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| **DATE** |  | **INTERNAL AUDITOR** |  | **OPERATIONAL AREA** |  |
| *Activity, workers and products present at time of Internal Audit:* |

|  |  |  |
| --- | --- | --- |
| **GENERAL GOOD PRACTICE**  | **EFFECTIVE CONTROL** | **COMMENTS** |
| All structures, vehicles and large items of equipment are of sound integrity and in good condition | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Area is managed in an orderly fashion and good hygiene standards are in evidence | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| There is no evidence of unacceptable pest presence or animal ingress  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Personal hygiene provisions are present and in a clean and usable condition  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Workers are following hygiene policy (including any handwashing and PPE requirements)  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| All tools and area equipment appropriately controlled and managed | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| No uncontrolled crop contamination risks are present in the area | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Effective product identification and traceability controls are in place for all harvested or packed product | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| All harvested product is stored in an appropriate container (or receptacle) that is clean and free of damage  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Any product contact surfaces are of a suitable condition and cleanliness to avoid contamination risks | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| There is no excessive pooling of water that could present a listeria risk | **YES** | **PARTIAL** | **NO** | **N/A** |  |

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| **AREA SPECIFIC PREVENTATIVE ACTIONS***Identify any specific preventative actions relevant to the area* | **EFFECTIVE CONTROL** | **COMMENTS** |
|  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
|  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
|  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| **DOCUMENTATION CHECK***Record name of document or worker training record checked* | **EFFECTIVE CONTROL** | **COMMENTS** |
| Area document or record: |  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Area document or record: |  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Worker training record: |  | **YES** | **PARTIAL** | **NO** | **N/A** |  |
| Worker training record: |  | **YES** | **PARTIAL** | **NO** | **N/A** |  |

*Where* ***NO*** *or* ***PARTIAL*** *answers are recorded, detail corrective actions below*

|  |  |  |  |
| --- | --- | --- | --- |
| **ISSUE IDENTIFIED** | **PERSON RESPONSIBLE** | **CORRECTIVE ACTION TAKEN** | **DATE COMPLETED** |
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