

HAZARD ANALYSIS CRITICAL CONTROL POINT (CCP) MONITORING REPORT

For use of this form, see TB MED 530; the proponent agency is OTSG.

1. ESTABLISHMENT NAME

2. ESTABLISHMENT ADDRESS

3. FOOD

4. HAZARD

PROCESS (STEPS) CIRCLE CCPs	CRITERIA FOR CONTROL	MONITORING PROCEDURE OR WHAT TO LOOK FOR	ACTIONS TO BE TAKEN WHEN CRITERIA ARE NOT MET
5. RECEIVING/ STORING	a. <ul style="list-style-type: none"> <input type="checkbox"/> Approved source (inspected) <input type="checkbox"/> Shellfish tag <input type="checkbox"/> Raw/Cooked/Separated in storage <input type="checkbox"/> Refrigerate at $\leq 40^{\circ}\text{F}$ <input type="checkbox"/> Free of deterioration or spoilage 	b. <ul style="list-style-type: none"> <input type="checkbox"/> Shellfish tags available <input type="checkbox"/> Shellfish tags complete <input type="checkbox"/> Measure food temperature <input type="checkbox"/> No raw foods stored above cooked or ready-to-eat foods <input type="checkbox"/> Organoleptic testing 	c. <ul style="list-style-type: none"> <input type="checkbox"/> Discard food <input type="checkbox"/> Return food to vendor <input type="checkbox"/> Separate raw and cooked food <input type="checkbox"/> Discard cooked food contaminated by raw food Food Temperature: <ul style="list-style-type: none"> <input type="checkbox"/> More than 40°F for more than 4 hours, discard food
6. THAWING	a. <ul style="list-style-type: none"> <input type="checkbox"/> Under refrigeration <input type="checkbox"/> Under running water $<70^{\circ}\text{F}$; product $\leq 40^{\circ}\text{F}$ or $>40^{\circ}\text{F}$ for less than 4 hours <input type="checkbox"/> Microwave <input type="checkbox"/> Part of cook process 	b. <ul style="list-style-type: none"> <input type="checkbox"/> Observe method <input type="checkbox"/> Measure food temperature 	c. <ul style="list-style-type: none"> <input type="checkbox"/> Running water $>70^{\circ}\text{F}$, use alternative thawing method <input type="checkbox"/> Food temperature $>40^{\circ}\text{F}$ for more than 4 hours, discard food
7. PROCESSING PRIOR TO COOKING	a. <ul style="list-style-type: none"> <input type="checkbox"/> Food $\leq 40^{\circ}\text{F}$ or no more than 4 hours or less at $>40^{\circ}\text{F}$ 	b. <ul style="list-style-type: none"> <input type="checkbox"/> Observe quantity of food at room temperature <input type="checkbox"/> Observe time food held at room temperature 	c. <ul style="list-style-type: none"> <input type="checkbox"/> Food temperature $>40^{\circ}\text{F}$ for more than 4 hours, discard food (time includes thawing time if food temperature was $>40^{\circ}\text{F}$)
8. COOKING	a. <ul style="list-style-type: none"> <input type="checkbox"/> Temperature to kill pathogens: Food temperature at thickest part more than or equal to _____ $^{\circ}\text{F}$ 	b. <ul style="list-style-type: none"> <input type="checkbox"/> Measure food temperature at thickest part 	c. <ul style="list-style-type: none"> <input type="checkbox"/> Continue cooking until food temperature at thickest part is more than or equal to _____ $^{\circ}\text{F}$
9. HOT HOLDING	a. <ul style="list-style-type: none"> <input type="checkbox"/> Food temperature at thickest part more than or equal to _____ $^{\circ}\text{F}$ 	b. <ul style="list-style-type: none"> <input type="checkbox"/> Measure food temperature at thickest part every _____ hour(s) 	c. <ul style="list-style-type: none"> Food temperatures: <ul style="list-style-type: none"> <input type="checkbox"/> $<140^{\circ}\text{F}$ for more than 4 hours, discard food <input type="checkbox"/> $<140^{\circ}\text{F}$ for less than 4 hours, rapidly reheat to 165°F and hold at 140°F
10. COOLING	a. <ul style="list-style-type: none"> 140$^{\circ}\text{F}$ to 70$^{\circ}\text{F}$ in 2 hours, 70$^{\circ}\text{F}$ to 40$^{\circ}\text{F}$ in 4 additional hours by the following techniques (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Product depth \leq _____ inches <input type="checkbox"/> Ice water bath and stirring <input type="checkbox"/> Solid pieces should be ≤ 6 lbs <input type="checkbox"/> Not covered until cold <input type="checkbox"/> Other 	b. <ul style="list-style-type: none"> Measure food temperature during cooling every _____ minute(s) <ul style="list-style-type: none"> <input type="checkbox"/> Food depth <input type="checkbox"/> Food iced <input type="checkbox"/> Food stirred <input type="checkbox"/> Food size <input type="checkbox"/> Food placed in rapid chill refrigeration unit <input type="checkbox"/> Food uncovered 	c. <ul style="list-style-type: none"> Food temperatures: <ul style="list-style-type: none"> <input type="checkbox"/> 140$^{\circ}\text{F}$ to 70$^{\circ}\text{F}$ for more than 2 hours, but less than 4 hours; rapidly (<2 hours) reheat to 165°F, serve hot <input type="checkbox"/> 140$^{\circ}\text{F}$ to 70$^{\circ}\text{F}$ for more than 4 hours, discard food <input type="checkbox"/> 70$^{\circ}\text{F}$ to 40$^{\circ}\text{F}$ for more than 4 hours, discard food

