

APPENDIX 1: FORMS

This guidance represents the Food and Drug Administration's (FDA's) current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. You can use an alternative approach if the approach satisfies the requirements of the applicable statutes and regulations. If you want to discuss an alternative approach, contact the FDA staff responsible for implementing this guidance. If you cannot identify the appropriate FDA staff, call the telephone number listed on the title page of this guidance.

This appendix contains the following templates:

- Hazard Analysis Worksheet;

And

- Hazard Analysis Critical Control Point (HACCP) Plan Form.

HAZARD ANALYSIS WORKSHEET

Product Name

| | | | | | |
|-----------------------------------|---|---|---|---|--|
| Firm Name: | | | Product Description: | | |
| Firm Address: | | | Method of Distribution and Storage: | | |
| | | | Intended Use and Consumer: | | |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Ingredient/Processing Step | Identify Potential Biological, Chemical, and Physical Hazards Associated with this Product and Process | Are Any Potential Food Safety Hazards Significant at this Step? (Yes/No) | Justify Your Decision for Column 3 | What Preventive Measure(s) can be Applied for the Significant Hazards? | Is this Step a Critical Control Point? (Yes/No) |
| | | | | | |
| | | | | | |

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HAZARD ANALYSIS WORKSHEET

| (1) | (2) | (3) | (4) | (5) | (6) |
|----------------------------|--|---|------------------------------------|--|--|
| Ingredient/Processing Step | Identify Potential Biological, Chemical, and Physical Hazards Associated with this Product and Process | Are Any Potential Food Safety Hazards Significant at this Step? (Yes/No) | Justify Your Decision for Column 3 | What Preventive Measure(s) can be Applied for the Significant Hazards? | Is this Step a Critical Control Point? (Yes/No) |
| | | | | | |
| | | | | | |

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HACCP PLAN FORM

HACCP PLAN NAME

| | | | | | | | | | |
|------------------------|-----------------------|-----------------|------|-------------------------------------|-----------|-----|----------------------|---------|--------------|
| Firm Name: | | | | Product Description: | | | | | |
| Firm Address: | | | | Method of Distribution and Storage: | | | | | |
| | | | | Intended Use and Consumer: | | | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| | | | | Monitoring | | | | | |
| Critical Control Point | Significant Hazard(s) | Critical Limits | What | How | Frequency | Who | Corrective Action(s) | Records | Verification |
| | | | | | | | | | |
| | | | | | | | | | |

Signature of Company Official: _____

Date: _____

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HACCP PLAN FORM

| (1) | (2) | (3) | (4) | (5) Monitoring | | | (6) | (7) | (8) | (9) | (10) |
|------------------------|-----------------------|-----------------|------|----------------|-----------|-----|----------------------|---------|--------------|-----|------|
| Critical Control Point | Significant Hazard(s) | Critical Limits | What | How | Frequency | Who | Corrective Action(s) | Records | Verification | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Signature of Company Official: _____

Date: _____

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NOTES:

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