

# HACCP DEVIATION REPORT

Date: \_\_\_\_\_ Critical Control Point: \_\_\_\_\_

Location: \_\_\_\_\_ Equipment: \_\_\_\_\_

Specified Range: \_\_\_\_\_ Actual Reading: \_\_\_\_\_

Past History:

Corrective Action:

Future Corrective Action Needed:

Product Disposition:

Attach a copy of all records of the critical control point deviation.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of HACCP Coordinator

**HACCP CORRECTIVE ACTION REQUEST**

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Major

Minor

Problem Noted:

Temporary Action Taken:

Long-Term Corrective Action:

Assigned To/Due Date:

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

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Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Was the corrective action effective? \_\_\_\_\_

Remarks:

Corrective Action  Open  Closed

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**NOTICE OF UNUSUAL OCCURRENCE  
AND CORRECTIVE ACTION  
(NUOCA)**

This NUOCA contains trade secret/business confidential information and is exempt from disclosure pursuant to applicable law.

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Date: \_\_\_\_\_  
Supplier: \_\_\_\_\_  
Product: \_\_\_\_\_ Product Lot Identifier: \_\_\_\_\_

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DESCRIPTION OF UNUSUAL OCCURRENCE:

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DESCRIPTION OF CRITICAL LIMITS EXCEEDED (if any):  
(Identify by CCP Number)

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PREDETERMINED CORRECTIVE ACTION PURSUANT TO HACCP PROGRAM:

- |   |  |
|---|--|
| <input type="checkbox"/> Product Segregation and Hold             | <input type="checkbox"/> Product to be Destroyed                         |
| <input type="checkbox"/> Further Hazard Analysis (Describe below) | <input type="checkbox"/> Reconditioning/Alternative Use (Describe below) |
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ACTION TAKEN UPON FURTHER HAZARD ANALYSIS PURSUANT TO GENERIC CORRECTIVE ACTION PLAN: (Describe in detail)

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RECOMMENDED ACTION FOR REEVALUATION OR MODIFICATION OF HACCP PROGRAM:  
(Describe in detail)

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\_\_\_\_\_  
Signature

REVIEWED BY:

\_\_\_\_\_  
Signature of HACCP Coordinator

Date: \_\_\_\_\_