

**HAZARD ANALYSIS CRITICAL CONTROL  
POINT (HACCP) PLAN REVIEW**  
Food Service Establishment Application

Submittal Date	Memo Number	Review Fee	Customer ID Number

Please see the [Environmental Health Fee Schedule](#) – “Special Process Plan Review” line item for current fees.

FOOD SERVICE ESTABLISHMENT INFORMATION			
Food establishment name			
Establishment street address (Mobile units/caterers use kitchen information)			
City	State	Zip code	
HACCP plan contact		Phone	

APPLICANT INFORMATION	
First and last name	Contact phone
Mailing street address	
City	State Zip code
Email address	

**HACCP CHECKLIST – VERIFY YOUR PLANS INCLUDE THESE ITEMS**

- Variance request, if required
- Name of food product(s) and process for which the plan is being submitted
- A list of ingredients
- A copy of the label if you package food
- A step-by-step description of how the food is prepared, held, served, transported, etc. Include a Food Flow for each process.
- List of equipment and materials used in the process
- Identification of the most important food safety control(s) for each process. Each of these important food safety controls will be called a Critical Control Point (CCP). Call the Food Safety Program, if you need help completing this step.

**For each Critical Control Point:**

- Identify acceptable levels. These levels will be called Critical Limits. Critical Limits must be things you can measure. Examples are cooking temperature, refrigerated temperature, pH, etc.
- Describe how the Critical Limits will be measured. Include who will measure, how they will measure, and when they will measure.
- Describe how you will make sure each measurement is properly documented, procedures are being followed, and how often this will be done and who will be responsible for this.
- Identify what will be done when Critical Limits are not met and how this will be documented. Include samples of the forms that will be used.
- A food safety training program ensuring employees and supervisors know how to perform the steps in this plan and how to use the necessary equipment.

## HACCP CHECKLIST – VERIFY YOUR PLANS INCLUDE THESE ITEMS (CONTINUED)

- Any necessary evidence, such as laboratory analysis, to show this is a safe process. Consult with the Food Safety Program to decide if this is required.
- A statement that an approved, signed copy of the plan will be maintained on the premises for review by the Kitsap Public Health District.
- A statement that the Kitsap Public Health District will be informed in advance of any significant changes in the process that may affect the accuracy or effectiveness of the plan.

**If you will be using a Reduced Oxygen Packaging method (such as vacuum packaging), also include the following:**

- Methods to ensure the refrigerated shelf life will be no more than 14 calendar days from packaging to consumption.
- Operation procedures prohibiting food contact with bare hands, describing how cross contamination between raw and ready-to-eat foods will be prevented, and describing cleaning and sanitizing procedures for food contact surfaces.

## CERTIFICATION AND ACKNOWLEDGMENT

*By signing this document, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:*

- I certify that all of the information submitted is accurate to the best of my knowledge. The operation is in compliance with the [Washington State Retail Food Code WAC 246-215](#) and [Kitsap Public Board of Health Ordinance 2013-02](#).
- I understand that failure to comply with this plan and/or falsification of monitoring records is a violation of the Washington State Retail Food Code and may result in enforcement action.

*Owner/ Applicant name printed*

*Owner/ Applicant signature*

*Date*