

**COMPREHENSIVE ASSESSMENT OF
THE EXECUTION AND DESIGN OF AN
ESTABLISHMENT'S
FOOD SAFETY SYSTEMS**

DISTRIBUTION INSTRUCTIONS:

Submit this report to your District Manager and the Front-Line Field Supervisor via email.

EST. NO.

DATES CSO VISITED EST.

FROM:

TO:

NAME AND ADDRESS OF ESTABLISHMENT

NAME OF CSO:

DISTRICT

CIRCUIT VISITED

REASON FOR VISIT: (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> A. District Office Direction | <input type="checkbox"/> F. STEPS-triggered Sample Form # _____ | <input type="checkbox"/> H. Other (Specify):
<u>E. Coli O157:H7 reassessment</u> |
| <input type="checkbox"/> B. Consumer Complaints | <input type="checkbox"/> G. Salmonella Performance Standard Failure | |
| <input type="checkbox"/> C. Foodborne Illness | <input type="checkbox"/> A set | |
| <input type="checkbox"/> D. Foreign Particle Contamin. | <input type="checkbox"/> B set | |
| <input type="checkbox"/> E. Repetitive Lm Findings | <input type="checkbox"/> C set | |

SUMMARY OF DATA ASSESSMENT PRIOR TO VISIT:

RECOMMENDATIONS (Check only one):

- | | | | |
|---|---|----------------------------------|--|
| <input type="checkbox"/> A. No further action | <input type="checkbox"/> B. 30 day letter | <input type="checkbox"/> C. NOIE | <input type="checkbox"/> D. NOIE & 30 day letter |
| <input type="checkbox"/> E. Suspension/Withdrawal | | | |
- F. Summary of reason(s) for recommendation:

SUMMARY FINDINGS - *E. Coli* O157:H7 REASSESSMENT :

1. Did the establishment reassess its HACCP plan(s) based on the relevant scientific data cited in the *Federal Register* notice?

YES NO

2. Did the establishment change its HACCP plan(s) as a result of considering the new scientific data cited in the *Federal Register* notice?

YES NO

3. If YES, how were the HACCP plan(s) modified? (*Check all that apply*)

- A. The hazard analysis was modified to recognize that *E. coli* O157:H7 is a hazard reasonably likely to occur.
- B. The HACCP plan was modified to include microbial intervention(s) as CCP's. (*describe the interventions in your narrative report*)
- C. The HACCP plan was modified to include a statistically valid microbiological sampling program for *E. coli* O157:H7 to verify the effectiveness of the intervention(s) (CCP's).
- D. The HACCP plan was modified to include a CCP requiring its suppliers certify that all lots of raw materials received are subjected to a validated intervention and have tested negative for *E. coli* O157:H7.
- E. Other (*describe below in narrative*)

4. If the HACCP plan(s) were not changed, what was the reason(s) the plan(s) were not changed? (*Check only one item*)

- A. The HACCP plan was not changed because prior to the *Federal Register* notice the establishment had already considered *E. coli* O157:H7 as a hazard reasonably likely to occur.
- B. The establishment concluded, even after considering the new scientific data cited in the *Federal Register*, *E. coli* O157:H7 is still not a hazard reasonably likely to occur in its process.
- C. Other (*describe below in narrative*)

5. Did grinding establishments incorporate controls into their Sanitation SOP's or other prerequisite programs? (*Check all that apply*)

- A. The SSOP was modified to include specific controls for *E. coli* O157:H7. (*Please describe the controls in narrative below.*)
- B. Other prerequisite programs were modified to include controls for *E. coli* O157:H7. (*Please specify which program and how in narrative below.*)
- C. The establishment either had in place or incorporated purchase specifications for suppliers to test all lots of raw materials under a prerequisite program, and shares records with inspection personnel.
- D. The establishment either had in place or incorporated temperature controls under a prerequisite program to ensure no growth of *E. coli* O157:H7, and shares records with inspection personnel.
- E. Other (*describe below in narrative*)

NARRATIVE: Attach/Save an MS Word document with the full narrative to this PDF