MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

Hazard Analysis Critical Control Point (HACCP)
Application Checklist
Dried Fermented Sausage – Cured Meats

Establishment Name:	**Tel:**
Address:	**Email:**
Owner/Person-in-Charge:	**Fax:**
Who is in Charge of the HACCP Process?	**Tel:**

Before a plan may be approved a food establishment must have a satisfactory inspection history.

This checklist must be complete before submission.

- ☐ ISDH Variance Application or Approval

- ☐ Name of each food product(s)

- ☐ A list of ingredients for each product. Include a copy of the starter culture instructions.

- ☐ A copy of the label, including information on how the product will be tracked (batch number)

- ☐ An accurate, step-by-step description (food flow) of how the product is formulated, prepared, mixed, measured, formed, fermented, dried, etc., for each product. See example.

- ☐ Standard Sanitation Operating Procedures (SSOP) including procedures prohibiting bare hand contact with ready to eat (RTE) foods; handwashing protocols; how cross contamination between raw and RTE foods will be prevented; and where the processing will occur. The processing should be separate from other operations. Include the location of the fermentation and drying areas. Also include a list of equipment and materials used in the process. Equipment must meet ANSI standards.

    - Describe how equipment is cleaned and sanitized. Also include how often in the process equipment is cleaned (before beginning, between types of foods etc.)

- ☐ Include these requirements in your HACCP;

    - Certified pork of the equivalent as defined by the USDA must be used;
    - Commercial starter cultures are required;
    - Each batch needs to be tested for pH drop. A pH meter of other approved method is required. Staff must know how to use, calibrate and maintain the meter
    - Each batch must be tested for final water activity (Aw)
    - Provide a method to measure humidity in the drying process.

- ☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Points (CCP). Critical Control Points for dried fermented sausage usually include; pH drop, final water activity (Aw), ppm of nitrate/nitrates used. More complicated sausage processes will have more CCP's. See attached HACCP worksheet.

For each Critical Control Point (CCP):

- Identify acceptable levels. These levels are called Critical limits. **Critical Limits must be things you can measure.** Examples are pH drop to 4.6 within ____ hours of equivalent degree hours, Aw less than 0.85, _____ ppm nitrite, etc.
- Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure. Provide specifications of testing equipment and instructions on use.
- Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?
- What are the actions taken by the *person in charge* if the critical limits for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the pH does not reach 4.6 in ___ hours? What will happen if the Aw is not 0.85 when tested?
- Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

- Provide a food safety training program that shows employee and supervisors know how to perform the steps in this plan, how to used necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.

- Laboratory analysis may be required to verify on-site testing. A test batch will be required to demonstrate the process meets standards for pH and water activity.

- Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. Also a statement that the regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Indiana State Food Code.

I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of Indiana State Food Code and may result in enforcement action.

_____ _____

Permit Holder or Person-in-Charge **Signature/Title** **Date**

For Health Department Use Only:

