

For your HACCP Plan to meet all requirements, all fields and attachments must be completed. If you have questions regarding this form, or the approval process, please contact our office by emailing <u>EH@knoxhealth.com</u> or calling (740) 392-2200 ext. 2003.

According to 3717-1-03.4(L), additional scientific data or other information may be requested to ensure that food safety is not compromised by the processes occurring in the HACCP Plan.

Food Service/Food Establishment Name						
Food Service/ Food Establishment Street Address						
City	State	Zip Code				
Name of Primary Contact	Email Address	Phone				

For Office Use Only

Primary Reviewer		Secondary Reviewer
□ Approved	□ Denied	Date Approved
Special Consideration	ns/ Restrictions For Approval:	

Section 1:

1. Please check which method you'll be using to package your foods using reduced oxygen packaging (ROP):

Cook/Chill - Cooked food is hot filled into impermeable bags which have the air expelled and are then sealed or crimped closed. The bagged food is rapidly chilled and refrigerated at temperatures that inhibit the growth of pathogens

□ **Sous Vide** - Raw or partially cooked food is vacuum packaged in an impermeable bag, cooked in the bag, rapidly chilled, and refrigerated at temperatures that inhibit the growth of pathogens

□ Vacuum Packaging Cold Foods

- 2. According to the Ohio Uniform Food Safety Code, if cook/chill or sous vide were not checked above, please identify which food standard will be met:
 - □ The food item has a water activity of 0.91 or less
 - □ The food item has a pH of 4.6 or less
 - Is a meat or poultry product cured at a food processing plant regulated by the Ohio Department of Agriculture under Chapter 918 of the Revised Code or USDA using Substances specified in 9 C.F.R. 424.21, and is received in an intact package
 - Raw meat, raw poultry, or raw vegetables, which are foods that have a high level of
 Competing organisms in them
 - □ Fish that is frozen before, during, and after packaging
 - Commercially manufactured cheeses produced in a food processing plant that meet the standards of identity as specified in 21 C.F.R. 133.150, 21 C.F.R. 133.169 or 21 C.F.R. 133.187. No additional ingredients will be added in the food service operation or retail food establishment.

 $\hfill\square$ Other: If the food item does not meet one of the previously listed standards, it may

be unsafe to vacuum package. Please contact your food inspector for guidance in

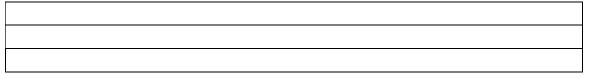
this scenario.

Department Comments/ Concerns:	

3. Name the menu item(s), ingredients, special processes, and all materials and equipment involved in the processes, for which the HACCP plan is being submitted:

Menu Item	Process	Ingredients	Equipment Utilized
Example: Beef Tenderloin	Cook Sous Vide	Beef Tenderloin, salt, sugar, pepper, water	Sous Vide bags, thermal immersion circulator, food grade tape

4. Describe the intended consumer:

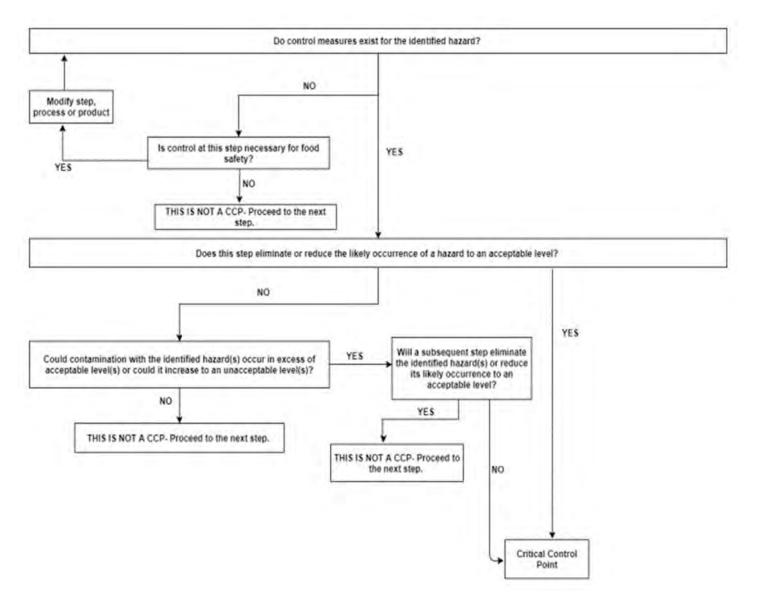


5. List the equipment, including make and model number, for all equipment used in the ROP/Cook Chill/Sous Vide process:

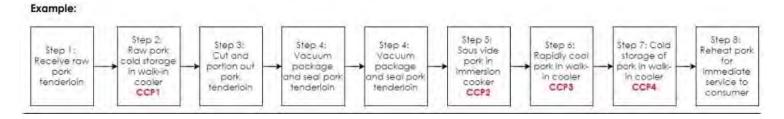
Equipment Description	Manufacturer	Model Number
Example: Thermal Immersion Circulator	Breville	CSV700

Section 2:

Please utilize this flowchart below to determine the appropriate CCP steps for <u>each</u> food product that will undergo Cook-Chill, Sous Vide, or ROP.



