. Raw; distributed to satellite location; served at satellite location to consumers. Raw; packaged and sold in the food establishment for home use. Raw; packaged and sold wholesale to another food establishment for retail sale. Other: Shelf life For each storage method included in this HACCP plan, indicate the maximum time products will be stored.

Layout of production area

Provide a hand drawing, blueprint, or other diagram of the production area. Include all areas involved with this HACCP activity. Important details may include: sink types and locations, equipment locations, receiving, storage, preparation, and processing areas.

Draw a blueprint of establishment here.

Equipment and materials

model numbers. Attach s	pecification sheets, if	f available.	lude manufacturer i	names and

Food flow diagram

Provide a written flow diagram for foods covered in this HACCP plan. Identify process stethrough service. Identify the critical control points (CCPs) on the flow diagram.	eps from receiving

Hazard analysis

Use the chart below to conduct and document the hazard analysis. The HACCP plan shall include CCPs for each identified hazard.

Step from food flow diagram.	Identify potential biological (B), chemical (C), and physical (P) hazards introduced, controlled, or enhanced at this step.	Does this step involve a hazard of sufficient risk and severity to warrant its control? (Yes/No)	Justification for decision.	What preventive measure(s) can be applied for the significant hazards?	Is this step a CCP? (Yes/No)

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HACCP Plan CCP Chart

Complete the chart below. Identify each CCP and describe: the critical limit, method and frequency for monitoring and controlling the CCP, method and frequency for person in charge (PIC) to verify that food employees are following standard operating procedures (SOPs) and monitoring CCPs, corrective action when critical limits are not met, and how records are maintained.

Critical Control point (CCP)	Significant hazard(s)	Critical limits for each hazard	What	Monitori How	ng Frequency	Who	Corrective action(s)	Records	Verification

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Standard Operating Procedures (SOPs)
Include SOPs that describe how to conduct procedures specific to this HACCP activity. SOPs necessary for this HACCP activity may include: maintenance of specialized equipment (pH meter calibration, cleaning and sanitizing of equipment), and employee training (monitoring, corrective action, record-keeping procedures, and proper formulation of food additives).

Prerequisite programs

Describe facility-wide considerations implemented in all phases of the food operation that allow active managerial control over personal hygiene and cross-contamination. Include standard sanitation operating procedures (SSOPs) that address the following: how employees comply with ND Food Code by preventing contamination from hands, minimizing cross contamination, cleaning and sanitizing procedures, and restriction or exclusion of ill employees. Include a description of the training programs that ensure food safety in the operation.

operation.			

Record-keeping

Attach all blank record-keeping forms employees will use for the processes covered in this HACCP plan. Procedures to monitor all SOPs (daily thermometer accuracy log, pH meter calibration log) shall be included. Procedures to monitor all CCPs (temperature logs for cooking, cooling, and storage; product pH testing log; corrective action logs; etc.) shall be included. The PIC shall verify all record- keeping documents by reviewing, dating, and initialing the logs.

Employee Training Log

Name of Employee		Date of Hire								
Documentation of Employee Training										
Торіс	Trainee Date & Initials	Trainer Initials								
I verify that I am competent to perform all duties listed above										
Employee Signature	Date									
	'									
I have reviewed this training document and verify that this e		uties listed above.								
Employee Signature	Date									

pH Testing Log

Date &		Product Info	ormation		р	H Testing		Corrective Actions	Verified
Initials	Recipe	Batch Number	Jar Size	# of Jars Made	pH Meter Calibrated (Yes or No)	pH of Product	CCP #1 Met?	Corrective Actions	by PIC (Initials)

Thermal Processing, pH Testing, and Labeling Log

Date &			Ther	Thermal Processing			H Testing			Verified		
Initials	Recipe	Batch Number	Jar Size	# of Jars Made	Is Water Boiling? (Yes or No)	Boiling Time	CCP #1 Met?	pH Meter Calibrated (Yes or No)	pH of Product	CCP #2 Met?	Corrective Actions	by PIC (Initials)

Product Storage Temperature and Labeling Log

Temperatures and labeling will be recorded daily during hours of operation

Date & Initials Time Walk-In Refrigerator Temperature Display Unit Temperature Freezer Temperature Package Labeling Corrective Action Verified by PIC (Initials) Image: Action of the properature of		emperatures and 	l labelling will be	leggiaca daliy a	aring nours	
	Time	Refrigerator	Display Unit Temperature		Package Labeling	by PIC
<u></u>						

Thermometer Calibration Log

Date & Initials	Thermometer ID	Method Used (Ice Slurry or Boiling Water)	Thermometer Reading	Accurate (Yes or No)	Corrective Action	Verified by PIC (Initials)

Food Scale Accuracy Log

Date & Initials	Scale ID	Standardized Weight Used	Scale Reading	Accurate (Yes or No)	Corrective Action	Verified by PIC (Initials)

Batch Record Log

Date &			Cure		Smok	(e	Labeling	Corrective Actions	Verified by
Initials	Recipe	Type & Lot Number	Weight added to batch	CCP #1 Met?	Final Temp	CCP #2 Met?	CCP 3 Met?		Verified by PIC (Initials)

Employee Illness Log

Instructions: This log should be used to track employee absences due to illness.

- Employees are required to notify the Person in Charge (PIC) of any of the following:
 - o Symptoms of vomiting, diarrhea, jaundice, sore throat with fever, and/or infected wounds
 - o Diagnosis from a health practitioner of norovirus, hepatitis A, *Shigella, Salmonella* Typhi, nontyphoidal *Salmonella*, or Shiga toxin-producing *E. coli*. The PIC is required to record all reports of symptoms and diagnoses and to notify the Regulatory Authority of any of the diagnoses.

Report date	Employee name	Vomiting*	Diarrhea*	Jaundice	Fever	Respiratory (cough, sore throat, runny nose)	Comments or additional symptoms	Date returned to work	Diagnosed with a pathogen? (see list above)	If diagnosed, 1-800-472- 2927 or local health agency contacted?

^{*}Employees with diarrhea or vomiting CANNOT RETURN TO WORK for at LEAST 24 HOURS after symptoms resolve.