

Sample Internal Food Safety Audit

The purpose of this audit is for the Co-ordinator to conduct an assessment of hygiene standards in all aspects of the food handling procedures carried out in the facility and to ensure that all relevant Corrective Actions are carried out and documented.

These records will be available for all auditors including those from the NSW Food Authority. Audit records will be kept for a period of four years as per the NSW Food Authority Guidelines.

Date of Audit

Auditor

Audit Instructions

1. Complete the Internal Food Safety Audit at least twice per year.
2. If necessary, complete an audit for each food service area within the organisation
3. The audit consists of two types of review:-
 - **A Desktop Audit** i.e. a review of the documentation and records used as part of the organisation's Food Safety Program; and
 - **An on-Site Audit** of the practices and procedures being carried out during production and service of food. During the audit, speak with staff/ volunteers to gauge what is actually happening day-to-day.
4. Record "NA" for questions which are not relevant.
5. On completion of the audit develop an action plan to ensure any non-conformances are dealt with immediately and appropriately. Ensure a completion date is entered into the audit to document the corrective action has been carried out.
6. Retain and file all audits.

Source: NSW Food Authority Vulnerable Persons Food Safety Scheme Manual Version 2

Internal Food Safety Audit

DATE: AUDIT CONDUCTED BY: AREA:

Critical Item	Compliant		Completed/ Actioned
	YES	NO	
Supplier Program			
1. The Approved Supplier List (Form 8) is up to date			<input type="checkbox"/>
2. All commercial suppliers have provided the organisation with up-to-date NSW Food Authority License, Food Safety and/or HACCP certification information			<input type="checkbox"/>
3. All new commercial suppliers of potentially hazardous foods have been provided with An Approved Supplier Form (Form 8)			<input type="checkbox"/>
Receipt			<input type="checkbox"/>
4. When questioned, are staff aware of the food safety issues accepting receipt of incoming products?			<input type="checkbox"/>
5. When questioned, are staff aware of the main food safety factors when inspecting a food delivery vehicle			<input type="checkbox"/>
6. Are all products listed on your Approved Supplier's List			<input type="checkbox"/>
7. Are specifications available for all products?			<input type="checkbox"/>
8. Are these available at the receiving area?1			<input type="checkbox"/>
9. Do records for receipt of goods demonstrate accordance with the written procedures?			<input type="checkbox"/>
10. Are refrigerated and frozen product temperatures monitored upon receipt (except whole fruit and vegetables			<input type="checkbox"/>
11. Upon receipt are the products stored quickly in their appropriate storage areas?			<input type="checkbox"/>
12. Is documentation available or is this observed?			<input type="checkbox"/>
13. Are food delivery vehicles inspected (monitored regularly) before receiving goods?			<input type="checkbox"/>
14. Is documentation available?			<input type="checkbox"/>
15. Is the delivery record sheet completed?			<input type="checkbox"/>
16. Are all the hazards identified for the receipt of goods?			<input type="checkbox"/>
17. Are all the critical control points correct?			<input type="checkbox"/>
18. Are all the critical limits appropriate and within legal requirements?			<input type="checkbox"/>
Glass and Wood Policy			
19. There is no evidence of glass or wood in food production areas			<input type="checkbox"/>
Labeling and Traceability			
20. All perishable items in storage are clearly labeled with name, date of purchase and use by date			<input type="checkbox"/>
21. All pre-prepared foods and work in progress in storage are clearly labeled			<input type="checkbox"/>

Critical Item	Compliant		Completed/ Actioned
	YES	NO	
Storage			
22. Are all storage areas neat and tidy with food products stored off the ground and not in contact with wall surfaces?			<input type="checkbox"/>
23. Are all foods in storage containers covered and labelled with name of product, date of receipt?			<input type="checkbox"/>
24. Is all packaging in good condition?			<input type="checkbox"/>
25. Are foods stored in a rotation use-by date basis?			<input type="checkbox"/>
27. Is there sufficient storage space?			<input type="checkbox"/>
28. Is there a dedicated holding area for foods on hold or involved in a recall?			<input type="checkbox"/>
29. Are temperatures of the storage areas operating in the correct range?			<input type="checkbox"/>
30. Are foods stored to prevent cross contamination from raw to cooked products in storage areas?			<input type="checkbox"/>
31. Are foods stored to prevent cross contamination from raw to ready to eat foods in storage areas?			<input type="checkbox"/>
32. Are foods free from allergens stored so that they cannot be contaminated by foods containing allergens?			<input type="checkbox"/>
33. Are all the hazards identified for the storage of goods?			<input type="checkbox"/>
34. Are all the critical control points correct?			<input type="checkbox"/>
35. Are all the critical limits appropriate and within legal requirements?			<input type="checkbox"/>
36. Is the structure of the storage area in good condition ie no cracks in walls, 37. impervious floors, no condensation in refrigeration?			<input type="checkbox"/>
38. Are equipment, door seals in good order?			<input type="checkbox"/>
39. Have appropriate corrective actions been taken and 40. recorded?			<input type="checkbox"/>
41. Are chemicals and cleaning products stored away from food storage areas?			<input type="checkbox"/>
42. Are storage areas free of evidence of pests?			<input type="checkbox"/>
43. Are refrigeration appliances calibrated on a regular basis (at least once every six months)?			<input type="checkbox"/>
44. The Food Safety Log (Form 6) is up-to-date and all corrective actions completed			<input type="checkbox"/>

