Hazard Analysis	PRODUCT: Dry Extruded Dog and Cat Food	PAGE X of Y	
PLANT NAME	ABC Pet Food	ISSUE DATE	mm/dd/yy
ADDRESS	123 Street, Anywhere, USA	SUPERSEDES	mm/dd/yy





## EXAMPLE FOOD SAFETY PLAN DRY EXTRUDED DOG AND CAT FOOD

This manual was created to assist participants in the Food Safety Preventive Controls Alliance's *Preventive Controls for Animal Food* course in an attempt to reinforce learning.

All examples are hypothetical. Application of preventive controls requires in-depth knowledge of actual operating conditions, thus information in the curriculum and in this example plan may not be directly applicable to a specific operation. Assistance from a *Preventive Controls Qualified Individual* is necessary to ensure compliance with FDA regulations.

1<sup>st</sup> Edition, June 2016

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### 1. Background Information

### **Food Safety Team Members**

Name	Position
I.R. Charge*	Plant manager
F.S. Leader	Production supervisor
I.M. Quality	Quality supervisor
I.M. Fixer	Maintenance supervisor

<sup>\*</sup>Preventive Controls Qualified Individual. Attended FSPCA Course for Animal Food June 2016. Completion certificate is in personnel file.

### **Facility Overview**

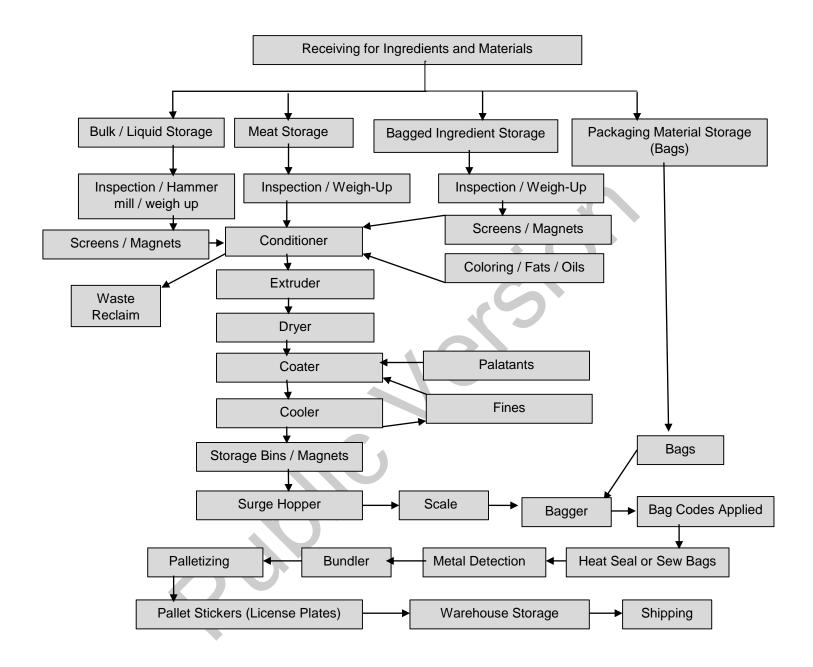
- Facility Description: The facility was built in the 1980s and runs one shift, 5 days per week.
- **Product Description:** Complete and balanced food for all life stages of dogs and cats. Dry extruded kibble is packaged in differing bagged net weights.
- **Intended Use:** Fed as a complete ration to dogs or cats at all life stages. Fed as is, directly from the bag and stored in a cool, dry environment.

### Hazard Evaluation Rubric

	ligible					
		HIGH (I)	MEDIUM (II)	LOW (III)	VERY LOW (IV)	
		Imminent and immediate danger of death or severe illness. Likely to impact humans and animals.		Illness or injury may occur, but impact is reversible. Likely to impact animals, unlikely to impact humans.	minor. Possible to impact animals,	
HIGH (A)	Immediate danger that the hazard will occur.	I-A	II-A	III-A	IV-A	
MEDIUM (B)	Probably will occur in time if not corrected.	I-B	II-B	III-B	IV-B	
LOW (C) Possible to occur in time if not corrected.  VERY LOW (D) Unlikely to occur; may assume hazard will not occur.		I-C	II-C	III-C	IV-C	
		I-D	II-D	III-D	IV-D	

### **Example Food Safety Plan**

### Flow Diagram



### 9

# 2. Hazard Analysis and Preventive Controls Determination

attached, particularly for when it is determined that hazards do <u>not</u> require a preventive control (i.e. historical data to support \*Note that these sections are abridged; typical may likely require multiple pages. Additional justification may be necessary to thiamine levels in incoming vitamin premix are in accordance with the COA is appropriate to include).

