

Worksheet to Review and Revise the HACCP Food Safety Plan

Directions: Complete each school year and file in Section 7 of the HACCP Food Safety Plan.

Name and title of person responsible for review and revisions: _____

Date of review: _____

1. Have there been changes in:

Menu items ☐ Equipment ☐ Kansas Food Code ☐ Vendors ☐ Operating Procedures ☐
No Changes ☐ If No Changes go to Question 2.

Has the HACCP Food Safety Plan been modified to reflect these changes?

Yes ☐ No ☐ If no, modify plan before continuing review. Date modified _____

2. Are Standard Operating Procedures (SOPs) accurate and current for your operational procedures?

Yes ☐ No ☐ If no, update SOPs (cross out or re-write as needed). Date modified_____

3. Are the lists of foods in Processes 1, 2 and 3 accurate and current?

Yes ☐ No ☐ If no, update Process Charts. Date updated _____

4. Are Critical Control Points-CCPs and Critical Limits-CLs correctly identified and appropriate to control each hazard to ensure safe food?

Yes ☐ No ☐ If no update, contact

Unreimb. Employee Exp		Amount			JOB EXPENSES
Union dues					