Critical Item	Compliant		Completed/ Actioned
	YES	NO	
Cleaning			
45. The Cleaning Schedule (Form 12) is visible and is being followed			<input type="checkbox"/>
46. Does the cleaning schedule include all relevant information eg: instructions on chemical preparation and cleaning steps, items to be cleaned, frequency, chemicals to be used, equipment to use, who is responsible etc?			<input type="checkbox"/>
47. Are the cleaning schedules completed regularly?			<input type="checkbox"/>
48. Is there adequate equipment and facilities to undertake cleaning effectively?			<input type="checkbox"/>
49. Is the cleaning equipment clean, in good repair and stored appropriately after use?			<input type="checkbox"/>
50. Are sanitisers for work surfaces readily available for use during food preparation?			<input type="checkbox"/>
51. Are cleaning chemicals made up correctly?			<input type="checkbox"/>
52. Are MSDS readily available?			<input type="checkbox"/>
53. Is any verification of cleaning effectiveness regularly conducted?			<input type="checkbox"/>
54. Are all cleaning chemicals store separately from food areas?			<input type="checkbox"/>
55. Are all cleaning chemicals in clearly labelled containers?			<input type="checkbox"/>
56. All new equipment has been included in the Cleaning Schedule (Form 12)			<input type="checkbox"/>
57. The dishwashing machine is operating correctly and maintained in good order (i.e. Wash tanks are emptied and refilled with clean water regularly)			<input type="checkbox"/>
Maintenance of Premises and Equipment			
58. Is all the equipment in good repair and facilitate cleaning			<input type="checkbox"/>
59. There is sufficient and well maintained:- o Lighting o Ventilation o Drainage			<input type="checkbox"/>
60. All reported equipment defects are being dealt with effectively			<input type="checkbox"/>
61. Unused or broken equipment is removed from the premises			<input type="checkbox"/>
62. Fittings such as benches are free from cracks and crevices, in good condition			<input type="checkbox"/>
63. Food service equipment such as boards/ crockery is free from cracks and chips			<input type="checkbox"/>
64. All major pieces of equipment such fridges, freezers ovens, hot holding equipment, cold holding equipment are fitted with working temperature monitoring gauges			<input type="checkbox"/>
65. All fixed temperature monitoring gauges have been calibrated at least in the past six months			<input type="checkbox"/>
66. Is the premises in good repair with clean drains, no peeling paint, no holes or gaps where pests might enter etc.			<input type="checkbox"/>
67. Are there building and equipment maintenance programs and are they being followed?			<input type="checkbox"/>
68. Are all light fitting covered or fitted with non-shatter globes?			<input type="checkbox"/>
69. All probe thermometers have been calibrated every one month and recorded on the Daily Food Safety Checklist (Form 2)			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
Pest control			
70. There is no evidence of pest or rodent activity			<input type="checkbox"/>
71. Records of pest control visits and the treatments administered are kept			<input type="checkbox"/>
72. There is a pest control contract on-site			<input type="checkbox"/>
73. There is a map of all bait stations			<input type="checkbox"/>
74. Pest sightings are reported by staff			<input type="checkbox"/>
75. There is a record of all MSDS for all pest control chemicals used			<input type="checkbox"/>
76. Have actions been taken and recorded when there 77. has been evidence of pest activity? 78.			<input type="checkbox"/>
79. External openings are adequately sealed to prevent entry of pests			<input type="checkbox"/>
Waste			
80. Waste is removed when bins are ¾ full			<input type="checkbox"/>
81. Are waste disposal bins identifiable from food 82. storage bins?			<input type="checkbox"/>
83. Are waste disposal bins identifiable from food 84. storage bins?			<input type="checkbox"/>
85. Waste containers are covered, kept clean and emptied after each work period			<input type="checkbox"/>
86. The refuse storage area is separated from the food preparation areas			<input type="checkbox"/>
Personal Hygiene			
87. Daily hygiene practices are monitored by the Co-ordinator and all corrective actions completed			<input type="checkbox"/>
88. There are sufficient hand-washing facilities installed in all food handling areas 89. o Warm water o Soap o Paper toweling			<input type="checkbox"/>
90. Food handlers wash their hands as often as necessary			<input type="checkbox"/>
91. Food handlers use gloves appropriately and correctly			<input type="checkbox"/>
92. All jewelry including watches is removed prior to commencing direct food handling			<input type="checkbox"/>
93. There is no evidence of eating or smoking in food preparation areas			<input type="checkbox"/>
94. Kitchen personnel wear appropriate protective clothing and protective head coverings			<input type="checkbox"/>
95. All staff understand their responsibilities with regards reporting of illness			<input type="checkbox"/>
96. Sick staff are excluded from working with food			<input type="checkbox"/>
97. There is a first-aid box available/ wounds are covered with coloured, water proof dressings			<input type="checkbox"/>
98. Are staff aware of food safety practices and their responsibilities?			<input type="checkbox"/>
99. Are staff aware they must not be at work when they may be suffering from a food borne illness or condition? 100.			<input type="checkbox"/>
101. Are staff trained in food hygiene? 102.			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
Training and Induction			
103.All staff training is up-to-date and recorded on the Food Safety Training Register (Form 8)			<input type="checkbox"/>
104.all staff have been provided with the Food Safety Training Handouts (Form 9)			<input type="checkbox"/>
105.All new staff have been taken through an induction covering reporting of illness, correct hand washing / correct use of gloves, and personal hygiene standards			<input type="checkbox"/>
106.All staff have appropriate skills and knowledge in food hygiene			<input type="checkbox"/>
107.Staff training records are up-to-date			<input type="checkbox"/>
Non-Conforming Product and Complaints			
