Department of Health and Human Services Food and Drug Administration		MILK	MILK PLANT, RECEIVING STATION OR TRANSFER STATION NCIMS HACCP SYSTEM AUDIT REPORT				
DATE	TYPE OF AUDIT						
	☐ STATE REGULATORY* ☐ STATE REGULATORY FOLLOW-UP ☐ STATE LISTING ☐ FDA AUDIT OF					TDA AUDIT OF LISTING	
FIRM NAME			LICENSE/PERMIT NO.		IMS PLAN	IT NO.	
ADDRESS (Line 1)							
ADDRESS (Line 2)			Y	ST	TATE	ZIP CODE	
IMS LISTED PRODUCT(S) MAN	NUFACTURED AND RE	EVIEWED		Prerequisite P	rogram(s)	Issue Date(s)	
Hazard Analysis		HACCP Plan					
Issue Date(s)		ssue Date(s)					
*NOTE: This regulatory NCIM: permit if items marked on this Sections 3 and 6, and Append	S S System Audit Report of a sudit report are not in lix K. for details.)	tarred ★★ Items are of your plant, receiving	ne of the next regulatory au	serves as a notil udit or within es	fication of t stablished	the intent to suspend your timelines. (Refer to PMO	
Section 1 HAZARD ANALYSIS				PLAN CORRE		_	
A. Flow Diagram and Hazard Analysis conducted and written for each kind or group of milk or milk product processed.**			A. Corrective actions when defined in the HACCP Plan were followed when deviations occurred.				
B. Written Hazard Analysis identifies all potential milk or milk product safety hazards and determines those that are reasonably likely to occur (including			B. Predetermined corrective actions defined in the HACCP Plan ensure the cause of the deviation is corrected.				
hazards within and outside the processing plant environment). C. Written Hazard Analysis reassessed after changes in raw materials, formulations, processing methods/systems, distribution, intended use or consumers.			C. Corrective action taken for products produced during a deviation from CL(s) defined in the HACCP Plan.**				
D. Written Hazard Analysis signed and dated as required.			D. Affected milk or milk product produced during the deviation segregated and				
Section 2 HACCP PLAN			held, AND a review to determine product acceptability performed, AND corrective action taken to ensure that no adulterated milk and/or milk product that is injurious to health enters commerce.				
A. Written HACCP Plan prepared for each kind or group of milk or milk product processed.**			E. Cause of deviation was corrected.				
☐ B. Written HACCP Plan implemented.							
C. Written HACCP Plan identifies all milk or milk product safety hazards that are			F. Reassessment of HACCP Plan performed and modified accordingly.				
reasonably likely to occur. D. Written HACCP Plan signed and dated as required.			☐ G. Corrective actions documented.				
Section 3 HACCP PLAN CRITICAL CONTROL POINTS (CCP)			Section 7 HACCP	PLAN VERIFIC	CATION &	VALIDATION	
A. HACCP Plan lists CCP(s) for each milk or milk product safety hazard identified as reasonably likely to occur.			A. HACCP plan define	es verification pro	ocedures, in	cluding frequency.	
			B. Verification activities are conducted and comply with HACCP Plan.				
 B. CCP(s) identified are adequate control measures for the milk or milk product safety hazard(s) identified. 		☐ C. Reassessment of HACCP Plan conducted annually, OR					
C. Control measures associated with CCP(s) listed are appropriate at the			1. After changes that could affect the hazard analysis, OR				
processing step identified.							
Section 4 HACCP PLAN CRITICAL LIMITS (CL)		 2. After significant changes in the operation including raw materials and/or source, product formulation, processing methods/systems, distribution intended use or intended consumer. 					
A. HACCP Plan lists critical limits for each CCP.			D. Calibration of CCP	process monitor	ing instrum	ents performed as required and	
 □ B. CL(s) are adequate to control the hazard identified.** □ C. CL(s) are achievable with existing monitoring instruments or procedures. 			at the frequency d	efined in the HAC	CP Plan.**		
D. CL(s) are met.		E. CCP monitoring records reviewed and document that values are within CL(s) as required.					
Section 5 HACCP PLAN M	ONITORING		F. Corrective action r	record reviewed a	s required.		
A. HACCP Plan defines monitor frequency, whom, etc.)			G. Calibration records HACCP Plan review		t or in-proce	ess testing results defined in	
 □ B. Monitoring procedures as defined in the HACCP Plan followed. □ C. Monitoring procedures as defined in the HACCP Plan adequately measure 			H. Records reviewed	as required, inclu	ıding date a	nd signature.	
CL(s) at each CCP. D. Monitoring record data cons the audit.							

