+PRE-OPERATIONAL INSPECTION FORM Vacceptable X unacceptable Person Performing Check: Time of check: Date: Fri Sat Wed Th Mon Tue 1. No condensation 2. No rodent, roaches, or gnat activity 3. Handwash station – paper, soap, hot water 4. Inedible room and barrels 5. Receiving area 6. Killing area walls, ceiling, floor 7. Kill room knives, cones, tables, conveyor 8. Kill room product cans 9. Picking area walls, ceiling, floor 10. Picking area picker 11. Scald vat 12. Evisceration table, conveyor, tanks, utensils 13. Evisceration walls, ceiling, floor 14. Giblet table, utensils 15. Chill tanks 16. Scale, shovels 17. Ice machines 18. Hand trucks and dollies 19. Packing area walls, ceiling, floor 20. Packing scales, tables, utensils 21. Coolers and freezer 22. All contact surfaces are intact no chipping blades or contact surfaces. 23. Cooler #1 temp (≤36F if overnight storage, ≤40F if no overnight storage) 24. Cooler #2 temp (≤36F if overnight storage, ≤40F if no overnight storage) 25. Freezer temp (≤20F) 26. PAA concentration Wash Station (50-2,000ppm) 27. PAA concentration Chiller & Dip (50-2,000ppm) 28. PAA concentration Sprayer (50-2,000ppm) 29. Scalding water temperature (≥136F) 30. No rodent droppings, no rodent or pest activities 31. Others

Form #: SSOP-01 Effective Date: 05/04/23

OPERATIONAL INSPECTION FORM

Person Performing Check:						
Time of check:						
Dates:						
	Mon	Tue	Wed	Thur	Fri	Sat
1. No condensation						
2. No rodent, roaches, or gnat activity						
3. Handwash station – paper, soap, hot water						
4. Employee hygiene practices						
5. Cooler #1 temp (≤40F)						
6. Cooler #2 temp (≤40F)						
7. Freezer temp (=<20F)						
8. PAA concentration (50-2,000 ppm)						
9. No rodent droppings, no rodent or pest activities						
10. Rework chicken process is followed						
11. Others			100			

Form #: SSOP-02 Effective Date: 11/30/20

RAW NOT GROUND HACCP RAW MEAT TEMPERATURE LOG (Take one product internal temp per production day)

Date	Time	Product name	Internal temp (Chicken≤40F)	Initials	Pre-shipper signature	Date
			•			
				4		

WEEKLY VERIFICATION

Verified initials	Verified date	Verified time	Verified method	Results
			Direct observation	
		7.0	Review records	

VERIFICATION METHOD: O: Direct observation R: Review records: Verified Results (√: ok, x: not ok)

Form#: HACCP-02-RawNotGround Effective date: 07/02/20

PRE-OP/OPERATIONAL INSPECTION CONTINUOUS COMMENT SHEET

C.W.S.R. - Cleaned, washed, sanitized and re-inspected prior to production. Initial Time 'SSOP Preventive Actions Deficiencies Corrective Completed Form Number Actions #

Form #: SSOP-03 Effective Date: 07/02/20

2	Re	sults								Monitor	Verifier	ation x: fecal c	Verified Time	Results	Verification
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m: :	-									CCP#2	- CARCASS	CHILL LOG			
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Time Results					Mo	nitor Initia	l Verifier Initial	Verified Date	Verified Time	Results	Verification method				
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Form#: HACCP-01 Effective Date: 07/02/20