

# Allergen Control Plan Audit Checklist

Date:

Auditor Name:

Location / Department:

## Checklist

#	Audit Item	Compliant (Y/N)	Observations / Notes
1	Allergen risk assessment updated and available	<input type="text"/>	<input type="text"/>
2	Ingredient labels reviewed for allergens	<input type="text"/>	<input type="text"/>
3	Allergen-containing materials properly identified and stored	<input type="text"/>	<input type="text"/>
4	Chemical and physical separation maintained	<input type="text"/>	<input type="text"/>
5	Managing cross-contact during processing	<input type="text"/>	<input type="text"/>
6	Cleaning and sanitation procedures verified	<input type="text"/>	<input type="text"/>
7	Labeling and packaging checked for allergen accuracy	<input type="text"/>	<input type="text"/>
8	Employee allergen training completed and documented	<input type="text"/>	<input type="text"/>
9	Allergen control issues documented and corrective actions taken	<input type="text"/>	<input type="text"/>

## Corrective Actions / Additional Notes

Auditor Signature:

Date: