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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.** |  |  |  |  | Low  Medium  High |  |  |
| Do you have a designated storage area for all allergens? |  |  |  |  | Low  Medium  High |  |  |
| Is proper signage in place designating areas to ‘Allergens Only”? |  |  |  |  | Low  Medium  High |  |  |
| Are all allergens stored below non-allergen products (ambient and/or cold storage)? |  |  |  |  | Low  Medium  High |  |  |
| Do all waste receptacles that may contain allergens have lids? |  |  |  |  | Low  Medium  High |  |  |
| Do you apply allergen labels to all products that do not already include a label? |  |  |  |  | Low  Medium  High |  |  |
| Are all employees trained on the Allergen Control Program? |  |  |  |  | Low  Medium  High |  |  |
| Are proper cleaning and sanitizing of food contact surface between handling allergen and non-allergen product in place? |  |  |  |  | Low  Medium  High |  |  |