Milk Plant, Receiving Station or Transfer Station - NCIMS HACCP SYSTEM AUDIT REPORT ITEMS MARKED DID NOT MEET THE NCIMS HACCP PROGRAM CRITERIA DESCRIBED BELOW Starred ★★ Items are Critical Listing Elements Section 8 HACCP SYSTEM RECORDS Section 10 OTHER NCIMS REQUIREMENTS A. Required information included in the record, e.g., name/location of processor A. Incoming milk supply from NCIMS listed source(s) with sanitation scores of and/or date/time of activity and/or signature/initials of person performing 90 or better or acceptable HACCP Listing.** operation and/or identity of product/product code. B. Drug residue control program implemented.** B. Processing/other information entered on record at time observed. C. Drug residue control program records complete. C. Records retained as required, e.g., one year for refrigerated products and two D. Labeling compliance as required. years for preserved, shelf-stable or frozen products. E. Prevention of adulteration of milk products. D. Records relating to adequacy of equipment or processes retained for 2 years. F. Regulatory samples comply with standards. E. HACCP records correct, complete and available for official review G. Pasteurization Equipment design and construction. F. Information on HACCP records not falsified.** H. Approved Laboratory Utilized - (if not, Rating not conducted) Section 9 HACCP SYSTEM PREREQUISITE PROGRAMS (PPs) I. Other items as noted. A. Required PP written, implemented, and in substantial compliance by firm. Section 11 HACCP SYSTEM TRAINING 1. Safety of the water that comes into contact with milk or milk contact surfaces (including steam and ice); A. Employees trained in monitoring operations. 2. Condition and cleanliness of equipment milk contact surfaces. B. HACCP plan reassessment performed by trained individual. 3. Prevention of cross contamination from unsanitary objects and/or C. Records review performed by trained individual. practices to milk and milk products, packaging material and other milk contact surfaces, including utensils, gloves, outer garments, etc., and D. Employees trained in PP operations. from raw product to processed product; 4. Maintenance of hand washing, hand sanitizing, and toilet facilities; Section 12 HACCP SYSTEM AUDIT FOLLOW-UP ACTION 5. Protection of milk and milk product, milk packaging material, and milk A. Previous audit findings corrected. contact surfaces from adulteration with lubricants, fuel, pesticides, cleaning compounds, sanitizing agents, condensate and other chemical, B. Previous audit findings remain corrected at time of this audit. physical and biological contaminants; ☐ C. STATE MILK PLANT, RECEIVING STATION OR TRANSFER STATION HACCP 6. Proper labeling, storage, and use of toxic compounds. SYSTEM AUDIT REPORT issued and follow- up conducted as required (HACCP Listing Audits and FDA Audits only). 7. Control of employee health conditions that could result in the microbiological contamination of milk and milk products, milk packaging D. A series of observations that lead to a finding of a potential HACCP System materials, and milk contact surfaces; and failure that is likely to result in a compromise to milk or milk product safety. ** 8. Pest exclusion from the milk plant, receiving station, or transfer station. B. Additional PP's required or justified by the hazard analysis are written and implemented by firm. C. PP conditions and practices monitored as required D. PP monitoring performed at a frequency to ensure conformance. E. Corrections performed in a timely manner when PP monitoring records reflect Refer to attached Audit Discussion sheet(s) for details. deficiencies or non-conformities. F. PP audited by firm. G. PP monitoring records adequately reflect conditions observed. H. PP signed and dated as required. NAME OF AUDITOR(S) (Please Print) **SIGNATURE** DATE **SIGNATURE** DATE

SIGNATURE

DATE

NCIMS HACCP SYSTEM AUDIT REPORT DISCUSSION SHEET						
FIRM NAME	DATE OF AUDIT					
EXPLANATION OF DEVIATION/DEFICIENCIES/NON-CONFORMITIES THAT <u>DID NOT</u> MEET THE NCIMS HACCP PROGRAM CRITERIA (Use additional sheets as necessary if entry field is non-expandable.)						
NOTE: When State Regulatory Audits are conducted, timelines for corrections of all identified deviations, deficiencies and non-conformities must be established.						