		(8)	Assign a Preventive Controls Number	-	2	n/a	က	1	2	n/a	ю	n/a	n/a	8							
	Preventive Control(s)	(2)	Determine the Appropriate Control for any <i>Hazard Requiring a</i> Preventive Control	Process Control: Extrusion temperature	Sanitation control: Post-extruder surface sanitizing	e/u	Process Control: Metal detection in finished pet foods	Process Control: Extrusion temperature	Sanitation control: Post-extruder surface sanitizing	e/u	Process Control: Metal detection in finished pet foods	e/u	в/и	Process Control: Metal detection in finished pet foods							
nalysis		(9)	Justify the Classification for the Hazard in Step 5			COA used by known supplier with historical data to confirm values	Ingredients may include non- ferrous metal that may not be caught by magnet	EDA Salmonolla CBG 690 800		n/a	Foreign material, especially metal, may enter receiving grate	n/a	COA used by known supplier with historical data to confirm values	Mixer paddles made of metal							
Table 1. Hazard Analysis	Evaluation	Evaluation	Evaluation	(2)	Determine if Hazard Requires a Preventive Control (Yes or No)	200	<u> </u>	No	Yes	, , , , , , , , , , , , , , , , , , ,	- 63	n/a	Yes	n/a	No	Yes					
Table 1.			(4)	Assess Probability that the Hazard Will Occur in Absence of Preventive Controls			C – Low	B - Medium	7		n/a	B - Medium	n/a	C – Low	B - Medium						
		(3)	Assess Severity of Illness or Injury to Humans or Animals if the Hazard Were to Occur	-	- - - -	II- Medium	II- Medium	- -		n/a	II- Medium	n/a	II- Medium	II- Medium							
	cation	cation	ication	ication	cation	ication	ication	Identification	(2)	Identify Known or Reasonably Foreseeable Hazards	and official confos	Samoneila spp.	Thiamine deficiency	Foreign material : metal, plastic, bone, glass, wood	sal sallonomics	Samonena spp.	None	Foreign material : metal, plastic, glass, wood	None	Thiamine deficiency	Metal
	ldenti			٥	۵	ပ	۵	α	נ	၁	۵	В	O	۵							
	_	(1)	List Ingredients and Steps/Equipment within the Process Flow			Ingredients			Scivisos Alud	במוע ופכפועוות			Mixing								

## 3. Preventive Controls and Management Components

\*Note that these sections are abridged; typical may likely require multiple pages (i.e. Preventive Control #3 is not shown).

8	8	Pre C			
Salmonella spp.	Salmonella spp.	Hazard Requiring a Preventive Control	(1)		
Post-extruder surface sanitizing	Extrusion temperature	Appropriate Control for Hazard Requiring a Preventive Control	(2)	Pre	
N	7	PC Number	(3)	Preventive Control(s)	
Sanitation control	Process Control	PC Category	(4)	ntrol(s)	
Any residual material on post-extruder surfaces or 200 ppm sanitizer concentration	Extruder barrel temperature > 178°F (instantaneous 10 <sup>6</sup> reduction)	Parameters (if applicable)	(5)		Table 2. Description of Preventive Controls
Visual inspection of surfaces, sanitizer concentrati	Automatio n system	What			iption of
SOP 201.2	Extruder records, thermomet er readings	Monitoring How			Preventi
Before operations begin and end of daily production	Continuous with exception alarms	Monitoring (if applicable) How Frequency	(6)	Manag	ve Control:
Sanitation team member	Shift operator running the automation system	Who		gement Components	6
Correction: If residual material is observed on the animal food-contact surface, re-clean and resanitize. If sanitizer is not at the proper concentration, make a new solution.  Corrective action: Identify and correct the problem; reduce the likelihood that the problem will recur; evaluate all affected animal food for safety; prevent affected animal food from entering commerce as necessary; reanalyze the food safety plan when appropriate	Identify and correct the problem; reduce the problem; reduce the likelihood that the problem will recur; evaluate all affected animal food for safety; prevent affected animal food from entering commerce as necessary; reanalyze the food safety plan when appropriate	Corrective Action(s) and/or Correction(s)	(7)	nponents	
Daily Sanitation Sheet, corrective action and correction records, training records, environmental monitoring records	Extruder records, validation documents, corrective action records, and training, thermometer accuracy, thermometer calibration, and verification records	Records	(8)		

Recall Plan Example	PAGE 8 of 23		
PLANT NAME:	ISSUE DATE	08/02/2015	
ADDRESS:	SUPERSEDES	05/29/2015	

<sup>\*</sup>Note that these sections are abridged; typical may likely require multiple pages (i.e. Preventive Control #3 is not shown).

