

Corrective Action Report

Plant name: _____ Certification #: _____

Plant Address: _____

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.