

Monitoring and Record Keeping

Monitoring tracks how well your workers are implementing your HACCP plan. It also helps you to determine if the standards outlined in sections 2-4: Prerequisite Programs and 2-5: Safe Food Handling Practices are met.

The first step is to determine who will be responsible for monitoring and where you will keep your records. This information needs to be recorded on the following table.

MONITORING FORMS	RESPONSIBLE PERSON(S) ¹	STORAGE LOCATION	HOW LONG TO KEEP
Daily -- Production Plan			Three years
Daily – Operation Inspection ²			Three years
Daily – Refrigerator Inspection			Three years
Daily – Freezer Inspection			Three years
Daily – Hot-holding Unit Inspection			Three years
Monthly -- Series of four inspection sheets ³			Three years
Monthly -- Pest Control			Three years
Annual -- Operation Assessment			Three years

¹ In many school foodservice operations, the person responsible for monitoring will be the Food Safety Team Leader. However, it is strongly recommended that the Food Safety Team Leader delegate monitoring tasks to other workers in the facility.

² If using a booster heater in the third-compartment to sanitize in hot water (171°F or hotter), download the Daily Inspection form and change (ppm), which is under **Dish Sink Set-up** to (°F). The temperature of the hot water rather than the ppm sanitizing solution must be recorded here.

³ The monthly inspections include a series of four forms. One form is to be completed each week. The Child Nutrition Director and/or the Food Safety Team Leader should decide when to complete these forms.

Some standards do not have a scheduled monitoring frequency and so are monitored “As needed.” Even so, it is still necessary to check whether or not the standard is being met. Nearly all of the standards that are monitored “As needed” are recorded on other forms that you are currently using in your operation. Here is a list of the other forms on which standards that are monitored on an “As needed” basis would be recorded. Please complete the following table.

MONITORING FORMS	RESPONSIBLE PERSON(S) ¹	STORAGE LOCATION	HOW LONG TO KEEP
Reports from the health department that employee diagnosed with foodborne illness ²			Three years
Food Safety Checklist for New Workers			Until no longer employed
Pest Control Reports from PMP ³			Three years
Purchasing and Receiving Delivery Invoices ⁴			Three years
Environmental Health Inspection Reports		With Operation Assessment	Three years

¹ In many school foodservice operations, the responsible person for monitoring will be the Food Safety Team Leader. However, the Food Safety Team Leader has the option of delegating this task to another worker in the facility.

² Information that is shared by the health department about individual employees health must not be shared with any workers as this would be a violation of one’s right for privacy. Site managers are only allowed to share this information with their immediate supervisor, such as the Area Supervisor or Child Nutrition Director.

³ In some schools, the principal will keep these records, if so simply note responsible person as Principal and cite the location as the Main Office.

⁴ In some schools, invoices are not left so there is no record at the school; the record is stored in the Central Office. If this is the case, simply note this on the table above.

Instructions for Completion

There are 23 lines on the form because the daily operation inspection must be completed each day that the school foodservice operation is open. It is recommended that this form be completed in the morning before food preparation begins.

Date – Note the date using a numeric code. For example, May 31, 2007 should be recorded as 5/31/07. If the school is closed during the week due to a holiday or because of weather, note the date and draw a line through the remaining cells. Note above the line – holiday or weather – to reflect why monitoring was not completed that day.

Observer Initials – The person who monitors must record their initials. Typically one worker will be assigned this task, however, if another worker completes the monitoring that day then that worker should record their initials.

Dishmachine Sanitizing

°F/ppm – if the dishmachine is a high-temperature dishmachine, the final rinse temperature must be recorded. If the dishmachine is a low-temperature dishmachine, follow the manufacturers instructions for the dishmachine to measure the sanitizing concentration. If the concentration is correct, use an “X” in this cell. It is difficult to get exact readings for ppm, which is why a numeric value should not be recorded.

Pressure – Check the manufacturer’s instructions to determine the proper pressure. Record the actual pressure in this cell.

Dish Sink Set-up (ppm) – the dish sink should be set-up each morning. If a chemical sanitizer is used, the concentration must be checked using appropriate test strips. If the concentration is in the correct range, then record an “X” in this cell. If not, add more sanitizer to the sink and note this in the corrective actions column. If the three-compartment sink is refilled more than once during the day, the sanitizer concentration needs to be checked but not recorded.

Spray bottle sanitizer (ppm) -- The concentration must be checked using appropriate test strips. If the concentration is in the correct range, then record an “X” in this cell. If the spray bottle is remade during the day, the sanitizer concentration needs to be checked but not recorded.

Clean-up – these items serve as a reminder of general sanitation practices that need to be completed before leaving the facility.

Trash – at the end of the day, all trash must be removed from the facility, record an “X” in this cell when this is completed.

Floors – at the end of the day, all floors must be cleaned, record an “X” in this cell when this is completed.

