

## **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:**