# Purpose

1.1 To verify the effectiveness of **[Company Name]** Food Safety and Quality Management System.

# Scope

2.1 This document encompasses the procedure to be followed when the checklists are verified.

# Responsibility

3.1 The Quality Assurance Manager **[QA Manager Name]** will take responsibility for all the checklists.

3.2 The daily start-up checklist will be conducted by the Supervisor **[Supervisor Name]** and will be signed off by the Production Manager **[Production Manager Name]**. **Frequency: Daily**

3.3 The daily personal hygiene checks will be conducted by **[Name]** and will be signed off by **[Supervisor Name]**. **Frequency: Daily**

3.4 The monthly inspection addressing the facility, equipment and personnel for non-conformances and hazards shall be conducted by **[Name]** and shall be signed off by the Quality Assurance Manager **[QA Manager Name]**.

# Definitions

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| **Checklist** |  |

# Instructions and Guidelines

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| **Checklist** | **Frequency** | **Responsibility** | **Signed Off By** |
| Start Up | Daily | Supervisor  **[Supervisor Name]** | Production Manager |
| Personal Hygiene | Daily | **[Name]** | Production Manager |
| Internal Pest Control | Weekly | Person Responsible Pest Control  **[Name]** | External Pest Control Company |
| Non-Conformance/Hazard | Monthly | **[Name]** | Quality Assurance Manager |
| External Pest Control | Monthly | External Pest Control Company Representative  **[Name]** | Quality Assurance Manager |

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| **Executive Manager: [Name]** | **Date** | **Signature** |
|  | DD-MM-YYYY |  |