



HACCP (Hazard Analysis And Critical Control Points) Monitoring Checklist (Daily/Weekly/Monthly - As Required By Plan)

 Show only Checklist

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Receiving & Storage

Monitoring activities related to incoming goods and proper storage conditions.

Date of Receipt

Enter date...

Time of Receipt

Enter time...



Temperature of Refrigerated Goods Upon Arrival (°C/°F)

Enter a number...

Temperature of Frozen Goods Upon Arrival (°C/°F)

Enter a number...

Condition of Packaging (Upon Receipt)

- ☐ Intact
- ☐ Damaged
- ☐ Compromised
- ☐ Wet

Evidence of Pest Activity (Upon Receipt)

- ☐ No
- ☐ Yes
- ☐ Unsure

Comments/Observations (e.g., damage, unusual odors)

Write something...

Supplier Verification (If Required by Plan)

- ☐ Verified
- ☐ Not Required
- ☐ N/A

Temperature Control

Verification of temperature logs and equipment function for refrigeration, freezing, and hot holding.

Refrigerator 1 Temperature (Morning Check)

Refrigerator 1 Temperature (in °F)

Refrigerator 1 Temperature (Evening Check)

Refrigerator 1 Temperature (Evening Check - in °F)

Freezer Temperature (Morning Check)

Freezer Temperature (Morning Check - in °F)

Hot Holding Unit Temperature (Morning Check)

Hot Holding Unit Temperature (Morning Check - in °F)

Thermometer Calibration Status

☐ Calibrated & Current

☐ Needs Calibration

Comments/Corrective Actions (if temperatures out of range)

Date Marking & Rotation

Checking of proper date marking practices (FIFO - First In, First Out) for perishable items.

Number of items checked for correct date marking

Date Marking Status (All Items Correctly Marked)

- ☐ Yes
- ☐ No
- ☐ N/A

Details of any incorrect or missing date markings (if 'No' selected above)

Write something...

Date of last complete stock rotation

Enter date...

FIFO Compliance (Proper stock rotation observed)

- ☐ Yes
- ☐ No
- ☐ N/A

Details of any FIFO deviations (if 'No' selected above)

Write something...

Number of items re-dated/re-marked today

Enter a number...

Cleaning & Sanitizing

Verification of cleaning schedules, sanitizer concentrations, and cleanliness of equipment and surfaces.

Sanitizer Concentration (ppm)

Water Temperature for Sanitizing (degrees F)

Dishwasher Functioning Properly?

☐ Yes☐ No☐ N/A

Surface Cleaning Observed?

☐ Yes☐ No

Notes/Corrective Actions (if necessary)

Date of Last Deep Clean (Coolers/Freezers)

Enter date...

Areas Cleaned (Check all that apply)

- ☐ Floors
- ☐ Walls
- ☐ Shelves
- ☐ Equipment Surfaces
- ☐ Drains

Time of Cleaning/Sanitizing

Enter time...

Pest Control

Inspection for signs of pests and verification of pest control program effectiveness.

Temperature in Pest Control Storage (if applicable)

Enter a number...

Signs of Pest Activity Observed (Check all that apply)

- ☐ Droppings
- ☐ Rodent Runways
- ☐ Insect Activity
- ☐ Damage to Packaging
- ☐ Unidentified Odors
- ☐ None Observed

Detailed Description of any Pest Activity Observed

Write something...

Date of Last Pest Control Service

Enter date...

Pest Control Service Provider

- ☐ Company A
- ☐ Company B
- ☐ Company C
- ☐ Other (Specify in Long Text)

Comments/Follow-up Actions Required

Write something...

Photos of any Pest Activity

 Upload File

Employee Health & Hygiene

Observation and verification of employee adherence to health and hygiene protocols.

Employee Handwashing Observed?

- ☐ Observed
- ☐ Not Observed
- ☐ N/A (No Handling)

Visible Illness Reported?

- ☐ Yes
- ☐ No
- ☐ N/A

If Yes to Visible Illness, Details?

Write something...

Employee Temperature (If applicable, per plan)

Enter a number...

Details of temperature taken (if applicable)

Write something...

Gloves Used Appropriately?

☐ Yes

☐ No

☐ N/A

Notes on Employee Health & Hygiene Practices

Write something...

Display & Handling

Monitoring practices related to food display, portioning, and customer handling of products.

Temperature of Cold Display Cases (F)

Temperature of Hot Holding Units (F)

Product Overwrapping/Packaging Integrity?

- ☐ Intact
- ☐ Damaged
- ☐ Absent

Potential Cross-Contamination Observed?

- ☐ Raw & Ready-to-Eat Separation
- ☐ Utensil Handling
- ☐ Customer Handling
- ☐ None Observed

Notes/Observations Regarding Display & Handling

Write something...

Customer Self-Serve Practices?

- ☐ Appropriate
- ☐ Needs Correction
- ☐ Not Observed

Date of last display case cleaning

Enter date...

Cooking & Reheating (If Applicable)

Verification of cooking and reheating temperatures and processes (primarily relevant for retailers with prepared food services).

Minimum Internal Cooking Temperature Achieved (Fahrenheit/Celsius)

Enter a number...

Time Cooked at Minimum Internal Temperature (Minutes)

Enter a number...

Cooking Method Used (e.g., Oven, Grill, Deep Fryer)

- ☐ Oven
- ☐ Grill
- ☐ Deep Fryer
- ☐ Other (Specify in Long Text)

If 'Other' Cooking Method Selected, Specify Details

Write something...

Reheating Internal Temperature Achieved (Fahrenheit/Celsius)

Enter a number...

Time Held at Reheating Temperature (Minutes)

Enter a number...

Date of Cooking/Reheating

Enter date...

Time of Cooking/Reheating

Enter time...

Any Deviations from Standard Procedure or Notes

Write something...

Waste Management

Monitoring of waste disposal procedures to prevent contamination and attract pests.

Quantity of Waste Generated (lbs/kg)

Enter a number...

Describe any unusual odors or observations related to waste areas.

Write something...

Waste Containers Properly Covered?

☐ Yes

☐ No

☐ N/A

Waste Storage Area Clean and Free of Debris?

☐ Yes

☐ No

☐ N/A

Date of Last Waste Removal

Enter date...

Record any corrective actions taken regarding waste management issues.

Write something...

Calibration & Maintenance

Verification of calibration records and maintenance schedules for critical equipment (e.g., thermometers, scales).

Last Thermometer Calibration Date

Enter date...

Thermometer Reading (Post-Calibration)

Enter a number...

Scale Reading (Verification Weight)

Enter a number...

Calibration Status

☐ Pass

☐ Fail

☐ N/A

Maintenance Notes (If Applicable)

Write something...

Next Calibration Due Date (Thermometers)

Enter date...

Equipment Condition

- ☐ Good Working Order
- ☐ Minor Issue
- ☐ Major Issue