Table	Table 3. Description of Verification Activities					
Activity	Description of Activity					
Type of Validation	<ul> <li>Extrusion temperature         <ul> <li>IFT Report to FDA: Kinetics of Microbial Inactivation, 2000</li> <li>AFIA Salmonella Control Guidelines, 2010</li> <li>Bianchini et al. in 2012.</li> <li>Internal process data: minimum required temperature = 175.6 F</li> </ul> </li> <li>Post-extruder surface sanitizing         <ul> <li>n/a</li> </ul> </li> </ul>					
Assurance Monitoring and Corrective Actions/Corrections are Completed as Directed	Monitoring and corrective action records will be reviewed within 7 working days. Instances exceeding 7 days includes justification.					
Type of Verification of Implementation and Effectiveness	<ul> <li>Extrusion temperature         <ul> <li>Daily checks to confirm thermometer accuracy</li> <li>Quarterly calibration of thermometers</li> <li>Test and hold procedures per SOP 506.3</li> </ul> </li> <li>Post-extruder surface sanitizing         <ul> <li>Environmental monitoring per SOP 213.6</li> <li>Product testing when necessary per SOP 213.7</li> </ul> </li> </ul>					
Reanalysis of Food Safety Plan	Every three years, or as necessary when there are changes to the process, new information becomes available, or it is determined that					

### **Supporting SOPs**

\*Note that these sections are abridged; typical may likely require multiple pages (i.e. SOP 213.6, 213.7, and 506.3 are not shown, but are referenced in Tables 1, 2, or 3).

Hazard Analysis	azard Analysis PRODUCT: Dry extruded dog and cat food			
PLANT NAME	ABC Pet Food Manufacturer	d Manufacturer ISSUE DATE		
ADDRESS	123 Street, Anywhere, USA	SUPERSEDES	mm/dd/yy	

### **Pet Food Example**

### SOP 201.2: Finished Product Animal Food Contact Surface Sanitizing

**Purpose**: Cleaning and sanitizing of the finished product animal food contact surfaces (equipment and utensils) are important to reduce cross-contamination or recontamination with environmental pathogens that may impact animal food safety.

Frequency: Before operations begin and at the end of daily production

Who: Sanitation team member

### Procedure:

- 1. Remove gross material with a squeegee.
- 2. Wipe surface with a clean cloth dipped in ABC cleaning solution (2 oz. per gallon).
- 3. Rinse surface with clean water. Detergent remaining on the surface may inactivate the sanitizer
- 4. Spray surface with 200 ppm quaternary ammonium compound solution, ensuring that entire surface is covered. Sanitizer must contact surface for 1 minute per label directions.
- 5. Allow surface to air dry, about 5 minutes.

**Monitoring:** Inspect animal food contact surfaces for residual material and cleanliness. Use test strip to measure the quat concentration BEFORE application. Record on Daily Sanitation Sheet **Corrections:** If residual material is observed on a surface, re-clean and sanitize. If quaternary ammonium compound solution is not at the proper concentration, make a new solution.

**Corrective Action:** Identify and correct the problem; reduce the likelihood that the problem will recur; evaluate all affected animal food for safety; prevent affected animal food from entering commerce as necessary; reanalyze the food safety plan when appropriate

**Records:** Daily Sanitation Sheet

Verification: Supervisor (daily) and PCQI (within 7 working days) reviews Daily Sanitation Sheet



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PLANT NAME:	<b>ISSUE DATE</b> 08/02/2015			
ADDRESS:	<b>SUPERSEDES</b> 05/29/2015			

### 4. Recall Plan

Reviewed by: **Signature**, Title

Date: June 2, 2016

This model Recall Plan identifies information that is either required or recommended to facilitate an effective and efficient recall. While a Recall Plan is <u>required</u> by the *Preventive Controls for Animal Food* regulation, no specific format and content is specified. This model contains questions and templates that can be used to develop an individualized Recall Plan. A Recall Plan <u>must</u> be developed as part of your Food Safety Plan records.

