**Appendix Y – Food Safety Log and Worksheet Templates.**

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The following worksheets are intended to serve as templates to cover most of the documentation and recordkeeping that will occur as part of a typical fresh produce food safety program. Not every size and type of operation will need to use every sheet, but most operations will want to capture and record most of the information these sheets are designed to document. It is expected that these sheets will serve as a foundation and inspiration for further customization. For example, some operations may find it beneficial to create separate log sheets to document the cleaning and sanitation of different types of equipment or different areas within a packing facility. Separate log sheets for different washing or sanitizing tanks may be useful as well. Don’t be afraid to experiment to find out what works best for your operation.

Proper record keeping protocols:

 **Always fill in information in real time.** Never fill in information after the fact. When things are busy it is always tempting to wait to record information after performing an inspection or a test. This is a good way to introduce errors into one’s documentation and sends up a red flag to third-party auditors.

 **Never falsify information.** The temptation here is obvious, but the fact is that inspectors and auditors will almost certainly be much more concerned about falsified information or test results than about missing data.

 **If an error is made in entering information, do not erase or obscure it.** The proper protocol to correct a mistake is to put a single line through the erroneous entry, write in the correct information, and initial the change. If for some reason the correction occurs some period of time after the information is originally entered, make a note of the time/date of the correction and the reason for the delayed correction on the page.

Remember: **Record it or regret it!**

**Acknowledgement:** These worksheets were adapted from documents originally developed by Robert B. Gravani, Ph.D., Elizabeth A. Bihn, M.S., and others at the Cornell University Department of Food Science.

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| **Worker Training Log** | | | | |
| **Name of operation:** |  |  |  | **Date:** |
| **Trainer:** |  |  | **Training Time:** | |
| **Location:** |  |  |  |  |
| **Subject of training session:** | | | | |
| **Training method:** | **Video** | **Lecture** | **Handout** | **(Check all that apply)** |
| (Please attach any written materials to this log with a staple): | | | | |
| **Please see the food safety plan for overall Worker Training procedures.** | | | | |
| **Employee Name** (please print) | | **Employee Signature** | | |
| **1.** | | |  |  |
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| **4.** | | |  |  |
| **5.** | | |  |  |
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| **15.** | | |  |  |
| **Reviewed by:** |  |  | **Title:** | **Date:** |

# Site Selection Review

## Name of operation:

**Please see the food safety plan for site selection procedures.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Previous Land Use (animal, crop production,**  **industrial, dump for industrial,**  **animal, sludge, or biosolids)** | **Potential for Livestock and Wildlife Contamination** | **Potential for Wind Borne Contaminants** | **Potential for Surface Water Contaminants** | **Test Results\*** | **Initials** |
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\* Attach any testing lab results.

**Reviewed by: Title: Date:**

# Field / Packing Shed Restroom Cleaning and Service Log

## Name of operation:

**Please see the food safety plan for overall field sanitation unit service procedures.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sanitation Unit #\*** | **Date** | **Time** | **Supplies Stocked\*\*** | | | | **Initials** |
| **Paper Towels** | **Soap** | **Toilet Paper** | **Potable Water** |
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\* Restroom number as identified on field map or packing shed diagram.

\*\* Sanitation supplies are single use towels, toilet paper, hand or anti-bacterial soap, potable water for hand washing. If contracted with sanitation company, attach service/cleaning receipt.

**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall cleaning procedures and time intervals.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Cleaning List (check each)** | | | | | | **Initials** |
| **Knives and**  **Personal equipment** | **Harvest Machinery** | **Harvest Bins** | **Field Trailers** | **Field Tractors** | **Field Storage**  **Area Inspected** |
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**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall cleaning procedures and time intervals.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Cleaning List (check each)** | | | | | | **Initials** |
| **Produce receiving area** | **Produce Contact**  **Surfaces** | **Washing / Cooling / Sanitizing**  **Tanks** | **Floor drains** | **Trash receptacles** | **Storage area(s)** |
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**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall water treatment procedures and testing time intervals.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Water pH Level** | **Type of Chemical Used** | **Tested Strength of Solution** | **Amount of Sanitizer Added** | **Type of Produce Being Run** | **Initials** |
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**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for irrigation / spray water testing procedures and time intervals.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Water Source (surface, well, etc.)** | **Test Date** | **Test Results\*** | **Corrective Actions Taken (if necessary)** | **Initials** |
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\* Attach testing lab results.