108.All incidents, complaints and non conforming products are recorded on the Non Conforming Product and Complaint Form (Form 11) and all corrective actions have been implemented			<input type="checkbox"/>
Product Recall			
109.Any recall event have been implemented as per the procedures			<input type="checkbox"/>
110.Any recalls have been recorded on the Product Recall Form (Form 12)			<input type="checkbox"/>
Food Preparation			
111.Is the 2hr/4hr rule not exceeded for the sum of all steps performed at room temperature including preparation distribution and service?			<input type="checkbox"/>
112.Is preparation scheduled so that foods that do not contain allergens can be prepared without contaminating them eg gluten free foods prepared before gluten containing foods?			<input type="checkbox"/>
113.Are salads and other raw vegetables sanitised prior to serving?			<input type="checkbox"/>
114.Where a chemical sanitiser is used are there records to show levels are maintained?			<input type="checkbox"/>
115.Correct use of equipment/ utensils prevents cross-contamination			<input type="checkbox"/>
116.Is there documentation to show that the cleaning program is followed?			<input type="checkbox"/>
117.Have appropriate corrective actions been taken and recorded where problems arose concerning food preparation?			<input type="checkbox"/>
118.Are work surfaces, utensils and equipment clean and is there			<input type="checkbox"/>
119.Are chemicals stored in a manner to prevent contamination?			<input type="checkbox"/>
120.Is the risk of foreign objects (physical items) controlled to prevent contamination?			<input type="checkbox"/>
121.Is equipment working and well maintained in this area?			<input type="checkbox"/>
122.Is equipment installed to facilitate effective cleaning in this area?			<input type="checkbox"/>
123.Is food waste disposed of efficiently and appropriately?			<input type="checkbox"/>
124.Are waste bins emptied regularly?			<input type="checkbox"/>
125.When questioned are staff aware of the risks when handling food?			<input type="checkbox"/>
126.Are staff wearing appropriate protective clothing?			<input type="checkbox"/>
127.Are staff following good hygiene practices?			<input type="checkbox"/>
128.Are staff who are not in good health kept away from direct contact with food?			<input type="checkbox"/>
129.Are there adequate hand washing and drying facilities for staff?			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
130. When questioned are staff knowledgeable in personal hygiene practices?			<input type="checkbox"/>
131. Have all the hazards during the cooking process been identified?			<input type="checkbox"/>
132. Are all the critical control points correct during the cooking process?			<input type="checkbox"/>
133. Are staff personal belongings stored in appropriate manner and not at risk of contaminating food or equipment during preparation?			<input type="checkbox"/>
Thawing			
134. Are food products thawed under refrigeration?			<input type="checkbox"/>
135. Are raw products thawed separately from cooked products to prevent cross contamination?			<input type="checkbox"/>
136. Are products being thawed covered, and or wrapped and labelled?			<input type="checkbox"/>
137. Items that are thawing in cool rooms labeled with a sticker that specifies:- Date removed from the freezer			<input type="checkbox"/>
138. All thawing products labeled			<input type="checkbox"/>
139. Thawed products are used within 3 days of removal from the freezer			<input type="checkbox"/>
140. Have appropriate corrective actions been taken and recorded wherever problems have occurred?			<input type="checkbox"/>
141. Are foods covered during thawing?			<input type="checkbox"/>
142. Have all the hazards been identified concerning the thawing process?			<input type="checkbox"/>
143. Are all the critical control points met regarding the thawing process?			<input type="checkbox"/>
144. Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
Cooking			
145. The Food Safety Log (Form 6) is up-to-date and all corrective actions completed			<input type="checkbox"/>
146. Have the product monitoring forms been completed?			<input type="checkbox"/>
147. Are all foods handled with utensils or where direct hand contact is required, are fresh gloves worn?			<input type="checkbox"/>
148. Has appropriate corrective actions been taken and recorded where problems arose?			<input type="checkbox"/>
149. Are cooking times and temperatures satisfactory and monitored by staff?			<input type="checkbox"/>
150. Are all necessary steps taken to prevent the likelihood of food being contaminated with microorganisms or allergens during the cooking process?			<input type="checkbox"/>
151. Are staff following good hygiene practices?			<input type="checkbox"/>
152. When questioned are staff knowledgeable in personal hygiene practices?			<input type="checkbox"/>
153. Is the equipment and utensils clean prior to use for cooking?			<input type="checkbox"/>
154. Is the working environment in a clean and sanitised condition at the start and maintained as practicable as possible during the cooking process?			<input type="checkbox"/>
155. Is the flow of food such that there is no likelihood of cross contamination from raw unprocessed food to ready to eat food?			<input type="checkbox"/>
156. Are staff not in good health kept away from direct contact with food ?			<input type="checkbox"/>
157. Have all the hazards during the cooking process been identified?			<input type="checkbox"/>
158. Are all the critical control points correct during the cooking process?			<input type="checkbox"/>
159. Is the temperature measuring equipment accurate?			<input type="checkbox"/>
160. Is the risk of post cooking cross contamination controlled?			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
Cooling			
161. The Food Safety Log (Form 6) is up-to-date and all corrective actions completed			<input type="checkbox"/>
162. Are there records of temperature monitoring for all refrigerated storage areas used (eg cool rooms, refrigerators, coldwells etc)?			<input type="checkbox"/>
163. Is documentation available?			<input type="checkbox"/>
164. Cooked foods are cooled to 21°C or below within two hours and 5°C or below within a further four hours			<input type="checkbox"/>
