

HACCP Plan Form

Firm Name: Firm Address:	Product Description: Method of Storage and Distribution: Intended Use and Consumer:
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(1) Critical Control Point	(2) Significant Hazards	(3) Critical Limits for each Preventive Measure	Monitoring				(8) Corrective Actions	(9) Verification	(10) Records
			(4) What	(5) How	(6) Frequency	(7) Who			

Signature of Company Official:	Date:
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HACCP Plan Form (continued)

(1) Critical Control Point	(2) Significant Hazards	(3) Critical Limits for each Preventive Measure	Monitoring				(8) Corrective Actions	(9) Verification	(10) Records
			(4) What	(5) How	(6) Frequency	(7) Who			