

Food Processor Supplemental Application

APPLICANT INFORMATION

Effective Date: _____

Applicant: _____

Mailing Address: _____

Website Address: _____

Processes:

1. Which of the following best describes daily operations and processes?

(Check all that apply)

- Grain & Oil Seed Mfg.
- Sugar & Confectionery Mfg.
- Bakery & Tortilla Mfg.
- Specialty Food Mfg.
- Dairy Products Mfg.
- Fruit & Vegetable Processing
- Sea Food Preparation & Packaging
- Animal Slaughtering & Processing
- Other _____
- Contract Packaging _____

2. Which of the following best describes the special hazard processes associated with this operation?

(Check all that apply)

- Warehousing/Storage: Warehousing square footage _____ sq. ft.
- Rack Storage Palletized Storage Storage Height > 12 ft. Use of plastic pallets or storage bin boxes
- How many production lines are in the facility? _____

Commercial Cooking:

- Fuel Source: Gas Electric Steam Wood
- Types of cooking equipment: Grills Fryers Ovens Smokers Steam Kettles

Fire suppression: Are fire suppression systems provided over grills and/or fryers Yes No N/A

Exhaust systems: Are hood and duct systems provided over grills and/or fryers Yes No N/A

How often are filters cleaned? _____

How often are exhaust systems, hoods and ducts cleaned by an outside service? _____

Flammable/Combustible Liquids:

- UL listed flammable liquid storage cabinets Flammable liquid storage room _____ sq. ft.
- No Special Storage Requirements Apply Other (please describe): _____
- Combustible Dust: Please describe operation _____

Combustible Dust control methods include:

- Dust collection system General housekeeping Employee training

Other Processes: Please describe operation _____

Protection, Spoilage and Maintenance:

1. Which of the following describes private protection features of this facility?

Automatic Sprinkler System:

Wet Dry Percentage of facility sprinklered _____%

If < 100% Please list non-sprinklered areas: _____

Alarms: Local Alarm Central Station (constantly monitored) Water Flow Valve Tamper

Other (Please describe) _____

Fire Alarms:

Local Alarm Central Station (constantly monitored) Smoke Detection Heat Detection

Percentage of facility covered by alarms _____%

If < 100% Please list non-covered areas: _____

Security Alarms:

Local Alarm Central Station (constantly monitored) Exterior access points Motion Detection

Key Card Access CCTV Other (Please describe) _____

2. Is there is a preventive maintenance program for all equipment with documented cleaning and sanitizing procedures? Yes No

3. Which of the following describe your food spoilage controls? (Check all that apply) All

refrigeration equipment is protected by temperature alarms

All refrigeration equipment is protected by backup generators

Backup generators are tested regularly

Preventive maintenance and QC programs address food spoilage

Is the facility located near railroad sidetracks?

If yes, is there are guard on the premises? Do you have a sidetrack agreement?

Contamination Information

Type of refrigerant use:

If ammonia, are detectors used? Yes No

If no, explain:

If detectors are used, provide manufacturer name and model number:

Do the detectors:

a. Activate external alarm? Yes No

b. Who responds to the alarm? _____

c. Activate automatic dialer? Yes No

d. Shutdown ammonia feed valves? Yes No

Who maintains the detector equipment? _____

Describe the potential for contamination, including the possibility of more than one storage area being contaminated by one occurrence:

Are fans and building openings adequate for purging the storage areas? Yes No

If yes, explain where they are located: _____

Are emergency procedures in place? Yes No

If yes, are they adequate? Yes No

If no, suggest improvements:

4. What is the average shelf life of your products? (Show as a percent of gross sales)

Less than one week _____% One week to a month _____% One to six months _____%

Six months to two years _____% Indefinite _____%

5. Have you had any Health or Safety violations or hygiene non-compliance orders, failed a FDA or USDA inspection or received any criticism or complaint from a regulatory body over the past five years?

Yes No

If Yes, Please explain: _____

Staff:

1. Is a food safety manager certified in HACCP by an accreditation program on duty at all times when food is processed

Yes No

2.

Do you employ a pest control specialist or company with verified experience in the food processing business ?

Imported Products:

1. Do you use or sell imported products? Yes No
 If Yes, how do you purchase imported products? (Check all that apply)
 From a domestic supplier From a broker From a foreign supplier

Suppliers:

Please list your top 3 suppliers:

1. How do you validate the quality of goods received from your suppliers? (Check all that apply) All
 suppliers have HACCP plans
 Certifications of analysis (COAs) are received from suppliers
 Products are tested by certified laboratories
 Incoming goods are inspected

Quality Control & Record Retention:

1. Do you have a written HACCP Plan? Yes No
 2. What aspects of the implementation of your plan do you keep records of? (Check all that apply)
 Training Verified flow diagram CCPs Action levels Monitoring Corrective actions

 3. How long are the records pertaining to the application of your HACCP plan retained? _____
 4. Do all of your products have unique ID or batch numbers that permit you to trace all ingredients in them back to suppliers and to identify customers to whom they are sold? Yes No
 5. How long do you keep records? _____

Allergens:

1. Do you sell any products containing milks, eggs, fish crustaceans, tree nuts, peanuts, wheat or soybeans? Yes No
 If Yes, Describe your allergen control program. (Check all that apply)
 Labelling of allergens Separation from other ingredients
 Cleaning of equipment between processing runs with and without allergens
 Supplier certification of absence of undeclared allergens

Risk Transfer:

1. Do you pass the risk of contaminated products onto your supplier? Yes No

If Yes, how?

- They agree to indemnify you They add you as an insured to their insurance policy
 You receive certificates of insurance Other (please describe): _____

2. Do you pass the risks associated with their work for you onto your service contractors? Yes No

If Yes, how?

- They agree to indemnify you They add you as an insured to their insurance policy
 You receive certificates of insurance Other (please describe): _____

Retail Sales:

1. Do you operate retail store(s) for the sale of your products? Yes No

If Yes, what percent of your sales come from your store(s)

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____