



Post-Farm FOOD SAFETY PROGRAM

SELF-ASSESSMENT FORM

Project Number (office use only)	Date of Application

Full Legal Business Name _____	
Name and Title of Company Representative Performing this Assessment	
Name _____	Title _____
Mailing Address _____	Business Address (if different from Mailing) _____
City/Town/Village _____	City/Town/Village _____
Postal Code _____	Postal Code _____
Telephone _____ Fax _____	Other Number (e.g. Cell) _____
Email _____	GST Number _____
North American Industry Classification System (NAICS) Canada 2012 - NAICS Code _____ <i>For a list of NAICS codes, please click here</i> (please include entire 6 digit code)	

Required fields are displayed above with a **RED** border.

Section 1

Are you currently working toward certification of a food safety management system?	Y	N
Are you willing to commit to begin the process of achieving a certification or the process of becoming system compliant, without certification?	Y	N
Do you have a qualified food safety management team leader or specialist?	Y	N
Do you have a Standard Operating Procedure for Premises?	Y	N
Do you have a Standard Operating Procedure for Transportation, Purchasing/Receiving/Shipping and Storage?	Y	N
Do you have a Standard Operating Procedure for Equipment?	Y	N
Do you have a Standard Operating Procedure for Personnel?	Y	N
Do you have a Standard Operating Procedure for Sanitation and Pest Control?	Y	N
Do you have a Standard Operating Procedure for Recall (including traceability procedures)?	Y	N
Do you have a Standard Operating Procedure for Operational Prerequisite Programs (including Allergens Management, Safety and Security and Internal Audit)?	Y	N

Companies that do not have all 7 Standard Operating Procedures will be assigned a Food Safety Advisor to work with to set these procedures up. Companies that have all 7 Standard Operating Procedures completed but that have not completed items in Section 2 will finalize this form and then be scheduled to receive a visit from the Food Safety Advisor to determine next steps to take.

Section 2

Do you have Senior Management commitment in the form of a policy statement and letter of commitment to becoming certified or compliant to a food safety management system?	Y	N
Does the policy and letter commit to ensuring compliance with all regulatory and CFIA program requirements?	Y	N
Does the policy and letter commit to ensure food safety is fully embedded in every level of the business?	Y	N
Does the policy and letter agree to provide the financial resources to ensure that the construction of the premises, its internal fittings, and the installation of the equipment, the maintenance of the premises and equipment, as well as the supplies required to perform the above?	Y	N
Does the policy and letter designate personnel that have defined responsibilities and the authority to initiate, implement and record corrective actions, enforce compliance of the food safety procedures identified in the establishment's system for any person entering or working within the facility, validation of control measures, and through the use of HACCP team meetings?	Y	N

Section 2 *continued*

Does the policy and letter plan for communicating to employees the importance of meeting the requirements of the establishment's and the importance of reporting problems to the identified person(s)? Y N

Does the policy and letter commit to ensuring that all information and documentation is accessible to the CFIA staff during recognition processes and subsequent verification activities? Y N

Does the policy and letter agree to provide the necessary resources and the time required for the development, implementation and effective maintenance of the system and for the training of appropriate staff in their area(s) of responsibility? Y N

Do you have the following established in your facility:

A HACCP Team (may only be 2 to 3 people)? Y N

A description of each product and a clear description of its intended use? Y N

A list and standards set for all product ingredients and incoming materials? Y N

A complete, accurate, up-to-date process flow diagram? Y N

A complete, accurate, up-to-date plant schematic? Y N

A full Hazard Analysis, reviewed within the past three months? Y N

A full Risk Assessment, reviewed within the past three months? Y N

Critical control point(s) (CCP) and other control measures? Y N

Critical limits for CCPs? Y N

Monitoring procedures for CCPs? Y N

Deviation procedures for CCPs? Y N

Verification procedures for CCPs? Y N

Record keeping for CCPs? Y N

A controlled document system? Y N

An internal auditing program? Y N

Companies that do not have all of the above established will be assigned a Food Safety Advisor to work with to set these procedures up. Companies that have all of the above established will finalize this form and then be assigned a Food Safety Advisor to perform a gap analysis that the processor can utilize to complete their certification.

Section 3

Company Background Information

Type of Industry (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Food Warehousing | <input type="checkbox"/> Food Distribution |
| <input type="checkbox"/> Food Transportation | <input type="checkbox"/> Food Packagers |
| <input type="checkbox"/> Food Importer | <input type="checkbox"/> Food Exporter |
| <input type="checkbox"/> Food Processor in the Fruit and Vegetable industry | <input type="checkbox"/> Food Processor in the Bakery or Beverage industry |
| <input type="checkbox"/> On-Farm agri-tourism industry | <input type="checkbox"/> Food Processor in the Dairy, Meat, or Ready to Eat industry |

What commodities does your plant process? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Meat and Poultry Slaughtering and Boring | <input type="checkbox"/> Meat and Poultry Further Processing |
| <input type="checkbox"/> Dairy Food Processing | <input type="checkbox"/> Bakery Operations / Cereal Food Processing |
| <input type="checkbox"/> Egg Processing | <input type="checkbox"/> Beverage Processing |
| <input type="checkbox"/> Fruit and Vegetable Processing | <input type="checkbox"/> Snack Foods |
| <input type="checkbox"/> Confectionery | <input type="checkbox"/> Manufacturing Food |
| <input type="checkbox"/> Ingredient Manufacturing | <input type="checkbox"/> Oil Seed Processing |
| <input type="checkbox"/> Preserved Food and Sauces | <input type="checkbox"/> Other (please specify) _____ |

Please send completed forms by clicking the submit button or email to:
info@postfarmfoodsafety.ca – or – fax to (604) 371-3421

SUBMIT

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Program Year: July 3, 2014 – March 31, 2015
Project Completion: December 31, 2015
Reporting Deadlines: January 31, 2016

Food Safety Advisor Assigned: _____

Date Assigned: _____

Assigned By: _____

First Follow Up By: _____