

Company Name[®] – HACCP Manual

Master Plan – CCP # ____

(1)	(2)	(3)	(4)	(5)	(6)	(7)
CCP	Significant Hazard	Critical Limits	Monitoring	Corrective Action	Verification	Records
			What:			
			How:			
			Frequency:			
			Who:			

Signature of Company Official: _____ Title: _____ Date: _____