Surfaces – at the end of the day, all non-food-contact surfaces must be cleaned and all food-contact surfaces, cleaned and sanitized, if used during the day. Mark an “X” in this cell when this is completed.

Corrective Actions – Note any corrective actions that were taken. Examples of corrective actions are in 2-7: Corrective Actions.

Page 2 – Daily Operation Inspection Form

Date – Note the date using a numeric code. For example, May 31, 2007 should be recorded as 5/31/07. If the school is closed during the week due to a holiday or because of weather, note the date and draw a line through the remaining cells. Note above the line – holiday or weather – to reflect why monitoring was not completed that day.

Observer Initials – The person who monitors must record their initials. Typically one worker will be assigned this task, however, if another worker completes the monitoring that day, then that worker should record their initials.

Hand Sink #1-3 -- North Carolina law requires that warm water, soap, and towels be available at all hand sinks located in the kitchen area and in customer restrooms. In schools, customer restrooms are the boys' and girls' bathrooms located nearest to the cafeteria. Above each, note which hand sink is being checked. For example, Hand sink #1 might be Kitchen, Hand sink #2 Boys Restroom, and Hand sink #3 Girls Restroom. If there are more than three sinks associated with the kitchen, additional copies of this form must be copied and completed.

Water (°F) – water at all hand sinks must be warm (100°F) or hotter. Once or twice use a metal-stem thermometer to measure the temperature of the water so that you know what warm water feels like. After that, you can simply feel if the water is warm rather than measuring an actual temperature. If warm water is available mark “Y”, if no, mark “N.”

Soap -- all hand sinks must have antimicrobial soap according to North Carolina Foodservice Rules. Check the soap dispensers at all hand sinks. If soap is available, mark “Y”, if no, “mark “N.”

Towels – all hand sinks must have single-use paper towels or a working air dryer. Check the availability of single-use towels or a working hand dryer. If available, mark “Y”, if no, mark “N.”

NOTE: The availability of warm water, soap, and towels is often beyond the control of school foodservice personnel. However, the NC Foodservice Regulations clearly require this. Therefore, corrective action often cannot be made for hand sinks in the boys and girls restrooms. Even so, these hand sinks must be checked each day.

DAILY – Refrigerator Inspection Instructions to Complete

There are 31 lines on the form because the DAILY – Refrigerator Inspection must be completed seven days per week. If food is stored in the refrigerator when school is closed for extended periods of time – summer and breaks -- the temperature still needs to be monitored. It is recommended that this form be completed in the morning before food preparation begins. Also, more than one refrigerator might be in the operation, therefore, multiple copies of the form might need to be copied and the “name” of the refrigerator noted on the top of the form.

Date – Note the date using a numeric code. For example, May 31, 2007, should be recorded as 5/31/07. If temperatures are not checked on weekends, then the date needs to be noted and a line drawn through the remaining cells. It is very important that all information is accurately recorded.

Observer Initials – The person who checks the refrigerator must record their initials. Typically one worker will be assigned this task, however, if another worker checks the refrigerator that day then that worker should record their initials.

Temperature (°F) – The temperature of the refrigerator must be at 39°F or colder. Each morning before food preparation begins, the temperature needs to be checked and the actual temperature noted in the cell.

Cross-contamination – The inside of each refrigerator must be inspected to be sure that all ready-to-eat/cooked foods are stored above raw foods. Improperly stored raw foods could contaminate ready-to-eat/cooked foods.

Corrective Actions Taken – Note any corrective actions taken. Examples of corrective actions are in 2-7: Corrective Actions.

DAILY – Freezer Inspection Instructions to Complete

There are 31 lines on the form because the DAILY – Freezer Inspection must be completed seven days per week. If food is stored in the freezer when school is closed for extended periods of time – summer and breaks -- the temperature still needs to be monitored. It is recommended that this form be completed in the morning before food preparation begins. Also, more than one refrigerator might be in the operation, therefore, multiple copies of the form might need to be copied and the “name” of the freezer noted on the top of the form.

Date – Note the date using a numeric code. For example May 31, 2007, should be recorded as 5/31/07. If temperatures are not monitored on weekends, then the date needs to be noted and a line drawn through the remaining cells.

Observer Initials – The person who checks the temperature of the freezer must record their initials. Typically one worker will be assigned this task, however, if another worker checks the temperature that day then that worker should record their initials.

Temperature (°F) – The temperature of the freezer must be at 0°F or colder. Each morning before food preparation begins, the temperature needs to be checked and the actual temperature noted in the cell.

Corrective Actions Taken – note any corrective actions taken. Examples of corrective actions are in 2-7: Corrective Actions.

DAILY – Hot-Holding Unit Inspection Instructions to Complete

There are 23 lines on the form because the DAILY – Hot-Holding Unit Inspection must be completed each day that the school foodservice operation is open. This form must be completed before any food is placed in the unit. No food can be placed in a hot-holding unit until the temperature is at 135°F or hotter.

