

## Food Safety System Certification (FSCC) 22000 Checklist

## **Management Responsibility**

Addresses commitment, leadership, and resource allocation related to food safety.

Write something	
Management Review Frequency	
Monthly	
Quarterly	
Semi-Annually	
Annually	
Number of Management Review Participants	
Enter a number	
Date of Last Management Review	

Write someth	ning
Evidence of	Resource Allocation (e.g., budget, personnel)
Documente	ed Budget
Staffing Pla	ลุก
Both	
Other (Spe	ecify)
_	of Food Safety Roles and Responsibilities (e.g., Food Safety uality Control)
Write someth	ning
Upload Prod	of of Management Training/Competency
Upload Prod	
Upload F	
♣ Upload F Hanning	ile
Lanning overs hazard	and Risk Analysis identification, risk assessment, and prerequisite programs (PRPs).
Lanning Overs hazard  Describe the	and Risk Analysis
Lanning Overs hazard  Describe the	and Risk Analysis identification, risk assessment, and prerequisite programs (PRPs).  e methodology used for hazard identification (e.g., brainstorming, m meetings).

What hazard identification techniques are employed?  What-If FMEA Checklist HACCP Team Review Other (Specify)
Number of team members participating in the HACCP team.  Enter a number
Date of the last Hazard Analysis Review.  Enter date
Describe the risk assessment criteria used (likelihood and severity).  Write something
Is a Risk Prioritization Matrix used? (Yes/No)  Yes  No
Upload the documented Hazard Analysis and Risk Assessment.  ① Upload File

Write someth	ning
Frequency of Annually Bi-annually Other (Spe	
	osition of the person responsible for maintaining the HACCP plan.
Write someth	ning
Write someth	ning
	Based Prerequisite Programs (PRPs)
cience-	
cience-	Based Prerequisite Programs (PRPs)
cience- etailed verifica entrol etc.	Based Prerequisite Programs (PRPs)
cience- etailed verifica entrol etc.	Based Prerequisite Programs (PRPs) ation of PRPs relating to building, equipment, personnel, cleaning, pest
etailed verificantrol etc.  Water Quali	Based Prerequisite Programs (PRPs) ation of PRPs relating to building, equipment, personnel, cleaning, pest
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Pest Control Program Type (e.g., IPM, Chemical)  IPM Chemical Integrated Approach
Cleaning & Sanitation Frequency (Select all that apply)  Daily Weekly Monthly As Needed
Last Pest Control Service Date  Enter date
Describe Equipment Cleaning Procedures  Write something
Upload Recent Pest Control Service Report  L Upload File
Waste Management System Type  On-site disposal Off-site disposal Recycling

Cleaning Chemical Name	
Write something	
Control of Operations	
Control of Operations	
ocuses on critical control points (CCPs), monitoring, and conanufacturing process.	orrective actions within the
CCP 1: Temperature Monitoring Frequency (hours)	
Enter a number	
CCP 2: Time of CCP Monitoring (e.g., 14:00)	
CCP 3: pH Measurement (units)	
Enter a number	
CCP 4: Method of Verification of Cooking Process?	
☐ Temperature Probe	
Visual Inspection	
Time-Based Criteria	
CCP 2: Description of Corrective Action Procedures	
Write something	

Last Validation Date of CCP 1
Enter date
CCP 4: What critical limits are monitored?
Temperature
□ pH
Moisture Content
Time
CCP 1: Upload Recent Monitoring Records (PDF/Excel)  L Upload File
Product Realization
Covers purchasing, receiving, storage, production, and packaging of food products.
Detailed Description of Manufacturing Process Flow
Write something
Patch Size / Production Volume nor Pun
Batch Size / Production Volume per Run
Enter a number

