

Weekly Verification Checklist

For Week Ending __/__/__

Manager Initials _____

YES NO

- Thermometers calibrated?
- Cool down procedures working and documented?
- Temperature monitoring charts reviewed and initialed by manager?
- Temperature charts include corrective actions?
- Temperature monitoring charts available for at least the last 30 days?

- All employees current on training?
- At least one certified manager on duty at all times?
- Are all licenses posted?

- Are activities being performed the same as written in the HACCP plan?
- HACCP plan complete and up-to-date (all potentially hazardous menu items included)?

- Were all past violations/problem areas corrected or addressed as advised by the health department?

- Are all verification activities documented?**

Corrective Actions Taken:

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