

FOOD SAFETY PROGRAM INTERNAL AUDIT

PART A - FSP Verification & Review Schedule

**PART B - Menu List, PPE, SDS &
Schedule Cleaning**

Audit developed from Food Safety Program AAQ Form 78 and AAQ Form 78.1

Definitions:

FSP – Food Safety Program

PPE – Personal Protective Equipment

SDS- Safety Data Sheets

PART A
FSP Verification & Review Schedule

Verification of food safety program is by way of internal audits conducted on a monthly basis. The internal audits include sighting and checking all records kept in connection with the FSP, visual inspections, observations and temperature checks.

Garden City Retirement Home

Rosalie Nursing Care Centre

Windsor Aged Care Services

Date _____

FSP Reviewed by: _____

Question	Activity	√	x	N/A	Observation / Corrective Action Required
1.	<u>PURCHASING AND RECEIVING GOODS</u> * Are staff following the checks as outlined in purchasing and receiving activities? * Have the following records been completed? - Approved food supplier list - Incoming goods record - The 4 hour / 2 hour Guide - Bottle receipt				
2.	<u>DRY STORAGE</u> *Are staff following the checks contained in dry storage activities? * Have the following records been completed?				

	- Cleaning and Sanitising - Pest Control				
3.	<u>COLD STORAGE</u> *Are staff following the checks contained cold storage activities? * Have the following records been completed? - Temperature control log - The 4 hour / 2 hour guide				
4.	<u>FROZEN STORAGE</u> *Are staff following the checks in frozen storage activities? *Have the following records been completed? -Temperature Control Log -The 4 hour / 2 hour guide				
Question	Activity	√	x	N/A	Observation / Corrective Action Required
5.	<u>THAWING FOOD</u> *Are staff following the checks contained in thawing frozen food activities? *Have the following records been completed? - Temperature control log - The 4 hour / 2 hour guide				
6.	<u>PREPARATION</u> *Are staff following the checks contained in preparation activities? *Have the following records been completed?				

	-Temperature control log -The 4 hour / 2 hour guide				
7.	<u>COOKING FOOD</u> *Are staff following the checks contained in cooking food? * Have the following records been completed? -Temperature control log -The 4 hour / 2 hour guide				
8.	<u>COOLING FOOD</u> *Are staff following the checks contained in cooling food? * Have the following records been completed? -Temperature control log -The 4 hour / 2 hour guide Are the correct temperatures being met, if not what actions are being taken to ensure compliance.				
9.	<u>REHEATING & HOT HOLDING FOOD</u> *Are staff following the checks contained in reheating food? * Have the following records been completed? -Temperature control log -The 4 hour / 2 hour guide				

10.	<u>SERVING & DISPLAYING FOOD</u> *Are staff following the checks contained in serving and displaying food? * Have the following records been completed? -Temperature control log - The 4 hour / 2 hour guide - Cleaning & sanitising				
Question	Activity	√	x	N/A	Observation / Corrective Action Required
11.	<u>ALLERGENS</u> *Are staff following the checks contained in serving and displaying food? * Have the following records been completed? - Food recall record - Customer complaints - Cleaning and sanitizing - Calibration of thermometers - Pest control				
12.	<u>TRANSPORTING FOOD</u> *Are staff following the checks contained in transporting food? * Have the following records been completed? - Cleaning and sanitizing -Calibration of thermometers -Pest control				

13.	<p><u>OTHER</u></p> <p>*Have there been any changes in staff, process or activities? *If so have the necessary amendments to the food safety program, records and task allocations been made? * Are any new or replacement utensils / appliances / equipment needed? *Have there been any changes to the cleaning schedule? *Have there been any problems with waste disposal? *Have nay staff been ill, particularly with food-borne illness? *Were there any food complaints / incidents / recalls? *Have the following records been completed? -Food recall - Customer complaints - Staff illness / accidents - Staff instruction / training</p>				
14.	<p><u>Facility & Equipment Maintenance</u></p> <p>*Has equipment been checked? * Is all equipment operating correctly?</p>				

