

**Hazard Analysis Critical Control Point (HACCP) Application**  
**North Carolina Rules Governing the Food Protection and Sanitation of Food Establishments**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Establishment ID Number: \_\_\_\_\_

Establishment Name: \_\_\_\_\_

Establishment Owner: \_\_\_\_\_

Owner / Permit Holder: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ NC Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Are you applying for multiple locations: \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please attach a list of the other facilities including their physical addresses and the county's which they are located.)

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*confirmation of receipt will be by email. If you do not wish to receive email notification, CHECK HERE [ ]

**Please use the checklist below for verification all necessary items are included with your application:**

- Purpose of submission (include NC Food Code reference).
- Name of food product and process for which this plan is submitted.
- A flow chart, showing how the product flows through the establishment, including an accurate description of how the food is prepared, held, served, transported, etc...
- A diagram of facility/floor plan to help show flow of food.
- Ingredients, materials, and equipment used in the preparation of this food.
- Copy of label(s), where required.
- Standard Operating Procedures (SOP) for: Approved Food Sources, Employee Health & Hygiene, Manager and Employee Training, Food Protection-- Time/Temperature Controls, Protection from Contamination, Protection from Chemicals, Facilities—Equipment Design and Maintenance, Cleaning And Sanitizing.
- Identification of each Critical Control Point (CCP) in the process.

**For Each CCP:**

- A description of the hazard(s)
- A description of the monitoring procedure(s) and a sample of form(s) that will be used to document the monitoring activities.
- A description of corrective action(s) and sample of form(s) that will be used to document the corrective actions.
- A description of verification procedure(s) and sample of form(s) that will be used to document verification activities by person in charge (PIC) person in
- A description of plan verification and validation procedures (Examples: annual review, scientific data, modifications to plan.) Include the following:
  - A statement that an updated, signed copy of the approved plan will be maintained on the premises for review by the Regulatory Authority (RA).
  - Name of person responsible for administering and updating plan.
  - Description of employee training plan (for HACCP plan implementation) and sample form(s) to be used for documentation.
  - A statement that the RA will be informed of any significant changes in the process that may affect the accuracy or effectiveness of the plan prior to implementation. Such changes may not be made without review and approval by the RA.

- A statement that updated plans will be submitted to the RA, upon request.
  - Laboratory data, if required.
- [ ] Additional information, if required by the RA, supporting the determination that food safety is not compromised by this proposal.

**Please submit your application and supporting documentation to:**

**Environmental Health Section  
Food Protection Program/ NC HACCP PLAN REVIEW Committee  
1632 Mail Service Center  
Raleigh, NC 27699-1632**

**Please contact your local Environmental Health Specialist for assistance when completing and submitting the application. For technical questions you may also email [ncvariancecommittee@dhhs.nc.gov](mailto:ncvariancecommittee@dhhs.nc.gov).**

All supporting documentation must be submitted along with this completed application. Incomplete applications cannot be reviewed and will be returned to the applicant. You and the local RA will be notified upon the receipt of your application. After your application and supporting documentation have been reviewed, you will be contacted regarding the Request for HACCP plan approval.

Approved HACCP plans are final and no changes or modifications may occur without prior review and approval by this Department. Compliance with approved HACCP plans will be monitored and verified by the RA. Due to advancements in technology and changing public health concerns, approved HACCP plans will be subject to periodic review by the RA. It is the responsibility of the establishment to follow the procedures approved for this process and to notify the RA immediately if there is to be any change made in the approved process.

Failure to maintain compliance with an approved HACCP plan (including proper training, documentation, corrective actions, etc...) may result in points deducted during sanitation inspections, suspension or revocation of the HACCP plan approval resulting in the loss of permission for the special process covered by the HACCP plan, and product (food) disposal.

**Statement: I hereby certify the information provided within this application is accurate and I understand that any deviation without prior approval from the Department may nullify the HACCP plan approval. I understand this application will be returned to me if incomplete and will delay further processing. I have read and understand the information presented in this application.**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee use only:**

Received: ____/____/____	First Application Submittal: ____	Resubmittal: ____
Notified: ____/____/____	Check one: Email ____	USPS ____ Other _____
Entered & Scanned to database: ____/____/____		
Reviewed: ____/____/____	Contacted: ____/____/____	Check one: Approved <input type="checkbox"/> Denied <input type="checkbox"/> Need more info. <input type="checkbox"/>
Returned to Applicant <input type="checkbox"/>		
Notes:		



Location: 5605 Six Forks Rd. •Raleigh, N.C. 27609-3811  
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