Date – Note the date using a numeric code. For example, May 31, 2007, should be recorded as 5/31/07. If the school is closed during the week due to a holiday or because of weather, note the date and draw a line through the remaining cells. Note above the line – holiday or weather – to reflect why monitoring was not completed that day.

Observer Initials – The person who monitors must note their initials. Typically one worker will be assigned this task, however, if another worker completes the monitoring for the day, that worker should record their initials.

Temperature – The temperature inside all hot-holding units must be at 135°F or hotter before any food is placed inside.

Corrective Actions Taken – Note any corrective actions taken. Examples of corrective actions are in 2-7: Corrective Actions. Examples of corrective actions are in 2-7: Corrective Actions.

MONTHLY FOOD SAFETY INSPECTION -- WEEK ONE

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer “no” to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. NOTE: This is one of a series of four forms. It is recommended that one form be completed each week.

DRY STORAGE

Yes	No	N/A	
___	___	___	Food is stored properly.
___	___	___	Packaged food is properly labeled with date received (month/day)
___	___	___	The first in, first out (FIFO) procedure is used for all dry food storage.
___	___	___	All food is stored on clean shelving that is at least 6 inches off the floor.
___	___	___	Dry storeroom between 50°F and 70°F and is clean, dry, and well-ventilated.
___	___	___	Food stored in durable, food-grade containers and not in direct sunlight.
___	___	___	Cleaning supplies/other chemicals separated from all food, dishes, utensils, linens, and single-use items.
___	___	___	Non-food supplies and chemicals are in their original containers. If not in the original container, it is clearly labeled on the side.

CORRECTIVE ACTIONS TAKEN:

Date Action Taken

MONTHLY FOOD SAFETY INSPECTION -- WEEK TWO

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer “no” to any of the items, you must take corrective action. Record the corrective actions taken in the space provided at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

REFRIGERATED STORAGE

Yes	No	N/A	
___	___	___	Food is stored to allow for good air circulation; shelves not lined.
___	___	___	All food properly covered and labeled with the amount and date (CLAD).

FROZEN STORAGE

Yes	No	N/A	
___	___	___	Hot food is properly stored in the freezer.
___	___	___	All foods properly covered and labeled with the amount and date (CLAD).
___	___	___	Freezers are defrosted according to manufacturer instructions.

CORRECTIVE ACTIONS TAKEN:

<u>Date</u>	<u>Action Taken</u>
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MONTHLY FOOD SAFETY INSPECTION -- WEEK THREE

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer “no” to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

FOOD PREPARATION

Yes	No	N/A	
___	___	___	Fruits and vegetables are properly washed before preparation or service.
___	___	___	Ice used to chill food or beverages is never used as a food ingredient.
___	___	___	A cleaned and sanitized container(s) and ice scoop(s) is used to dispense ice.

TRANSPORTING

___	___	___	All cold-holding equipment is properly cleaned and sanitized.
___	___	___	All holding equipment properly cleaned and sanitized when returned.

CORRECTIVE ACTIONS TAKEN:

<u>Date</u>	<u>Action Taken</u>
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MONTHLY FOOD SAFETY INSPECTION – WEEK 4

Signature of Responsible Person: _____

Date Inspection Completed: _____

Directions: Complete this checklist as part of your monthly food safety inspection cycle. If you answer “no” to any of the items, you must take corrective action. Record the corrective actions taken in the space at the bottom of this form. **NOTE:** This is one of a series of four forms. It is recommended that one form be completed each week.

FACILITIES AND EQUIPMENT

Yes	No	N/A	
___	___	___	Properly sized plastic liners in all garbage cans located in each work area.
___	___	___	Recyclables are properly stored
___	___	___	Dumpster and dumpster pad area maintained in a clean condition.
___	___	___	Sand urns located in smoking/break areas maintained and emptied frequently – if smoking is permitted on school property.

HAZARD COMMUNICATIONS

Yes	No	N/A	
___	___	___	All hazardous chemicals properly marked.

CORRECTIVE ACTIONS TAKEN:

<u>Date</u>	<u>Action Taken</u>
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Monthly Pest Control Checklist

Pests can pose a significant program within a foodservice operation. One of the first lines of defense is to conduct a monthly inspection so you can identify and correct potential problems. Complete the following inspection report each month. All items checked "NO" must be corrected as soon as possible.

Signature of Responsible Person: _____

Date Inspection Completed: _____

Food Preparation and Storage Areas			
The building exterior and perimeter is clean and free of clutter and debris.	Yes	No	N/A
Insecticides and rodent traps properly used in and near the garbage and waste area.	Yes	No	N/A
Only products labeled for use in food-handling areas are used.	Yes	No	N/A
Trapping devices or other means of pests control properly maintained and used.	Yes	No	N/A
Pesticides kept in their original containers and stored properly.	Yes	No	N/A