Corrective Action Report

Plant name:_________________________________________________

Plant location:_______________________________________________

Date:__________ Time:__________ Signature:____________________

Step 1. Record the actual event or circumstance that lead to a corrective action.

Step 2. Record what corrective action you performed to control the hazard or event, and its outcome.

Step 3. If the corrective action was a result of a food safety hazard, a review of the HACCP plan must occur.

Description of problem: __________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Corrective action taken: __________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Date problem was solved: _______________________  Time:___________________________

Verification signature: ________________________________ Date: ___________________________

Note: Verification of record must occur within 7 days of entry.