Sanitation Operating Procedures

Cleaning Procedure – Unload/Holding Area

SOP # 001

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

When used as directed, **products** are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step Product Amount Concentration Time @ Temperature	r					
Unemical Step Product Amount Concentration Time (a) Temperature		D . 1 .	A		70 *	~ m /
	Unemical Sten	Product	Amount	Concentration	lime	(a) Temperature
	Cuerneer Step	LIVGUEL	A AMA V WALLY		X IAAAV	Conternation of

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

Page 1 of 1

Cleaning Procedure – Kill Area

SOP # 002

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328

IMPORTANT:

When used as directed, **products** products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chaminal Ston	Product	Amount	Concentration	Time	@ Temperature
Chemical Step	rrouuci	Amount	Concentration	LILLC	le remperature

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

Cleaning Procedure – Blood Area

SOP # 004

C

SAFETY PRECAUTIONS *WEAR safety goggles of face shield when handling or transporting chemicals *Wear protective apron or cloths and avoid chemical contact * USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves. *Wear rubber chemical resistant boots- Boots should be worn with pants over the boots. *Use properly label chemical container- READ label and USE instructions for all chemicals. *USE required "Lock-Out-Tag-Out: procedures. *All Safety Data sheets (SDS) are on file. Chemical Emergency Call: 800-328-**IMPORTANT:** When used as directed, products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information. Time **(a)** Temperature Product Amount Concentration **Chemical Step**

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

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Cleaning Procedure – Hock Area

SOP # 005

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

	Chemical Step	Product	Amount	Concentration	Time	@ Temperature
- 1	A					

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

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Cleaning Procedure – Hind Foot Area

SOP # 006

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

······	·····				
0 100	m	A sea a sea A	Company	Trine a	Tommore turne
Chemical Step	Product	Amount	Concentration	Time	@ Temperature
Chemiens orep					

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES



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Revision 1.01 May 28, 2013

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Cleaning Procedure – Hide Area

SOP # 007

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step	Product	Amount	Concentration	Time	@ Temperature

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES



Cleaning Procedure – Basket Hanger Area

SOP # 008

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

When used as directed, products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step	Product	Amount	Concentration	Time	(a) Temperature
Chemical Step	ribuuct	Amount	Concentration	1 11110	<u> </u>

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

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Cleaning Procedure – Split Carcass Area

SOP # 009

С

SAFETY PRECAUTIONS *WEAR safety goggles of face shield when handling or transporting chemicals *Wear protective apron or cloths and avoid chemical contact * USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves. *Wear rubber chemical resistant boots- Boots should be worn with pants over the boots. *Use properly label chemical container- READ label and USE instructions for all chemicals. *USE required "Lock-Out-Tag-Out: procedures. *All Safety Data sheets (SDS) are on file. Chemical Emergency Call: 800-328-IMPORTANT: products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information. @ Temperature Time Concentration **Chemical Step** Product Amount Created on: May 28, 2013 **Frequency:** Initial Daily PROCEDURES

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Cleaning Procedure – Sterilizer Area

SOP # 0010

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

When used as directed, **products** products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step	Product	Amount	Concentration	Time	@ Temperature

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

Confidential Business Information



SOP # 016

Trolley Wash and Oil Treatment Procedure

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

When used as directed, **products** products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

PROCEDURES

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Overhead Refrigeration Unit Cleaning Procedure

SOP # 017

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

PROCEDURES

SOP # 020 TOTES, RACKS, and MANUFACTURING APPLICATIONS

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

When used as directed, **products** are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step	Product	Amount	Concentration	Time	a	
Temperature			·			

Frequency: Initial Daily

Created on: May 28, 2013

PROCEDURES

Drain Cleaning Procedure

SOP # 023 Drains **Production – Process areas – Daily** Non- Production areas- Weekly

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

Amount

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

Product

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical Step

Frequency: Initial Daily

Created on: May 29, 2013

Concentration

Time

(a) Temperature

PROCEDURES

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Cleaning Procedure – Bleed Area

SOP # 003

SAFETY PRECAUTIONS

*WEAR safety goggles of face shield when handling or transporting chemicals

*Wear protective apron or cloths and avoid chemical contact

* USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves.

*Wear rubber chemical resistant boots- Boots should be worn with pants over the boots.

Amount

*Use properly label chemical container- READ label and USE instructions for all chemicals.

*USE required "Lock-Out-Tag-Out: procedures.