### Recall Team

Assignment	Person	Contact Information
Facility Manager		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Responsibility:		
Publicity and Public Relations		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Responsibility:		
Sales & Marketing		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Nutritionist or Veterinarian		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Purchasing		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Quality Assurance		Office: xxx-xxx-xxxx
Alternate:	\ (\mathcal{V})	Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Accountant		Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
Attorney	÷ ( 1	Office: xxx-xxx-xxxx
Alternate:		Mobile: xxx-xxx-xxxx
,		Home: xxx-xxx-xxxx
Administrative Support		Office: xxx-xxx-xxxx
		Mobile: xxx-xxx-xxxx
		Home: xxx-xxx-xxxx
FDA Recall Coordinator		Office: xxx-xxx-xxxx

Recall Plan Example	PAGE 12 of 23			
PLANT NAME:	<b>ISSUE DATE</b> 08/02/2015			
ADDRESS:	SUPERSEDES	05/29/2015		

### **Determining if a Recall Action Necessary**

Problem reported by	Initial Action	Decisions	Actions
Regulatory Agency	Assemble recall team		If no recall is needed:
believe your product is	and ask agency if recall		Document why not and
causing illness	is recommended		action.
News media story on	Assemble recall team,		If recall is needed:
problem with a type of	review internal records		<ul> <li>Assign</li> </ul>
animal food you			responsibilities
produce			
Internal QC or	Assemble recall team		Gather evidence
customer information	and review internal		
suggest a potential	records		Analyze evidence
problem			Get word out
		Evaluate situation;	- Get Word out
		decide if, what and	Monitor recall
		how much product to	
		recall	Dispose of product
			• Apply for
			Apply for
			termination of
			recall
			Assemble recall
			team and debrief
			Prepare for legal
	<b>V 7</b> •		
			issues

### <u>Information Templates for FDA Communication</u>

### **Product Information**

Modify the "Product Description, Distribution, Consumers and Intended Use" form as needed to reflect only the product involved, including:

- Product name (including brand name and generic name)
- Product labels
- Remove any names of products that are not involved in the recall

Assemble TWO COMPLETE SETS OF ALL labeling to the Local FDA District Recall Coordinator. Include:

- Product labeling (including ALL private labels)
- Individual package label
- Bag label (photocopy acceptable)
- Package Inserts
- Directions for Use
- Promotional Material (if applicable)

### **Codes (Lot Identification Numbers):**

•	Lot number(s) involved:
•	Lot numbers coding system: Describe how to read your product code: -
•	Expected shelf life of product:

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PLANT NAME:	ISSUE DATE	08/02/2015	
ADDRESS:	SUPERSEDES	05/29/2015	

### **Recall Firm Contacts**

Provide this information to FDA for clear communication:

Manufacturer name: [Name and address]

Position	Name, Title	Contact Information
RECALL coordinator		Office: xxx-xxx-xxxx
		Mobile: xxx-xxx-xxx
		Fax: xxx-xxx-xxxx
		email: xxxxxxxxxx
Most responsible individual		Office: xxx-xxx-xxxx
		Mobile: xxx-xxx-xxxFax: xxx-
		XXX-XXXX
	•	email: xxxxxxxxxx
Public contact:	May be one of the above or another	Office: xxx-xxx-xxxx
	individual. If possible, it is useful to	Mobile: xxx-xxx-xxx
	name a different individual to allow	Fax: xxx-xxx-xxxx
	the coordinator focus on retrieving	email: xxxxxxxxxx
	product and resolving the issue	

### Notification of the public

Contact Consumer: 1-xxx-xxx

The public will be notified via press release using the template provided below:

### [Company Name] Voluntarily Recalls [insert summary info] Representing [X quantity] [--No Other Products Affected--]

Media Contact: xxx-xxx-xxxx					
FOR IMMEDIATE RELEASE – [date] – [Company name] is voluntarily recalling [X] Lot Codes of COMPANY/BRAND name] [insert specific product name and description], representing [insert quantity]. [Insert reason for recall].					
This action relates only to [COMPANY NAM the package:	E] products with any of th	ese Lot Codes printed on			
• [insert lot codes]					
No other Lot Codes, or any other [COMPAN	Y NAME] products, are in	volved in this action.			
Only these specific lot codes are impacted. Codes listed below out of distribution immediate visit our website for instructions on what to	liately. Customers may cal				
PRODUCT	LOT CODE	ITEM NO.			
[Company Name] [insert product name(s)]	[insert product codes(s)]	[insert item number(s)]			