Question	Activity	√	x	N/A	Observation / Corrective Action Required
15.	<u>Temperature Measuring Devices</u> *Have temperature measuring devices been checked for calibration? *Has the standard procedure been used to check thermometers? *Are staff confident with the method to accurately calibrate thermometers? *Has the thermometer calibration record been completed?				
16.	<u>Pest Control</u> *Are activities and support programs followed that identify where pests breed or enter? *Are all areas clean and free from food particles and other waste that may attract pests? * Has the premises been treated for pests? * Have the following records been completed - Cleaning and sanitising - Pest control				

17.	<p><u>Staff Instruction / Training</u> *Have all staff been instructed / trained so that they have appropriate skills and knowledge in food hygiene and handling for the tasks they do? * Do staff understand their food safety responsibilities? *Has the following records been completed - Staff instruction and training</p> <p>Have new staff completed RNC Form 256 Food Handlers Knowledge Training and Competency Assessment?</p>				
18.	<p><u>Customer Complaints</u> *Are there any recurring problems identified as a result of customer complaints? *Has the following record been completed - Customer complaints</p>				
Question	Activity	√	x	N/A	Observation / Corrective Action Required
19.	<p><u>Record Keeping</u> *Are all records being filled out correctly?</p>				



	<p>* Are corrective actions being undertaken when problems are identified? *Is additional training required?</p>				
20.	<p><u>Food Safety Program</u> *Have there been any changes to the forms used in the food safety program? *Have there been any updates made to the Food Safety Program?</p>				

PART B
 Garden City Retirement Home
 Rosalie Nursing Care Centre
 Windsor Aged Care Services
Date : _____ **FSP Reviewed by:** _____

Question	Activity	√	x	N/A	Observation / Corrective Action Required
21.	Is Duty List Current				
22.	Is Menu's Current <ul style="list-style-type: none"> • Summer • Winter 				
23.	Cleaning Schedule <ul style="list-style-type: none"> • Signed for • Completed as per schedule 				
24.	Cleaning Schedule <ul style="list-style-type: none"> • Up to date • Correct forms used 				
25.	All temperatures of Refrigerators/Freezers are recorded on the appropriate RNC Form ; What actions are implemented if temperatures are not recorded on correct RNC Form				
26.	SDS <ul style="list-style-type: none"> • Available for all chemicals in kitchen • SDS in kitchen or 				

	<ul style="list-style-type: none"> • SDS in close proximity of kitchen 				
27.	<p>SDS</p> <ul style="list-style-type: none"> • Check current- date of issue of SDS must not be greater than 5 years old 				
28.	Only EcoLab chemicals present in kitchen and used by kitchen staff.				
29.	<p>PPE</p> <p>Worn during food preparation and is present on all staff</p> <ul style="list-style-type: none"> • Hair covering • Clean apron • Gloves 				
30.	<p>What do staff do with PPE when leaving the kitchen.</p> <ul style="list-style-type: none"> • Going to the toilet/lunchroom • Are all staff complying with this requirement 				

Further directions for staff member completing this audit: (Tick when completed)

	YES	NO
Were any continuous improvements or hazards raised as a result of this audit?		
Have the Continuous improvements or hazard forms been submitted to the D.O.C and Quality Manager?		

Has a copy of the completed Internal audit and accompanying documentation forwarded to the D.O.C and Quality Manager?		
Date forwarded:		

To be completed by the Quality Manager

	Collation: To determine the overall compliance percentage (%):	
A Compliance: Total the number of questions answered Yes =		
B Non-Compliance: Total the number of questions answered No =		
C Number of Applicable Responses: Add the numbers in rows A and B above =		
D Overall Compliance Rating: Divide the number in A by the number in C and multiply the result by 100 to calculate the overall compliance percentage i.e. $(A \div C) \times 100 =$ overall compliance percentage		

Overall compliance percentage = _____%

Actions Required :