*All Safety Data sheets (SDS) are on file.

Chemical Emergency Call: 800-328-

IMPORTANT:

products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information.

Chemical	Step	Product	

Frequency: Initial Daily

Created on: May 28, 2013

Concentration

PROCEDURES



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(a) Temperature

Time



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Miscellaneous Cleaning and Sanitizing (Sinks / Non-porous surfaces)

SOP # 024

С

SAFETY PRECAUTIONS *WEAR safety goggles of face shield when handling or transporting chemicals *Wear protective apron or cloths and avoid chemical contact * USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves. *Wear rubber chemical resistant boots- Boots should be worn with pants over the boots. *Use properly label chemical container- READ label and USE instructions for all chemicals. *USE required "Lock-Out-Tag-Out: procedures. *All Safety Data sheets (SDS) are on file. Chemical Emergency Call: 800-328-**IMPORTANT:** products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information. Concentration Time **a**) Amount Product **Chemical Step** Temperature **Frequency:** Initial Daily Created on: May 28, 2013

PROCEDURES





Hand Care procedures

SAFETY PRECAUTIONS

Chemical Emergency Call: 800-328-

IMPORTANT:

C

When used as directed, **set the** products are effective under the intended conditions of use as outlined on the product labels. Please refer to the product Material Safety Data Sheet (MSDS) for safe handling information.

Chemical Step	Product	Amount	Concentration	Time	@	
Temperature			·			

SANITATION PROCEDURES

PERSONAL HYGIENE



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Revision 1.01 May 28, 2013

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Inspexx Antimicrobial Treatment Procedure

SOP # 026

SAFETY PRECAUTIONS *WEAR safety goggles of face shield when handling or transporting chemicals *Wear protective apron or cloths and avoid chemical contact * USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves. *Wear rubber chemical resistant boots- Boots should be worn with pants over the boots. *Use properly label chemical container- READ label and USE instructions for all chemicals. *USE required "Lock-Out-Tag-Out: procedures. *All Safety Data sheets (SDS) are on file. Chemical Emergency Call: 800-328-**IMPORTANT:** products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information. (a) Temperature Time Concentration **Chemical Step** Product Amount **Frequency: During Production Daily** Created on: May 29, 2013 PROCEDURES



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Doorway Foamers Procedure

SOP # 027

SAFETY PRECAUTIONS *WEAR safety goggles of face shield when handling or transporting chemicals *Wear protective apron or cloths and avoid chemical contact * USE chemical resistant gloves when handling chemicals-Gloves should be worn under sleeves. *Wear rubber chemical resistant boots- Boots should be worn with pants over the boots. *Use properly label chemical container- READ label and USE instructions for all chemicals. *USE required "Lock-Out-Tag-Out: procedures. *All Safety Data sheets (SDS) are on file. Chemical Emergency Call: 800-328-**IMPORTANT:** products are effective under the intended conditions of use as outlined on the product labels. When used as directed, Please refer to the product Safety Data Sheet (MSDS) for safe handling information. (a) Temperature Time Concentration Product Amount **Chemical Step** Created on: May 29, 2013 Frequency: Daily PROCEDURES



INTERNAL USE ONLY

Daily Cleaning Sanitation Log

Version 1.0 Last updated: 3/27/2013 Updated by: Keaton Walker Approved by: ______ Location: Responsible Transportation LLC\Permitting\FSIS Grant of Inspection\Prerequisite Programs\Goog Hygiene Practices\Cleaning & ion\Sanitation Monitoring Records Sai



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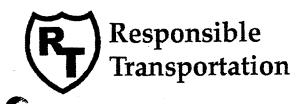
Daily Cleaning Sanitation Log 3/27/2013 V1.0

DAILY CLEANING & SANITATION LOG

Week of:	LOCATION:							
Circle the applicable answer	~	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
		no/yes	no/yes	no/yes	no/yes	no/yes	no/yes	no/yes
		no/yes	no/yes	no/yes	no/yes	no/ycs	no/ycs	no/ycs
		no/yes	no/yes	no/yes	no/yes	no/yes	no/yes	no/yes
		no/yes	no/yes	no/yes	no/yes	no/yes	no/yes	no/yes
		no/yes	no/yes	no/yes	no/yes	no/yes	no/yes	no/yes
		no/yes	no/yes	no/yes	no/ycs	no/yes	no/ycs	no/yes
		no/yes	no/yes	no/ycs	no/yes	no/yes	no/yes	no/yes
Time								
Sanitation Person's Signature:						 		

