BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS

40 SOUTH STREET
Tel. (508) 543-1207

Hazard Analysis Critical Control Point (HACCP) Plan Review Application

($200 Plan Review Fee)

Establishment Name:	**Tel:**
Address:	**Fax:**
Owner/Person-in-Charge:	**E-Mail:**
HACCP Plan Contact: **Tel:**	

Please note that a <u>pre-requisite</u> for plan approval is 1) compliance with 105 CMR 590.000 and 2) the implementation of effective standard operating procedures (SOPs) for:

- Food Protection Management
- Approved Food Sources
- Employee Health and Hygiene
- Protection From Contamination
- Time/Temperature Controls
- Protection From Chemicals
- Cleaning and Sanitizing
- Facilities/Equipment Design and Maintenance

Please review and use this checklist to verify that you have included the following in your plan.

☐ Purpose of Submission (Ex. Variance or Code Requirement. Include Code Reference)

☐ Name of food product and process for which the plan is being submitted.

- Include formulation of ingredients, if required.
- Include facility layout, if required.
- Include copy of labeling, if required.

☐ A flow chart of your product that provides an accurate description of how the food is prepared, held, served, transported etc.

☐ Identification of each Critical Control Point (CCP) in the process.

For <u>Each</u> CCP.....

☐ A description of the hazard(s)

☐ A description of monitoring procedure(s) and a sample of form(s) that will be used to document the monitoring activities.

☐ A description of corrective Action(s) and sample of form(s) that will be used to document the corrective action(s).

- ☐ A description of verification procedure(s) and sample of form(s) that will be used to document verification activities by PIC.

- ☐ A description of plan verification and validation procedures (Ex. Annual review, scientific data, modifications to plan.) Please include:

  - A statement that an updated, signed copy of the plan will be maintained on the premises for review by the regulatory authority.

  - Name of person responsible for administering and updating plan.

  - A statement that the regulatory authority will be informed of any significant changes in the process that may affect the accuracy or effectiveness of the plan prior to implementation, and

  - A statement that updated plans will be submitted to the regulatory, upon request.

  - Laboratory data, if required.

- ☐ Employee training plan and sample form(s) that will be used to document employee training.

All of the information submitted is accurate to the best of my knowledge. All violations noted during previous food safety inspections have been corrected and the operation is in compliance with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments – Chapter X.

I understand that failure to comply with this plan and/or falsification of monitoring records may result in a suspension of operations in accordance with 105 CMR 590.010 (FC 8-103.12).

_____ **Date:**_____

Permit Holder or Person-in-Charge Signature/Title

For Board of Health Use:

Date	Reviewer	Comments	Accepted

Implementation Date:_____