

SUBJECT HACCP Validation Checklist PLANT NAME ADDRESS	ISSUE DATE	PRODUCT
	SUPERSEDES	PAGE 1 of 1

Validation Type (check one):

- Initial Validation (within 12 months of implementation)
- Validation (Reassessment) due to changes made in raw materials or source of raw materials; product formulation; processing methods or systems, including computers and their software; packaging; finished product distribution systems; or the intended use or intended consumers of the finished product and rate or type of consumer complaints.
- Annual Validation (Reassessment) of the HACCP plan including Hazard Analysis

Date Conducted

Conducted By

Topic	Yes	No	If "Yes", Describe	Food Safety Implication?	Are modifications to the HACCP system required?
1. Evaluate product & process					
Product description changed, e.g., intended use, consumer?	<input type="checkbox"/>	<input type="checkbox"/>			
Formula changed?	<input type="checkbox"/>	<input type="checkbox"/>			
Ingredients/Packaging changed?	<input type="checkbox"/>	<input type="checkbox"/>			
Any new product consumption or storage methods?	<input type="checkbox"/>	<input type="checkbox"/>			
Any new suppliers?	<input type="checkbox"/>	<input type="checkbox"/>			
Process flow changed?	<input type="checkbox"/>	<input type="checkbox"/>			
Equipment/computer software changed?	<input type="checkbox"/>	<input type="checkbox"/>			
Finished Product Distribution changed?	<input type="checkbox"/>	<input type="checkbox"/>			
Other, e.g. production volume increased	<input type="checkbox"/>	<input type="checkbox"/>			
2. Evaluate product/process history					
Repeat CCP deviations?	<input type="checkbox"/>	<input type="checkbox"/>			
Any recent industry recalls of similar product since the last annual validation?	<input type="checkbox"/>	<input type="checkbox"/>			
New or emerging hazards, e.g., recent CDC Morbidity & Mortality problems identified with product?	<input type="checkbox"/>	<input type="checkbox"/>			
Regulatory Agency recommendations, e.g., guidance documents, regulations?	<input type="checkbox"/>	<input type="checkbox"/>			
Any confirmed milk safety consumer complaints?	<input type="checkbox"/>	<input type="checkbox"/>			
Other	<input type="checkbox"/>	<input type="checkbox"/>			

Topic	Yes	No	If “No”, Describe	Food Safety Implication?	Are modifications to the HACCP system required?
3. Evaluate adequacy of CCPs, Critical Limits, monitoring, corrective action, CCP verification, and record keeping procedures. Review current CCP documentation.					
Do the CCPs control the hazards?	<input type="checkbox"/>	<input type="checkbox"/>			
Are the CCP Critical Limits adequate?	<input type="checkbox"/>	<input type="checkbox"/>			
Do monitoring methods and frequency demonstrate control?	<input type="checkbox"/>	<input type="checkbox"/>			
Do corrective actions properly address affected product and correct deviations?	<input type="checkbox"/>	<input type="checkbox"/>			
Does validation include a review of consumer complaints?	<input type="checkbox"/>	<input type="checkbox"/>			
Other, e.g., Prerequisite Programs or procedures may affect the hazard analysis	<input type="checkbox"/>	<input type="checkbox"/>			