**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall Pest/Rodent control procedures.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Used\* or self** | **Date of Service or action taken** | **Type of Pest** | **Type of Control\*\*** | **Location of Traps** | **Traps Checked (date)** | **Disposal means** | **Initials** |
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\*If using a company for service, attach report or receipt of service for each of their visits.

\*\*List type of control methods used such as exclusion, traps, poison, repellants, etc.

**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall animal/wildlife control procedures.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Company / Agency Used\* or self** | **Animal Concern (species)** | **Type of Control\*\*** | **Action Taken** | **Initials** |
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\*If using a company for service, attach report or receipt of service for each of their visits.

\*\*List type of control methods used such as exclusion, traps, poison, repellants, etc.

**Reviewed by: Title: Date:**

## Name of operation:

**Cooler number: Thermometer number:**

**Please see the food safety plan for overall temperature control procedures and thermometer calibration instructions**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Thermometer calibrated date** | **Recorded temperature** | | **Corrective actions taken (if necessary):** | **Result of corrective actions and date accomplished** | **Initials** |
| **AM** | **PM** |
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**Reviewed by: Title: Date:**

A note on calibration of your thermometer1

Melting point of ice method (requires a thermometer that may be calibrated by adjusting a movable back plate on which temperature gradations appear):

1. Place ice in a container and let it melt.
2. Stir to make sure that the temperature in the ice/water mixture is uniform throughout the container.
3. When the ice is partially melted and the container is filled with a 50/50 ice and water solution, insert the thermometer and wait until the needle indicator stabilizes. The thermometer should be 32°F (0°C).
4. If the thermometer is not reading 32°F (0°C), it should be adjusted by holding the head of the thermometer firmly and using a small wrench to turn the calibration (hex) nut under the head until the indicator reads 32° (0°C).

An important item to remember as you are calibrating your thermometer using the melting point of ice method is to never add water to ice to create an ice/water mixture because this mixture will *not* stabilize at 32°F (0°C) for some time, but will instead be at higher temperatures. The calibration will be much more accurate if you allow ice to melt to create an ice/water mixture.

1. This information on thermometer calibration is taken from “Food Store Sanitation”, 1998, Sixth Edition, Gravani, Robert B., Rishoi, Don C., Cornell University Food Industry Management Distance Education Program, Lebhar-Friedman Books, Chain Store Publishing Corp.

# Truck Checklist

## Name of operation:

**Please see the food safety plan for overall truck checking procedures.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Trucking Company** | **Truck clean (Y / N)** | **If no, state the problem (off odor, debris, etc.)** | **Corrective Action** | **Truck temp at Loading** | **Temp data logger in load ( Y / N)** | **Initials** |
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**Reviewed By: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall illness/injury reporting procedures.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Name of Employee** | **Injury sustained / Illness reported** | **Action taken (ice applied, bandaged, sent to hospital, etc.)** | **Did employee return to work? (Y / N)** | **Initials** |
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**Reviewed By: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall first aid kit monitoring.**

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| --- | --- | --- | --- | --- |
| **Date** | **Location of First Aid Kit or #** | **Checked & Stocked** | **If restocked, list added items here (band aids, ointment, etc)** | **Initials** |
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**Reviewed By: Title: Date:**

## Name of operation:

**Please see the food safety plan for overall manure application procedures**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Field Location** | **Material applied** | **Rate (ton/acre)** | **Composted? (Y / N)** | **Incorporated? (Y / N)** | **Supplier** | **Date Crop Planted** | **Date Crop Harvested** | **Initials** |
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**Reviewed By: Title: Date:**

## Name of operation: Date:

**Please see the food safety plan for overall traceback procedures.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Harvest date** | **Crop** | **Field Location** | **Harvester Name / ID** | **Packing date** | **Packer Name / ID** | **Shipping date** | **Shipper** | **Customer** | **Initials** |
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**Reviewed by: Title: Date:**

## Name of operation: Date:

**Conducted by: Lot:**

## Product traced:

**Please see the food safety plan for overall traceback procedures.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Step backward** | | | | | **Step forward** | | |
| **Harvest** | **Harvester** | **Packing** | **Packer** | **Shipping** | **Customer(s)** | **Amount of** | **Disposition of** |
| **date** |  | **date** |  | **date** | **contacted** | **product** | **product which** |
|  |  |  |  |  |  | **remaining from** | **could not be** |
|  |  |  |  |  |  | **original shipment** | **recalled** |
|  |  |  |  |  |  | **at customer** |  |
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**Reviewed by: Title: Date:**

## Name of operation:

**Please see the food safety plan for information on food safety procedures for visitors.**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Enter time** | **Visitor** | **Badge #** | **Host** | **Exit time** |
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