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| **Allergen Risk Assessment** (Conduct Seasonally and any time there is a change made to the system or a situation occurs that could introduce an opportunity to contaminate the system) |
| **If your answer to a question indicates a risk of a food safety hazard, then further understanding, conducting a risk assessment and/or Preventive or Corrective Action(s) are needed to minimize possible contamination.**  |
| **Area of Potential Risk with Water System and Use** | **Yes**  | **No** | **NA** | **What is the potential risk identified?**  | **Likelihood****(Circle One)** | **What Preventive/Corrective Action(s) will you use to minimize the risk?** | **Date/Initials** |
| Do you currently handle any allergens in your operation**? If no, do not answer additional questions.**  |  |  |  |  | LowMediumHigh |  |  |
| Do you have a designated storage area for all allergens?  |  |  |  |  | LowMediumHigh |  |  |
| Is proper signage in place designating areas to ‘Allergens Only”?  |  |  |  |  | LowMediumHigh |  |  |
| Are all allergens stored below non-allergen products (ambient and/or cold storage)?  |  |  |  |  | LowMediumHigh |  |  |
| Do all waste receptacles that may contain allergens have lids?  |  |  |  |  | LowMediumHigh |  |  |
| Do you apply allergen labels to all products that do not already include a label?  |  |  |  |  | LowMediumHigh |  |  |
| Are all employees trained on the Allergen Control Program?  |  |  |  |  | LowMediumHigh |  |  |
| Are proper cleaning and sanitizing of food contact surface between handling allergen and non-allergen product in place?  |  |  |  |  | LowMediumHigh |  |  |