Date	Reviewer	Comments	Accepted

Implementation Date: _____

MARION COUNTY PUBLIC HEALTH DEPARTMENT
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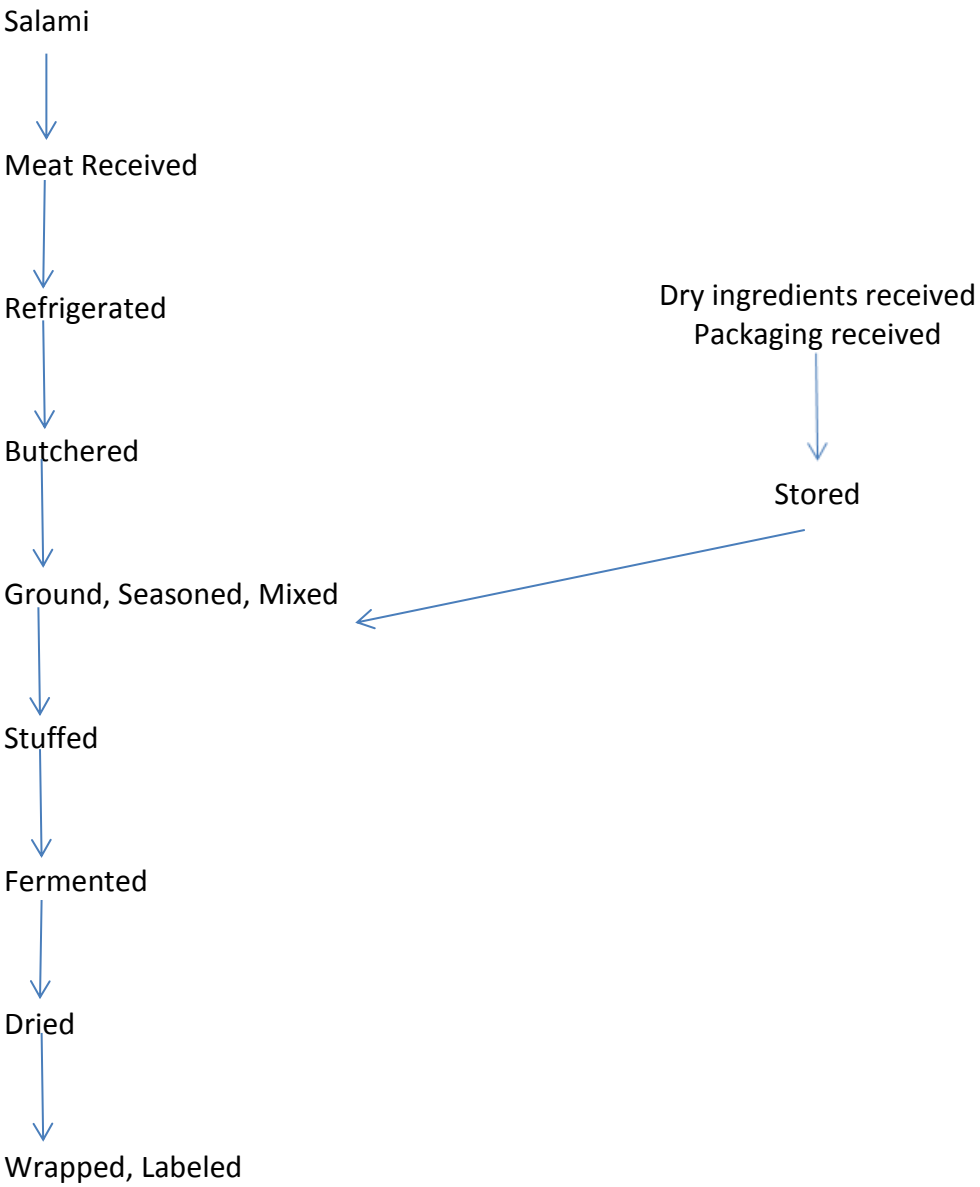
Sample Fermented Dried Sausage Food Flow



MARION COUNTY PUBLIC HEALTH DEPARTMENT
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Hazard Analysis Critical Control Point (HACCP)
Application Checklist
Smoking for Preservation – Cured Meats

Establishment Name:	**Tel:**
Address:	**Email:**
Owner/Person-in-Charge:	**Fax:**
Who is in Charge of the HACCP Process?	**Tel:**

Before a plan may be approved a food establishment must have a satisfactory inspection history.

This checklist must be complete before submission.

- ☐ ISDH Variance Application or Approval
- ☐ Name of each food product(s)
- ☐ A list of ingredients for each product.
- ☐ A copy of the label
- ☐ An accurate, step-by-step description (food flow) of how the product is prepared, ground, mixed, measured, formed, smoked, cooled, etc. for each product. See example.
- ☐ Standard Sanitation Operating Procedures (SSOP) including procedures prohibiting bare hand contact with ready to eat (RTE) foods; handwashing protocols; how cross contamination between raw and RTE foods will be prevented; and where the processing will occur. Include the location of the smoker. Also include a list of equipment and materials used in the process. Equipment must meet ANSI standards.
    - Describe how equipment is cleaned and sanitized. Also include how often in the process equipment is cleaned (before beginning, between types of foods etc.)
- ☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Point (CCP). Critical Control Points for smoked meats and sausage processes usually include final cooking temperatures and cooling. More complicated sausage processes will have more CCP's. See attached HACCP worksheet.

For each Critical Control Point (CCP):

- ☐ Identify acceptable levels. These levels are called Critical limits. **Critical Limits must be things you can measure.** Examples are final cook temperature of 155º F, cooling (140º F to 41º F in 6 hours), ppm nitrite, etc.
- ☐ Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure.

- ☐ Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?

- ☐ What are the actions taken by the *person in charge* if the critical limits for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when final cook temperature is not 155° F? What will happen if the cooling time exceeds six hours?

- ☐ Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

☐ Provide a food safety training program that shows employee and supervisors know how to perform the steps in this plan, how to use necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.

☐ Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. ***Also*** a statement that the regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Indiana State Food Code.

I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of Indiana State Food Code and may result in enforcement action.