[Company Name] is conducting this voluntary recall because [insert product name(s)] [modify as necessary. We have not received any reports of illness associated with this product, but we

For more information or assistance, please contact us at 1-xxx-xxxx (Monday to Friday, 9:30

are voluntarily recalling this product out of an abundance of caution.]

a.m. to 5 p.m. EST) or via our website at www.xxx.com

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PLANT NAME:	ISSUE DATE	08/02/2015	
ADDRESS:	SUPERSEDES	05/29/2015	

### Recall Strategy

### Reason for the Recall

Explain in detail how product is defective or violative	
Explain how the defect affects the performance and safety of	
the product, including an assessment of a health risk	
associated with the deficiency, if any.	
If the recall is due to the presence of a foreign object,	
describe the foreign objects' size, composition, hardness, and	
sharpness.	
If the recall is due to the presence of a contaminant (toxic	
metal, medication, prohibited animal protein), explain level	
of contaminant in the product. Provide labeling, a list of	
ingredients and the Safety Data Sheet for the contaminant.	
If the recall is due to failure of the product to meet product	
specifications, provide the specifications and report all test	
results. Include copies of any sample analysis.	
If the recall is due to a label/ingredient issue, provide and	
identify the correct and incorrect label(s), description(s), and	
formulation(s).	
Explain how the problem occurred and the date(s) it	
occurred.	
Explain if the problem/defect affects ALL lot(s) subject to	
recall, or just a portion of the lot(s) subject to recall.	
Explain why this problem affects only those products/lots	
subject to recall.	
Provide detailed information on complaints associated with	
the product/problem:	
Date of complaint	
Description of complaint -include details of any injury	
or illness	
Lot Number involved	
If a State agency is involved in this recall, identify Agency and	
contact.	

### **Volume of Recalled Product**

Total quantity produced	
Date(s) produced	
Quantity distributed	
Date(s) distributed	
Quantity on HOLD	
Indicate how the product is being quarantined	
Estimate amount remaining in marketplace	
distributor level	
customer level	
Provide the status/disposition of marketed	
product, if known, (e.g. used,	
used in further manufacturing, or destroyed).	

### <u>Distribution Pattern</u>

Number of DIRECT accounts (customers you sell directly to) by type

Ty	/pe	Number
-	wholesalers/distributors	
-	repackers	
-	manufacturers	
-	retail	
-	consumers (internet or catalog sales)	
•	foreign consignees (specify whether they are	
	wholesale distributors, retailers or users)	
-	Geographic areas of distribution, including	
	foreign countries	

Recall Plan Example	PAGE 18 of 23		
PLANT NAME:	ISSUE DATE	08/02/2015	
ADDRESS:	SUPERSEDES	05/29/2015	

### Consignee List

### **Commercial customers**

Name	Street Address	City	State	Recall contact name	Contact phone number	Recalled product was shipped?	Recalled product was sold?	Recalled product may have been shipped
								or sold

### Level in the distribution chain

Lovel	Included		Rational if "No"
Level	Yes	No	Kationarii No
Wholesale/distributor			
Retail			

### Notification of customers

Write instructions on how consignees will be notified (i.e. by mail, phone, facsimile, e-mail). NOTE: It is advisable to include a written notification so customers will have a record of the recall and your instructions. Include instructions such as:

- How letters will be sent to customers (e.g. overnight mail, first class mail, certified mail, facsimile)
- Draft phone script, if you decide to use phone. NOTE: If initial notification is by phone, be prepared to provide a copy of the phone script to FDA.
- Draft recall notification (see example on last page) for website and instructions for posting it, if applicable. NOTE: The web is not recommended as a sole means of customer notification.
- Draft instructions for consignees on what to do with recalled product. If there is a recall, FDA will want a copy of final instructions.
- Consider what to do for out-of-business distributors.

### **Effectiveness Checks**

**Effectiveness checks by account** – Consider filling in the Consignee's recall contact name and information to make it easier to contact them in the event of a recall.