PROCESS (STEPS) CIRCLE CCPs	CRITERIA FOR CONTROL	MONITORING PROCEDURE OR WHAT TO LOOK FOR	ACTIONS TO BE TAKEN WHEN CRITERIA ARE NOT MET
11. PROCESSING SLICING DEBONING MIXING DICING ASSEMBLING SERVING	a. Prevent contamination by: <input type="checkbox"/> Cold PHF at temperature $\leq 40^{\circ}\text{F}$ <input type="checkbox"/> Hot PHF at temperature $\geq 140^{\circ}\text{F}$ <input type="checkbox"/> Equipment and utensils clean and sanitized	b. Observe method: <input type="checkbox"/> Wash and sanitize equipment and utensils <input type="checkbox"/> Use prechilled ingredients for cold foods <input type="checkbox"/> Minimize quantity of food at room temperature <input type="checkbox"/> Measure food temperature	c. <input type="checkbox"/> Hot PHF less than 140°F for less than 4 hours, rapidly reheat to 165°F and hold at 140°F If yes to the following, discard food: <input type="checkbox"/> Cold PHF $>40^{\circ}\text{F}$ for more than 4 hours <input type="checkbox"/> Hot PHF $<140^{\circ}\text{F}$ for more than 4 hours <input type="checkbox"/> Raw or ready-to-eat food contaminated by other food, equipment, or utensils
12. REHEATING	a. Temperature to kill pathogens: <input type="checkbox"/> Food temperature at thickest part $\geq 165^{\circ}\text{F}$ <input type="checkbox"/> Other _____ $^{\circ}\text{F}$	b. <input type="checkbox"/> Measure food temperature at thickest part	c. <input type="checkbox"/> Continue cooking until food temperature at thickest part is $\geq 165^{\circ}\text{F}$
13. HOLDING FOOD, HOT/COLD TRANSPORTING FOOD	a. Food temperatures: <input type="checkbox"/> $\geq 140^{\circ}\text{F}$ at thickest part <input type="checkbox"/> $\leq 40^{\circ}\text{F}$ at thickest part	b. <input type="checkbox"/> Measure food temperature every 2 hours during holding/transporting	c. <input type="checkbox"/> $>40^{\circ}\text{F}$ or $<140^{\circ}\text{F}$ for more than 4 hours, discard <input type="checkbox"/> $<140^{\circ}\text{F}$ for less than 4 hours, rapidly reheat to 165°F and hold at 140°F <input type="checkbox"/> $>40^{\circ}\text{F}$ for less than 4 hours, refrigerate to $<40^{\circ}\text{F}$; serve immediately
14. FOOD HANDLER HEALTH/HYGIENE	a. Prevent contamination by: <input type="checkbox"/> Ill employee not working <input type="checkbox"/> Proper handwashing <input type="checkbox"/> No bare hand contact with ready-to-eat foods	b. Observe method: <input type="checkbox"/> Employee's health <input type="checkbox"/> Use of gloves, utensils, deli tissues <input type="checkbox"/> Handwashing technique	c. If yes to the following, discard food: <input type="checkbox"/> Ill employee working with food <input type="checkbox"/> Direct hand contact with ready-to-eat PHFs
15. VERIFICATION OF CCP MONITORING AS DESCRIBED IN PLAN: <input type="checkbox"/> YES <input type="checkbox"/> NO			
REMARKS			
16. VERIFICATION OF CORRECTIVE ACTION RECORDS SHOWS COMPLIANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
REMARKS			

17. EQUIPMENT READINGS (Grill surfaces, oven settings, thermometers, pH meters)			
EQUIPMENT	DATE CALIBRATED (YYYYMMDD)	ACTUAL READING VS. CALIBRATED READING	
18a. FOOD		18b. CONTAINER SIZE	
18c. LOCATION/STATION			
18d. TIME - TEMPERATURE SURVEY DATA			
TIME	TEMPERATURE	TIME	TEMPERATURE
19a. INSPECTOR'S SIGNATURE		19b. DATE (YYYYMMDD)	19c. TIME
19d. INSPECTOR'S UNIT NAME		19e. TELEPHONE NUMBER	
20a. ESTABLISHMENT REPRESENTATIVE'S NAME		20b. TITLE	
20c. ESTABLISHMENT REPRESENTATIVE'S SIGNATURE		20d. DATE (YYYYMMDD)	