_____ _____

Permit Holder or Person-in-Charge Signature/Title Date

For Health Department Use Only:

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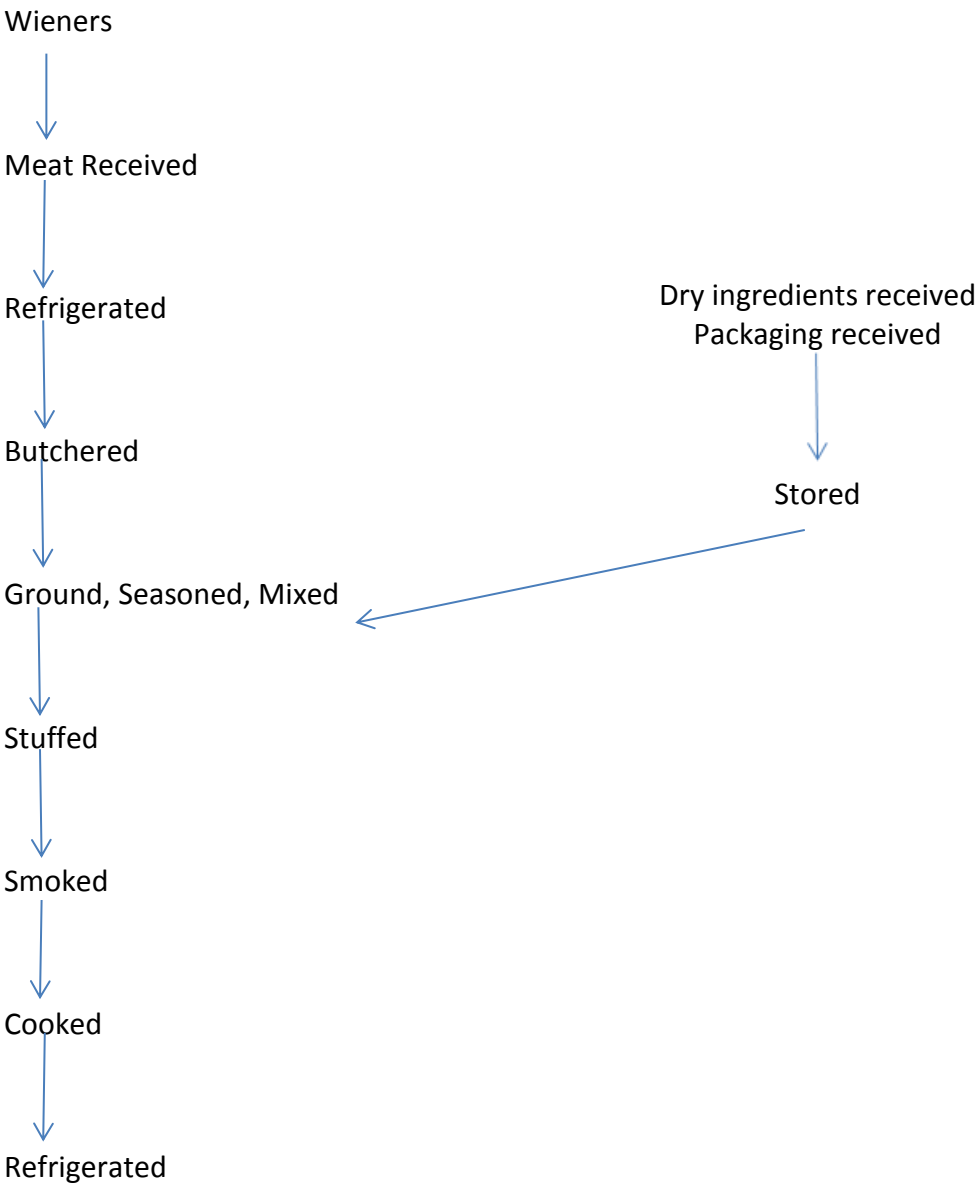
Sample Smoked Sausage Food Flow



MARION COUNTY PUBLIC HEALTH DEPARTMENT
Prevent. Promote. Protect.

Hazard Analysis Critical Control Point (HACCP)
Application Checklist
Sous Vide – Reduced Oxygen Packaging (ROP)

Establishment Name:	**Tel:**
Address:	**Email:**
Owner/Person-in-Charge:	**Fax:**
Who is in Charge of the HACCP Process?	**Tel:**

Before a plan may be approved a food establishment must have a satisfactory inspection history for the past year with no cooling or cold holding violations.

This checklist must be complete before submission.

- ☐ ISDH Variance Application or Approval
- ☐ Name of each food product(s)
- ☐ A list of all ingredients
- ☐ A copy of the label
- ☐ An accurate, step-by-step description (food flow) of how the product is prepared, held, sous vide cooked, cooled, finished, etc. (food flow) for each product. See example.
- ☐ Standard Sanitation Operating Procedures (SSOP) including procedures prohibiting bare hand contact with ready to eat (RTE) foods; handwashing protocols and how cross contamination between raw and RTE foods will be prevented. Also include a list of equipment and materials used in the process. Equipment must meet ANSI standards.
    - Describe how equipment is cleaned and sanitized. Also include how often in the process equipment is cleaned (before beginning, between types of foods etc.)
- ☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Point (CCP). Critical Control Points for simple sous vide operations usually include; cold holding, cooling, final cook temperatures and time held under vacuum. More complicated sous vide processes will have more CCPs. See attached HACCP worksheet.