Consignee	Recall c	ontact	Date Method of contact				Date if	Number	
	Name	Contact	contacted	Phone	Email	Fax	Letter	response	of
		info							products
									returned
									or
									corrected

### **Effectiveness check summary** – to be provided to FDA periodically

Date of notification	Method of notification	Number of consignees notified	Number of consignees responding	Quantity of product on hand when notification received	Number of consignees not responding and action taken	Quantity accounted for	Estimated completion date

Recall Plan Example	PAGE 20 of 23	
PLANT NAME:	ISSUE DATE	08/02/2015
ADDRESS:	SUPERSEDES	05/29/2015

### Appropriate disposal of recalled animal food

- o Provide a proposed method of destruction, if applicable.
- If the product is to be "reconditioned", explain how and where the reconditioning will take place. It is recommended that you provide details of the reconditioning plan to your local FDA District Recall Coordinator before implementation. All reconditioning must be conducted under any applicable GMPs.
- Describe how reconditioned product will be identified so it is not confused with recalled (prereconditioned) product.
- It is recommended that you contact your local FDA District Recall Coordinator prior to product destruction. FDA will review your proposed method of destruction and may choose to witness the destruction.
- You and your customers should keep adequate documentation of product destruction (and whether or not destruction was witnessed by an FDA investigator).
- Field corrections, like product relabeling, be performed by recalling firm representatives, or under their supervision and control. Contact your local FDA District Recall Coordinator prior to release of reconditioned goods.

### 5. Implementation Records

\*Necessary components include: 1. validation, 2. verification of monitoring, 3. verification of corrective actions, 4. calibration of process monitoring equipment, 5. product testing, and 6. records review.

In this example, the validation information that is appropriate to include is: the abstract of the IFT Report to FDA, the AFIA Salmonella Guidelines, the abstract of Bianchini et al., 2012, and the internal process data to support the minimum required temperature. For brevity, this information is not included in this example food safety plan.

Items 2 to 6 are typically included in various forms, which may or may not be part of the food safety plan. This example displays examples of supporting forms and a list of where to find the completed records, which are stored outside the food safety plan.

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PLANT NAME:	ISSUE DATE	08/02/2015
ADDRESS:	SUPERSEDES	05/29/2015

### **Supporting Forms**

\*Note that these sections are abridged; typical may likely require multiple pages (i.e. examples of all other forms referenced in Table 2 Column 8).

				Pet Fo	od Exan	ıple		
	Hazard Analysis	PRODUCT: Dry extruded dog and cat food					PAGE X of Y	
	PLANT NAME	ABC Pet Food Manufacturer			ISSUE DATE		mm/dd/yy	
	ADDRESS	123 Street, Anywhere, USA			SUPERSEDES mm/dd/yy		mm/dd/yy	
DA <sup>*</sup>	 ГЕ:	Daily	/ Sanita	tion Sheet				
		Procedure		Prior to Operations ()	End ()		mments orrections	Initials
Cle	aning Animal Foo	od-Contact Surfaces						
•	Surface of equipr	nent or utensil cleaned w/ squ	ieegee					
•	Surface wiped w	ith clean cloth dipped in deter	rgent					
	Detergent type	and strength:						
•	Surface rinsed wi	th clean water						
Sai	nitizing of Animal	Food-Contact Surfaces						
•	Entire surface sp	rayed with sanitizer						
	Sanitizer type a	and strength:						
	Allow at least 1 r	minute contact time of sanitize	er					
•	Allow surface to air dry (apx. 5 minutes)							
•	***Inspected for residual material and cleanliness							
•	***Sanitizer con	centration measured:	ppm					
Su	pervisor signature	:	Date:	·	•			
Ve	Verification of reviewer signature: Date:							

Corrective Action Form PLANT NAME: ABC Pet Food Company ADDRESS: 123 Street, Anywhere, USA	PAGE 1 of X
Product Name:	Code or Lot Number:
Date of Record:	
Date and Time of Problem:	
Description of Problem and Root Cause:	
Actions Taken to Correct the Problem:	
Person Taking Action (name and signature):	
Amount of Product Involved in Problem:	
Evaluation of Product Involved with Problem:	
Final Disposition of Product:	
Reviewed by (Name and Signature):	Date:

### Locations of Records

Record Type	Location	Form	
Training Pocords	Individual Personnel File,	Hard copy with electronic	
Training Records	Human Resources Headquarters	backup	
Verification of Monitoring	Control room computer in file		
(extrusion temperature records	named "Daily PC Monitoring	Electronic	
and daily sanitation sheets)	Records"		
Verification of Corrective	Control room computer in file	Electronic	
Actions	named "CA and Corrections"	Electronic	
Calibration of Process  Monitoring and Verification Instruments (thermometer accuracy and calibration records)	Control room computer in file named "Thermometer Records"	Electronic	
Product Testing	Quality Assurance Manager Office File Cabinet	Hard copy	
Records Review	Plan Manager Office File Cabinet	Hard copy with electronic backup	