Product Changeover Checklist

SQF 2.6.1.

Date Inspected **Time of Inspection** **Inspected By**

1	General Preparation	Yes	No	Observation/Non-Conformance	Performed by	Performed date/time
1.1	Have all necessary approvals been obtained for the product changeover?					
1.2	Is the changeover schedule documented and communicated to all relevant staff?					
1.3	Are all team members aware of their specific roles and responsibilities during the changeover?					
2	**Equipment Cleaning and Sanitation**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
2.1	Has all equipment used in the previous production run been properly cleaned and sanitized?					
2.2	Are all removable parts of equipment disassembled, cleaned, and sanitized?					
2.3	Are cleaning logs completed and verified for all equipment involved?					

2.4	Are there any residues or remnants of the previous product visible on equipment surfaces?					
3	**Utensils and Tools**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
3.1	Are all utensils, tools, and containers cleaned and sanitized before use with the new product?					
3.2	Are dedicated or color-coded tools used to prevent cross-contamination?					
3.3	Are all tools properly stored and organized after cleaning?					
4	**Work Area Cleaning**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
4.1	Is the production area, including floors, walls, and work surfaces, thoroughly cleaned and sanitized?					
4.2	Are there any remaining packaging materials, labels, or other items from the previous product?					
5	**Ingredient Handling**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
5.1	Are all ingredients for the new product properly staged and checked for quality?					
5.2	Are there clear procedures to ensure that no ingredients from the previous product are used?					
5.3	Are allergen-containing ingredients properly handled to prevent cross-contact?					
6	**Documentation and Records**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
6.1	Are all cleaning and sanitation activities documented and reviewed?					

6.2	Are production records updated to reflect the changeover?					
6.3	Are any issues or deviations noted and addressed in the documentation?					
7	**Quality Control Checks**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
7.1	Have initial samples of the new product been tested for quality and compliance?					
7.2	Are there procedures in place to handle and segregate any off-specification product?					
7.3	Are critical control points (CCPs) monitored and verified during the changeover?					
8	**Packaging and Labeling**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
8.1	Are all previous product labels removed and replaced with the correct labels for the new product?					
8.2	Are packaging materials for the new product inspected and staged correctly?					
8.3	Are there checks to ensure that no mix-up occurs with old packaging materials?					
9	**Allergen Control**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
9.1	Have all areas and equipment that previously handled allergens been thoroughly cleaned?					
9.2	Are allergen-specific cleaning procedures followed and documented?					

9.3	Are all allergen control measures verified before starting the new production run?					
10	**Post-Changeover Inspection**	**Yes**	**No**	**Observation/Non-Conformance**	**Performed by**	**Performed date/time**
10.1	Has a final inspection been conducted to ensure all areas and equipment are ready for the new product?					
10.2	Are there verification steps to ensure that the changeover has been successfully completed?					
10.3	Is there a sign-off process involving key personnel to confirm readiness?					

Verified By