**Company Information Sheet check list**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Company name |  | Primary Contact Person |  |
| PhoneCell phone |  | Secondary ContactPerson |  |
| 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 trainingDate |  | Farm reviewDate |  | GAP/GHP Audit Date  |  |
| GAP Food safetyProgram implemented? | Yes No | ImplementationDate: | Food Safety Director name: |  |
| Field harvestField pack | House pack | Storage & transportation | Traceback & recall | Wholesale distribution | Security procedures |
| Map update | Pack house floor plan | Flow chart | Storage areasChemical storage | Cull areas | Employee areas:Break roomRestroomoffices |
| Crop production locations: |  | Product holding procedures: |  | Worker training manual: |  |
| Posted signs: | Restricted access & visitor control | Handwash and restroom station | Break & smoke areas | Injury notificationFirst 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:**

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