165. Is the food covered where practicable while cooling down / after blast chilling?			<input type="checkbox"/>
166. If cooling in refrigerator or cool room, are foods kept covered?			<input type="checkbox"/>
167. Is there adequate control to prevent likelihood of cooked and ready to eat foods becoming contaminated by raw unprocessed food?			<input type="checkbox"/>
168. Have the product monitoring forms been completed?			<input type="checkbox"/>
169. Have appropriate corrective actions been taken and recorded where problems have occurred?			<input type="checkbox"/>
170. Are cooling down times and temperatures satisfactory and monitored by staff? Is documentation available?			<input type="checkbox"/>
171. Are all necessary steps taken to prevent contamination during the cooling down process			<input type="checkbox"/>
172. Are food containers dated and labelled with the product name prior to cold storage?			<input type="checkbox"/>
173. Have all the hazards been identified during the cooling down/chilling process?			<input type="checkbox"/>
174. Are all the critical control points correct during the cooling down and storing process?			<input type="checkbox"/>
175. Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
176. Is the temperature measuring equipment accurate?			<input type="checkbox"/>
Reheating			
177. The Food Safety Log (Form 6) is up-to-date and all corrective actions completed			<input type="checkbox"/>
178. Are all necessary steps taken to prevent the likelihood of food being contaminated after the reheating process?			<input type="checkbox"/>
179. Are reheating times and temperatures satisfactory and monitored by staff?			<input type="checkbox"/>
180. Is the food reheated in appropriate food containers?			<input type="checkbox"/>
181. Has corrective action been taken and recorded where problems arose?			<input type="checkbox"/>
182. Is the food covered where practicable during the reheating process?			<input type="checkbox"/>
183. Have all the hazards been identified during the cooling down/chilling process			<input type="checkbox"/>
184. Are all the critical control points correct during the cooling down and storing process?			<input type="checkbox"/>
185. Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
186. Is the risk of cross during the reheating controlled?			<input type="checkbox"/>
Hot Holding			
187. The Product Packing / Distribution Forms (Form 5) are up-to-date and all corrective actions completed			<input type="checkbox"/>
188. Have appropriate corrective action been taken and recorded where problems have occurred?			<input type="checkbox"/>
189. Are holding times and temperatures satisfactory and monitored by staff?			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
190. Are all necessary steps taken to prevent the likelihood of food being contaminated during the holding process			<input type="checkbox"/>
191. Are hot food holding facilities adequate?			<input type="checkbox"/>
192. Is the risk of contamination of the food while in display units controlled?			<input type="checkbox"/>
193. Are display / holding units clean prior to use?			<input type="checkbox"/>
194. When questioned are staff aware of the risks of contamination?			<input type="checkbox"/>
195. Have all the hazards during the hot holding process been identified?			<input type="checkbox"/>
196. Are all the critical control points correct during the hot holding process?			<input type="checkbox"/>
197. Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
198. Is the 2hr/4hr rule not exceeded for the sum of all steps during the holding process?			<input type="checkbox"/>
Plating/ Packing/ Service			
199. The Product Packing / Distribution Forms (Form 5) are up-to-date and all corrective actions completed			<input type="checkbox"/>
200. Are there records of temperature monitoring for all refrigerated storage areas used (eg cool rooms, refrigerators, coldwells etc)?			<input type="checkbox"/>
201. Are serving times and temperatures satisfactory and monitored by staff?			<input type="checkbox"/>
202. Have appropriate corrective actions been taken where problems have occurred?			<input type="checkbox"/>
203. Are all necessary steps taken to prevent the likelihood of food being contaminated during the serving process?			<input type="checkbox"/>
204. Is food covered where ever possible while being plated and served?			<input type="checkbox"/>
205. Is all food handled with utensils and are there sufficient serving utensils for use			<input type="checkbox"/>
206. Are staff aware of the risks of contamination?			<input type="checkbox"/>
207. Are staff following good hygiene practices?			<input type="checkbox"/>
208. Are staff knowledgeable in personal hygiene practices?			<input type="checkbox"/>
209. Are all items of crockery and cutlery clean prior to use?			<input type="checkbox"/>
210. Are pest control measures adequate and effective?			<input type="checkbox"/>
211. Have all the hazards been identified during the plating / service process?			<input type="checkbox"/>
212. Are all the critical control points correct during the plating / service process?			<input type="checkbox"/>
213. Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
Transportation			
214. The Product Packing / Distribution Forms (Form 5) are up-to-date and all corrective actions completed			<input type="checkbox"/>
215. All foods are stored in suitable containers to maintain temperature control during transit			<input type="checkbox"/>
216. The temperature of all food items is checked before distribution			<input type="checkbox"/>
217. All food items are covered in a way to eliminate contamination			<input type="checkbox"/>
218. Are temperature control records completed and available for transport vehicles?			<input type="checkbox"/>
219. Are volunteers aware of food safety practices?			<input type="checkbox"/>
220. Are unprocessed raw and ready-to-eat foods delivered so that cross contamination does not occur?			<input type="checkbox"/>
221. Have appropriate corrective actions been taken and recorded where problems have occurred?			<input type="checkbox"/>
222. Have all the hazards during transportation been identified?			<input type="checkbox"/>

