**Company Information Sheet check list**

**Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company name |  | | Primary Contact Person |  | | |
| Phone  Cell phone |  | | Secondary Contact  Person |  | | |
| FAX |  | | Email address |  | | |
| Physical address |  | | Legal description  (GPS Lat/Long) |  | | |
| Total acreage |  | | Crops or products |  | | |
| Number of packing location |  | Field harvest? | Yes No | Field packing? | Yes No | |
| GAPs training  Date |  | Farm review  Date |  | GAP/GHP Audit Date |  | |
| GAP Food safety  Program implemented? | Yes No | Implementation  Date: | Food Safety Director name: |  | | |
| Field harvest  Field pack | House pack | Storage & transportation | Traceback & recall | Wholesale distribution | | Security procedures |
| Map update | Pack house floor plan | Flow chart | Storage areas  Chemical storage | Cull areas | | Employee areas:  Break room  Restroom  offices |
| Crop production locations: |  | Product holding procedures: |  | Worker training manual: | |  |
| Posted signs: | Restricted access & visitor control | Handwash and restroom station | Break & smoke areas | Injury notification  First aid station | | Potable water |

**GAPs Pack Sheet**

**Date: Company:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product |  | | | |
| Product type: | Retail wholesale | | | |
| package: | Source and lot | | | |
|  |  | | | |
|  |  | | | |
|  |  | | | |
| Field pack? | Yes No | | | |
| Harvest location: |  | | | |
| Harvest date: | Pack date: | | | |
| Total weight: | Total cases packed: | | | |
| **Post-harvest handling:** | | | | |
| Holding location |  |  |  |  |
| Holding temperatures |  |  |  |  |
| Date checked |  |  |  |  |
| **Post packaging handling:** | | | | |
| Holding location |  |  |  |  |
| Holding temperatures |  |  |  |  |
| Date checked |  |  |  |  |
| **Distributed to:** | **Date** | **Quantity** | **Date** | **Quantity** |
|  |  |  |  |  |
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|  |  |  |  |  |
| Harvest date: |  | Pack date: | Total cases packed: | Total weight: |
|  |  |  |  |  |
| Comments: | | | | |
|  | | | | |
|  | | | | |
| **FSD Verification: Date:** | | | | |

**Sanitation checkilist**

**For week of through , 2006** **Reviewed by:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** |  | |  | |  | |  | |  | | **Comments:** restore sanitary conditions by cleaning and sanitizing equipment and pre-sent for re-inspection. Prevent cross contamination on product contact surfaces. |
| **Day** | **Mon** | | **Tues** | | **Weds** | | **Thurs** | | **Fri** | |
| **Initials** |  | |  | |  | |  | |  | |
| **Pre-op check** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** |
| (list equipment) |  |  |  |  |  |  |  |  |  |  |  |
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| **Operational** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** | **Acc** | **Un** | **COMMENTS:** |
| Tables/ boards |  |  |  |  |  |  |  |  |  |  |  |
| Knives/ utensils |  |  |  |  |  |  |  |  |  |  |  |
| Pots/ pans |  |  |  |  |  |  |  |  |  |  |  |
| Hat/hairnet/apron |  |  |  |  |  |  |  |  |  |  |  |
| Jewelry off |  |  |  |  |  |  |  |  |  |  |  |
| Cover cuts etc |  |  |  |  |  |  |  |  |  |  |  |
| Gloves |  |  |  |  |  |  |  |  |  |  |  |
| **GMP review** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **Yes** | **No** | **COMMENTS:** |
| Product affected? |  |  |  |  |  |  |  |  |  |  |  |
| Sanitary re-conditioned? |  |  |  |  |  |  |  |  |  |  |  |
| Prevent recurrence? |  |  |  |  |  |  |  |  |  |  |  |
| SSOP modified? |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**THERMOMETER CALIBRATION LOG**

**For week of through , 2006** **Reviewed by:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Actual time/temp** | | **Recalibrated?** | | **If yes, show new**  **reading** | **Comments-Indicate if any thermometers are replaced** |
| **Day/ date/initial** | **THERMOMETER** | **Time** | **temp** | **Yes** | **no** |
|  | Unit 1 |  |  |  |  |  |  |
|  | Unit 2 |  |  |  |  |  |  |
|  | Unit 3 |  |  |  |  |  |  |
|  | Unit 4 |  |  |  |  |  |  |
|  | Walk-in Freezer |  |  |  |  |  |  |
|  | Walk-in cooler |  |  |  |  |  |  |
| **Day/ date/initial** |  |  |  |  |  |  |  |
|  | Unit 1 |  |  |  |  |  |  |
|  | Unit 2 |  |  |  |  |  |  |
|  | Unit 3 |  |  |  |  |  |  |
|  | Unit 4 |  |  |  |  |  |  |
|  | Walk-in Freezer |  |  |  |  |  |  |
|  | Walk-in cooler |  |  |  |  |  |  |
| **Day/ date/initial** |  |  |  |  |  |  |  |
|  | Unit 1 |  |  |  |  |  |  |
|  | Unit 2 |  |  |  |  |  |  |
|  | Unit 3 |  |  |  |  |  |  |
|  | Unit 4 |  |  |  |  |  |  |
|  | Walk-in Freezer |  |  |  |  |  |  |
|  | Walk-in cooler |  |  |  |  |  |  |
| **Day/ date/initial** |  |  |  |  |  |  |  |
|  | Unit 1 |  |  |  |  |  |  |
|  | Unit 2 |  |  |  |  |  |  |
|  | Unit 3 |  |  |  |  |  |  |
|  | Unit 4 |  |  |  |  |  |  |
|  | Walk-in Freezer |  |  |  |  |  |  |
|  | Walk-in cooler |  |  |  |  |  |  |
| **Day/ date/initial** |  |  |  |  |  |  |  |
|  | Unit 1 |  |  |  |  |  |  |
|  | Unit 2 |  |  |  |  |  |  |
|  | Unit 3 |  |  |  |  |  |  |
|  | Unit 4 |  |  |  |  |  |  |
|  | Walk-in Freezer |  |  |  |  |  |  |
|  | Walk-in cooler |  |  |  |  |  |  |

**Ingredient and supplies Inventory Log**

**Company: FSD Verification: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product name** | **code date** | **Date received** | **Quantity** | **Company address and contact information:** |
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**Visitor Log**

**Company: FSD Verification: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Company** | **Address** | **Phone** | **Reason for visit** |
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**Finished Product Inventory Log**

**Company: FSD Verification: Date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Product & product code** | **Pack date** | **Distribution date** | **Quantity** | **Name and address distributed to:** |
|  |  |  |  |  |
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**Chemical Inventory Log**

**Company: FSD Verification: Date:**

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| --- | --- | --- | --- | --- |
| **Chemical name** | **Use** | **Use date and location** | **Quantity used** | **Person dispensing** |
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