Validation Worksheet

Name of person responsible for validation: _____
Title: _____
Frequency at which the validation is done: _____
Reason, other than frequency, for doing the validation:

_____
Date of last validation: _____
The length of time this record is kept on file (i.e. # months or years): _____

1. (a) Has a new product, process, or menu item been added since the last validation? No ___ Yes ___ Go to Question #1b
   (b) Has the supplier, customer, equipment, or facility changed since the last validation? Yes ___No ___ Go to question #2

2. Are the existing worksheets accurate and current?
No ___ Worksheet information updated: Date: _____ Name: _____
Yes ___   Go to Question #3

3. Are the identified hazards accurate and current?
No ___ Hazard analysis updated: Date: _____ Name: _____   Yes ___   Go to Question #4

4. Are the existing CCPs correctly identified?
No ___ CCPs updated: Date: _____ Name: _____   Yes ___   Go to Question #5

5. Are the existing critical limits (CLs) appropriate to control each hazard?
No ___ CLs updated: Date: _____ Name: _____   Yes ___   Go to Question #6

6. Do the existing monitoring procedures ensure that the critical limits are met?
No ___ Monitoring procedures updated: Date: _____ Name: _____
Yes ___   Go to Question #7

7. Do existing corrective actions ensure that no injurious food is served or purchased?
No ___ Corrective Actions updated: Date: _____ Name: _____
Yes ___   Go to Question #8

8. Do the existing on-going verification procedures ensure that the food safety is adequate to control hazards and is consistently followed?
No ___ On-going verification system procedures updated Date: _____ Name: _____
Yes ___   Go to Question #9

9. Does the existing record keeping system provide adequate documentation that the critical limits are met and corrective actions are taken when needed?
No ___ Record keeping procedures updated: Date: _____ Name: _____
Yes ___   Go to Question #10

10. Are the existing prerequisite programs current?
No ___ Prerequisite Programs updated: Date: _____ Name: _____
Yes ___

The validation procedure is now complete. The next validation is due _____.
The changes made to the food safety management system were conveyed to the line supervisor or front-line employees on _____.
Completed by: Name _____
Title _____
Date _____