



State of Florida
 Department of Business and Professional Regulation
Division of Hotels and Restaurants
 www.hospitalityeducation.org



HACCP INSPECTION

(Hazard Analysis and Critical Control Point)				LICENSE NUMBER				
Owner		Business					R	
				Inspection Date			Inspection Time	
				Month	Day	Year	In	Out
Address				Restaurant				
				Number of seats				
				<input type="checkbox"/> general		<input type="checkbox"/> Catering <input type="checkbox"/> Theme Park <input type="checkbox"/> MFDV Food Cart <input type="checkbox"/> Vending		
City		Zip code		<input type="checkbox"/> seating				

NOTE: ITEMS MARKED WERE REVIEWED DURING THE INSPECTION

- | | |
|--|---|
| <p><input type="checkbox"/> 01A Inquire if operator knows about HACCP or has any food safety program in place.</p> <p><input type="checkbox"/> 01B Brief explanation of what HACCP represents.</p> <p><input type="checkbox"/> 01C Provide copy of the Food Safety Quarterly #2 (Summer 1999) <i>HACCP: The Most Effective Method to Prevent Foodborne Disease.</i></p> <p><input type="checkbox"/> 02 Explain history of HACCP.</p> <p><input type="checkbox"/> 03 Explain three (3) types of HACCP.
 Traditional – follows menu item
 Recipe – evaluates steps in a recipe
 Process – evaluates steps in processing food</p> <p><input type="checkbox"/> 04 Explain benefits to the business of HACCP program.
 Reduces food cost through less waste.
 Higher food quality increases sales.
 Operator maintains written documentation.
 Increased consistency. Can be followed by any crew in the establishment.</p> | <p><input type="checkbox"/> 05 Review top causes of foodborne illness.
 Improper holding temperature (includes hot/cold holding & cooling)
 Poor personal hygiene of food handlers
 Inadequate cooking
 Contaminated equipment
 Food from unsafe source</p> <p><input type="checkbox"/> 06A Discuss Process HACCP.
 Cooking, cooling, reheating, hot holding, and cold holding.</p> <p><input type="checkbox"/> 06B Discuss Critical Control Points (CCPs).
 The point or process during which something can be done to reduce, eliminate or prevent a hazard.</p> <p><input type="checkbox"/> 06C Discuss Chemical Hazards (WD-40, bug spray). Watch unlabeled bottles and storage practices.</p> <p><input type="checkbox"/> 06D Discuss Physical Hazards (Band-Aids™, broken glass/Lexan, staples, rubberbands).</p> |
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COMMENTS LOCATED ON COMMENTS PAGE

I acknowledge receipt of this inspection form and comments. **REMINDER:** Your license expires ____ / ____ / ____

Recipient's Name (Please Print)		Title		Inspector's Name (Please Print)		Title	
Recipient's Signature				Inspector's Signature			
Establishment Telephone		Date	Time	Office Telephone		Date	

- 06E Discuss Biological Hazards (bacteria, viruses, and parasites).
HACCP controls biological hazards that cause 90% of the foodborne illnesses.
- 06E2 Discuss Foodborne Infections.
Caused by eating foods that contain harmful bacteria (Salmonella, Campylobacter, Listeria). Destroyed by cooking.
- 06E3 Discuss Foodborne Intoxications.
Results from eating foods containing toxins produced by bacteria (Staphylococcus, *Clostridium perfringens*). Quick onset. Controlled by time/temperature. Toxins not destroyed by cooking.
- 06E4 Discuss Fish Toxins - Occur in some fish species naturally. Must receive from an approved source.
- 06E5 Discuss Viruses. (Hepatitis A, Norwalk). Can be destroyed by cooking.
- 06E6 Discuss Parasites. (Trichina). Can be destroyed by cooking.
- 07A Discuss the Flow of Food.
No Cook Step: Receive-Store-Prepare-Hold-Serve.
Same Day Service: Receive-Store-Prepare-Cook-Hold-Serve.
Complex Food Preparation: Receive-Store-Prepare-Cook-Cool-Reheat-Hot Hold-Serve.
- 07B Provide a copy of the excerpt from the FDA Retail HACCP Guidelines – *The Process Approach*.
- 08 Review the seven (7) steps in a HACCP plan.
Identify the hazards
Identify the Critical Control Points
Identify the Critical Limits for the CCPs
Monitor the CCPs
Keep Records of CCP Monitoring
Determine Corrective Actions
Verify the HACCP Plan
- 09 Review the menu.

CRITICAL CONTROL POINTS (CCP)			
A. RECEIVING			
1. From approved source?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Temperature checked upon arrival?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is there a refusal policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, explain:
4. Are temperature records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?
5. Are RTE foods received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Document temperature of received food products:			
B. COLD HOLDING			
1. Number of cold hold units:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> Other
	Off site units: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Are all units maintaining proper temperature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Is date marking being utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

4. Is cooked product stored above raw?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Is RTE product properly stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6. Is FIFO being practiced?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7. Are probe thermometers present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8. Are the thermometers calibrated routinely?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9. Document temperature of cold held food products:			
10. Are temperatures monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11. Are temperature records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?

C. PREPARATION

1. How are foods thawed?	<input type="checkbox"/> Refrigeration	<input type="checkbox"/> Cook Process	<input type="checkbox"/> Water	<input type="checkbox"/> Other:
2. What steps are utilized to prevent cross-contamination?				
3. Are pre-chilled ingredients used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
4. Is proper handwashing conducted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Observed	
5. How is equipment sanitized?	<input type="checkbox"/> Manual	<input type="checkbox"/> Dishmachine/chemical	<input type="checkbox"/> Dishmachine/hot water	
6. Is there bare hand contact with RTE food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
7. Does establishment have an AOP in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	
8. Are fruits/vegetables properly washed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA	

D. COOKING

1. Does staff know proper cooking temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Are temperatures monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are corrective actions utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Are temperature records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How long?
5. Document cooking temperatures of food products:			

E. COOLING

1. Are cooling procedures utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Describe the cooling methods utilized.			
3. Are temperatures monitored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4. Are the prescribed time frames met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Are corrective actions utilized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Document cooling temperatures of food products:			

F. REHEATING

1. Is food reheated? Yes No NA
2. If applicable, how are food products reheated? Stove/Oven Microwave Steam table
 Bainmarie Other:
3. Are temperatures monitored? Yes No
4. Are temperature records maintained? Yes No How long?
5. Are corrective actions utilized? Yes No
6. Document temperature of reheated food products:

G. HOT HOLDING

1. Are foods being held hot? Yes No NA
2. Number of hot holding units: 1 2 3 Other:
3. How are foods maintained hot? Steam table Stove/Oven Hot box Bainmarie
 Other:
4. Are temperatures monitored? Yes No NA
5. Are temperature records maintained? Yes No NA How long?
6. Document temperature of hot held food products:
7. How are leftovers handled?

- 09H Provide and explain use of HACCP handouts.

Cooling Chart
Cooking Chart
Hot/Cold Holding Chart
Thermometer Chart

- 09I Discuss Critical Limits.

Criteria used to eliminate, reduce or prevent the food safety hazards. Requirements are in the Food Code.

- 10 Discuss Monitoring.

- 11 Discuss Record Keeping.

- 12 Explain Corrective Action.

- 13 Discuss Verification.

- 14 Discuss prerequisite sanitation programs and provide Good Retail Practices Worksheet.