Critical Item	Compliant		Completed / Actioned
	YES	NO	
223.Are all the critical control points correct during transportation?			<input type="checkbox"/>
224.Are the critical limits in place, are they safe and within the legal requirements?			<input type="checkbox"/>
Customer/ Internal Complaints			
225.Is there a system to record internal nonconformances?			<input type="checkbox"/>
226.When questioned are staff aware of how to report out-of-specification product?			<input type="checkbox"/>
227.Are there clear lines of reporting and responsibility?			<input type="checkbox"/>
228.Are customer complaints recorded?			<input type="checkbox"/>
229.When questioned are staff aware of what to do if they were to receive a customer complaint?			<input type="checkbox"/>
230.Is the action taken recorded as a result of this complaint/non-conformance?			<input type="checkbox"/>
231. Product and Process Changes			
232.Are there product specifications for all high risk 233.foods?			<input type="checkbox"/>
234.Have all menu recipe changes been approved and 235.documented?			<input type="checkbox"/>
236.Have changes to equipment been approved and incorporated into the Food Safety Program (eg cleaning, maintenance, calibration programs)?			<input type="checkbox"/>
237.Have changes to process been approved and incorporated into the Food Safety Program?			<input type="checkbox"/>
238.Have training records been updated in accordance with your system requirements?			<input type="checkbox"/>
239.Have any new advice from FSANZ or the NSW Food Authority been incorporated?			<input type="checkbox"/>
240.Are complaints acted upon and system changes implemented if required?			<input type="checkbox"/>
Food Safety Program Management System			
241.The most recent internal food safety audit was conducted no longer than 12 months ago			<input type="checkbox"/>
242.The Food Safety Program is up-to-date			<input type="checkbox"/>
243.Amendments to the Food Safety program have been documented on the Food Safety Program Amendment Form (Form 1)			<input type="checkbox"/>
244.The Scope and Purpose are still current			<input type="checkbox"/>
245.The members of the Food Safety team are still current			<input type="checkbox"/>
246.The product descriptions are still current			<input type="checkbox"/>
247.The flow chart is still correct			<input type="checkbox"/>
248.The Hazard Analysis is still current			<input type="checkbox"/>
249.The Food Safety Plan is still current			<input type="checkbox"/>

Report all Food Safety Problems

Describe Problem	Describe what you did about it	Who is responsible?	When will the problem be fixed by?	Completed on (date)