 Insert or attach flow charts by menu item or specific food/ category type identifying Critical Control Points (CCPs). Start the flow chart from when the food is received into your facility and end when food is served to the consumer.





Section 3:

Hazard Analysis Terms:

Hazard- significant risk that can cause harm and that is reasonably likely to occur if not controlled

<u>Critical Limit (CL)-</u> a maximum or minimum value to which a biological hazard must be controlled to prevent, eliminate, or reduce the occurrence of the identified food safety hazard

<u>Monitoring Procedure(s)</u>- method and frequency for monitoring and controlling each CCP by the employee designated by the Person In Charge (PIC)

Corrective Action(s)- Action to be taken by the PIC if Critical Limits are not met

Record Keeping- Records to be maintained by the PIC to demonstrate that the HACCP plan is properly operated and managed

<u>Verification</u>- the method and frequency for the PIC to routinely verify that the food employee is following standard operating procedures and monitoring CCPs

Records- All records must be kept for a minimum of six (6) months and made available to the licensor per OAC 3717-1-03.4(K)(4)(c)

EXAMPLE HAZARD PLAN SUMMARY FORM:

(1)	(2)	(3)	Mon		Monitoring (4) (5)			(6)	(7)
Critical Control Point (CCP)	Significant Hazard(s)	Critical Limits For each Preventive Measure	A What	B How	C Frequency	D Who	Corrective Action(s)	Verification	Records (keep records for minimum of 6 months)
Cooking	Pathogens	Cook Product to 165°F	Internal Product Temp.	Metal Probe Thermometer	Each tenderloin	Manager or Designee	Continue Cooking until Critical Limit is Reached	Daily Calibration of thermometer	Cooking logs and thermomete calibration
Cooling	Pathogens	Cooled to 38°F within 24hrs of reaching 41°F and held at 38°F	Temp. and Time	Metal Probe Thermometer	Each Tenderloin	Manager or Designee	If product is found to be out of compliance for cooling, it will be destroyed	Daily Calibration of thermometer	Cooling Log thermomete calibration log, produc destruction log

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cription:				I				
(2)	(3)		Monito	oring (4)		(5)	(6)	(7)
Significant Hazard(s)	Critical Limits	(A) What				Corrective Action(s)	Verification	Records
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Significant Hazard(s)	Critical Limits	(A) What				Corrective Action(s)	Verification	Records
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Section 4:

Sous Vide or Cook Chill (if you are not performing these activities, please proceed to Section 5)

1. Describe how all sous vide or cook/chill foods are cooked, to what specific temperatures, and for how long:

2. Will your cold-holding unit be equipped with a continuous monitoring system, as required?

 \Box Yes

 \square No

3. Will the PIC be visually examining the continuous monitoring system for proper operation a minimum of two times daily?

□ Yes

 \square No

Section 5:

Packages must be labeled with a 'use by' date that does not exceed 30 days from the day of packaging OR the original manufacturer's 'sell by' date, whichever occurs first. All labels must include product name, packaged date, and use-by date. <u>You must submit a sample label with this form.</u> If products are observed not labeled properly, they will be subject to destruction.

1. Have you attached a sample label to this form?

□ YES □NO

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Label Approved	Label Denied
REHS Signature	Date
If denied, reason why:	

Section 6:

According to OAC section 3717-1-03.4(K)(e), all HACCP plans must include operation procedures. Using the space provided below, please describe how you will comply with the following:

- 1. Prohibiting barehand contact with ready-to-eat foods
- 2. Identify a designated work area and how facility will keep separation of raw foods and ready to eat foods

- 3. How will access to the ROP, cook/chill, and sous vide equipment by limited to use by only responsible trained personnel that are familiar with the HACCP plan and hazards of the operation
- 4. Describe in detail the cleaning and sanitizing procedures for all food contact surfaces used in these processes

Section 7:

According to OAC section 3717-1-03.4(K)(f), the facility must have a training program that ensures individuals responsible for the ROP understands the following: the concepts required for safe operation, proper use of the equipment and facilities, the SOP procedures specified in Section 6 of this form, and how the person in charge (PIC) will verify that food employees are following the Standard Operating Procedures (SOP) and that they are adequately monitoring all CCPs.

Utilizing the space below, please describe in detail your training plan that specifically addresses all the areas outlined above.

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Training Plan Approved	Training Plan Denied
REHS Signature	Date
If denied, reason why:	