Raw Material Sourcing Strategy (Approved Suppliers only, etc.)
Approved Supplier List Only
Approved Supplier List with Periodic Audits
Approved Supplier List with Contracts
Other (Specify in Long Text)
Supplier Approval Documentation (Latest)
4 Upload File
Date of Last Raw Material Receiving Inspection
Enter date
Time Raw Material Receiving Inspection Completed
Time Raw Material Receiving Inspection Completed
Inspection Points During Production
Inspection Points During Production  Visual Inspection
Inspection Points During Production  Visual Inspection  Temperature Check
Inspection Points During Production  Visual Inspection  Temperature Check  Metal Detection
Inspection Points During Production  Visual Inspection  Temperature Check
Inspection Points During Production  Visual Inspection Temperature Check Metal Detection Weight Verification
Inspection Points During Production  Visual Inspection Temperature Check Metal Detection Weight Verification
Inspection Points During Production  Visual Inspection Temperature Check Metal Detection Weight Verification
Inspection Points During Production  Visual Inspection Temperature Check Metal Detection Weight Verification pH Measurement
Inspection Points During Production  Visual Inspection Temperature Check Metal Detection Weight Verification pH Measurement  Record of Non-Conformances and Corrective Actions during Production

Packaging Material Verification Method
Visual Inspection
Certificate of Analysis
Supplier Declaration of Conformity
Validation, Verification, and Improvement
Addresses validation of critical control points, verification of the food safety system, and continual improvement.
Last Validation Review Date
Enter date
Summary of Last Validation Review Findings
Write something
Number of Internal Audits Conducted This Year
Enter a number
Internal Audit Findings - Overall Rating
Excellent
Satisfactory
☐ Needs Improvement
Unacceptable

Areas Requiring Improvement Identified During Internal Audits    PRPs   CCP Monitoring   Record Keeping   Training Effectiveness   Supplier Approval
Latest Validation Protocol (e.g., CCP Validation)  4 Upload File
Time of Last Corrective Action Review
Description of Corrective Actions Implemented Based on Audit/Validation Findings
Write something
Effectiveness of Corrective Actions – Assessment    Fully Effective   Partially Effective   Not Effective

## **Documentation and Records**

Ensuring proper documentation and record keeping for traceability and verification.

Document Control Procedures  L Upload File	
Record Keeping Policy Description	
Write something	
Number of Document Revisions Maintained  Enter a number	
Last Document Review Date  Enter date	
Document Approval Status	
Approved Pending Approval Rejected	
Description of Record Retention Schedule	
Write something	

Verification of Record Availability  ☐ Yes
□ No
Last Record Retention Schedule Review Date
Enter date
Traceability and Recall
Ensuring system for tracebility and an effective recall plan.
Recall Plan Description
Write something
Maximum Time to Initiate Recall (hours)
Enter a number
Recall Team Leader
Production Manager  Ouglity Assurance Manager
Quality Assurance Manager     Operations Manager
Other (Specify)

Recall Communication Channels    Email   Phone   Website   Social Media   Press Release
Last Recall Plan Review Date  Enter date
Summary of Recall Simulation Exercise  Write something
Recall Plan Document  L Upload File
Method for Lot/Batch Coding  Sequential Numbering  Date and Time Stamp  Other (Specify)

## **Personnel Management**

Covers training, hygiene, and employee responsibilities related to food safety.

Enter a number	
Frequency of Food Safety Training (Minimum)	
Annually	
Bi-Annually	
As Needed	
Other (Specify)	
Describe Personnel Hygiene Practices	
Write something	
What hygiene training is provided to personnel?	
Handwashing	
PPE Usage	
Personal Cleanliness	
Illness Reporting	
Date of Last Personnel Hygiene Training	
Enter date	
Name of Person Responsible for Personnel Training	

Write something				
Signature of Persor	Confirming Pers	sonnel Training	Records are Mainta	ained
nfrastructure	and Faui	nment Ma	intenance	
cuses on the condition	-	-		s to prevei
ntamination.		3-7	1-1	, , ,
Frequency of Buildi	ng Pest Control	nspections		
Enter a number				
Frequency of Equip	ment Calibration	(e.g., thermome	eters)	
Enter a number				
Last Building Sanita	ation Audit Date			
Enter date				
	tenance Drogram	ı for Ventilation	Systems	
Description of Main	tenance Frogram			
Description of Main Write something				

Equipment Surfaces – Material Type (Select all that apply)  Stainless Steel  Plastic (Food Grade)  Glass  Other (Specify)
Condition of Floors (Select one)  Excellent Good Fair Poor
Details of corrective actions taken for any infrastructure/equipment deficiencies identified  Write something  Upload a copy of Preventive Maintenance Schedules  Light Upload File