For *<u>each</u>* Critical Control Point (CCP):

- ☐ Identify acceptable levels. These levels are called Critical limits. **Critical Limits must be things you can measure.** Examples are refrigerated temperature (41° F or less), cooling (140° F to 41° F in 6 hours) final cook temperature (poultry 165° F, meat and fish 145° F), time under vacuum (14 days or less) etc.

- Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure.

- Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?

- What are the actions taken by the *person in charge* if the critical limits for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the refrigerated product is above 41° F? Above 45° F? What will happen if the duck does not reach a final cook temperature of 165° F?

- Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

- Provide a food safety training program that shows employee and supervisors know how to perform the steps in this plan, how to used necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.

- **Provide a refrigeration temperature log for one week to assure your refrigeration units can hold at 41° F or less. Cooling verification charts and final cook temperature verification charts will also be required.**

- Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. Also a statement that the regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Indiana SFood Code.

I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of Indiana State Food Code and may result in enforcement action.

_____ _____

Permit Holder or Person-in-Charge **Signature/Title** **Date**

For Health Department Use Only:

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Sample Sous Vide Food Flow

Tender Spare Ribs

Received whole

Refrigerated

Butchered, portioned, seasoned

Packaged, labeled and sealed

Sous vide cooked

Cooled

Refrigerated

Removed from bag and reheated to order on grill

Served

MARION COUNTY PUBLIC HEALTH DEPARTMENT
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Hazard Analysis Critical Control Point (HACCP)
Application Checklist
Vacuum Packaging – Reduced Oxygen Packaging (ROP)

Establishment Name:	**Tel:**
Address:	**Email:**
Owner/Person-in-Charge:	**Fax:**
Who is in Charge of the HACCP Process?	**Tel:**

Before a plan may be approved a food establishment must have a satisfactory inspection history for the past year with no cooling or cold holding violations.

This checklist must be complete before submission.

- ☐ ISDH Variance Application or Approval, if required
- ☐ Name of each food product(s)
- ☐ A list of all ingredients – fish must be frozen before, during and after vacuum packaging.
- ☐ A copy of the label, including use by date
- ☐ An accurate, step-by-step description (food flow) of how the product is prepared, sealed, cold held, etc. (food flow) for each product. See example.
- ☐ Standard Sanitation Operating Procedures (SSOP) including procedures prohibiting bare hand contact with ready to eat (RTE) foods; handwashing protocols and how cross contamination between raw and RTE foods will be prevented. Also include a list of equipment and materials used in the process. Equipment must meet ANSI standards.
    - Describe how equipment is cleaned and sanitized. Also include how often in the process equipment is cleaned (before beginning, between types of foods etc.)
- ☐ Identification of the most important food safety control(s) for each process. Each of these important food safety controls is called a Critical Control Point (CCP). Critical Control Points for simple sous vide operations usually include; cold holding and use by dates. More complicated sous vide processes will have more CCPs. See attached HACCP worksheet.

For *<u>each</u>* Critical Control Point (CCP):

- ☐ Identify acceptable levels. These levels are called Critical limits. **Critical Limits must be things you can measure.** Examples are refrigerated temperature (41^{o} F or less), use by dates (14 days or less) etc.

- Describe how the Critical Limits will be measured. Include who will measure, how they will measure and when they will measure.

- Who will verify that the measurements and procedures are correctly documented and followed? How often will this be done?

- What are the actions taken by the *person in charge* if the critical limits for each critical control point are not met? Corrective actions need to be specific to the critical limit. For example, what will you do when the refrigerated product is above 41° F? Above 45° F?

- Include samples of the form(s) that will be used to keep track of the measurements, verify the procedures are correct and record corrective actions when critical limits are not met. A single form could be used for all.

- Provide a food safety training program that shows employee and supervisors know how to perform the steps in this plan, how to used necessary equipment and how to implement corrective actions. Employees need to sign off on the training plan.

- **Provide a refrigeration temperature log for one week to assure your refrigeration units can hold at 41° F or less.**

- Include a statement that an approved, signed copy of the plan will be kept on the premises for review by the regulatory authority. Also a statement that the regulatory authority will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with Indiana Food Code.

I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of Indiana State Food Code and may result in enforcement action.

_____ _____

Permit Holder or Person-in-Charge **Signature/Title** **Date**

For Health Department Use Only:

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Sample Vacuum Packaging Food Flow

Deli meats from a USDA Permitted Facility

Received

Refrigerated

Sliced

Portioned, Packaged,

Vacuum Sealed

Labeled and weighed

Refrigerated