

# HACCP Food Safety Audit Form

Date of Audit

Site/Location

Auditor Name

Department/Area

## Audit Checklist

Item	Compliant	Non-Compliant	Comments
Receiving ingredients follows SOP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Storage conditions are appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Temperature controls are maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cleanliness of processing area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Personal hygiene of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Documentation up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Non-Conformance and Corrective Actions

Non-Conformance	Corrective Action	Responsible Person	Date Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Auditor Signature

**Manager Signature**