Corrective & Preventive Actions:

Date: _ Verified by Manager:_ Location: Responsible Transportation LLC\Permitting\FSIS Grant of Inspection\Prerequisite Programs\Goog Hygiene Practices\Cleaning & Sa ion\Sanitation Monitoring Records



INTERNAL USE ONLY

Daily Pre-Shift Sanitation Checklist

Version 1.0 Last updated: 3/27/2013 Updated by: Keaton Walker Approved by:

Kill Floor: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____

Person Checking:

	Kill Floor	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
CeilingImage: strainerImage: strainerLanding HoistImage: strainerImage: strainerLanding HoistImage: strainerImage: strainerShackle Bleed RailImage: strainerImage: strainerShackle SupportImage: strainerImage: strainerBleed ShackleImage: strainerImage: strainerBleed ShackleImage: strainerImage: strainerBleed ShackleImage: strainerImage: strainerBleeding TroughImage: strainerImage: strainerBlood Air PumpImage: strainerImage: strainerSanitary BloodImage: strainerImage: strainerSticker SlakformImage: strainerImage: strainerSticker SlakformImage: strainerImage: strainerBung PlatformImage: strainerImage: strainerBlood TroughImage: strainerImage: strainerFlankersImage: strainerImage: strainerSink/SterilizerImage: strainerImage: strainer	Floor					
Meat RailImage: Second sec	Walls					
Restrainer Image: Constraint of the second seco	Ceiling					
Landing Hoist Image: Constraint of the second s	Meat Rail	1				
Shackle Bleed Rail Image: Shackle Support Steel Image: Shackle Hangers Image: Shackle Bleed Shackle Image: Shackle Support Shackle Lowerator Image: Shackle Support Bleeding Trough Image: Shackle Support Bleeding Trough Image: Shackle Support Sanitary Blood Image: Shackle Support Sinkry Blood Image: Shackle Support Sticker Image: Shackle Support Sink/Sterilizer Image: Shackle Support Blood Trough Image: Shackle Support Flankers Platform Image: Shackle Support Flankers Image: Shackle Support Sink/Sterilizer Image: Shackle Support Sink/Sterilizer Image: Shackle Support Blood Trough Image: Shackle Support Flankers Image: Shackle Support Sink/Sterilizer Image: Shackle Suppor	Restrainer					
Shackle Support	Landing Hoist	1				
Steel	Shackle Bleed Rail					
HangersImage: set of the set o						
Shackle Lowerator Image: Constraint of the second seco						
Bleeding Trough Image: Constraint of the second seco	Bleed Shackle					
Blood Air PumpImage: Constraint of the second s	Shackle Lowerator					1
Sanitary Blood Piping Image: Constraint of the second	Bleeding Trough		1			
Piping	Blood Air Pump		1			
Stickers Platform			1			
Sink/Sterilizer Image: Sink/Sterilizer Bung Platform Image: Sink/Sterilizer	Stickers Platform					
Bung Platform Image: Constraint of the second sec						
Blood Trough Image: Constraint of the second seco						
Flankers Platform	Dehider					
Flankers Sink/Sterilizer	Blood Trough					
Sink/Sterilizer	Flankers Platform					
Hide Pulling Stands	Sink/Sterilizer					
	Hide Pulling Stands				1	



Order & Sealing Area: Check for cleanliness and proper operation. If unit is not used, mark with X. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____ Person Checking: _____

Sealing / Storage Area	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Hide Pull Air Knives					
Hide Pull Sinks &		1			
Sterilizers					
Brisket Saw					
Brisket Saw Power Unit					
Brisket Saw Spring Balancer					
Brisket Saw					
Sink/Sterilizer					
Gut Cart					
Platform Carcass Split					
Carcass Split Sink/ Sterilizer					
Splitting Saw					-
Splitting Saw Balancer				· · ·	
Carcass Spreader					
Trim Platform					
Trim Sink/Sterilizer					
Inspection Platform					
Inspection	1				
Sink/Sterilizer	_	· · · ·			
Head Inspection Table					
Head Wash Station					
Head processing table					:
Head Chute		1			
Rail Scale					

Wash Room: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

WASH ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring		 			
Walls					
Ceiling		•			
Wash Platform					
Washroom Doors					
Rinsing Equipment					
Meat Rail					
		1			



Room 115C: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____ Person Checking: _____

ROOM115C	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring) 		
Walls					
Ceiling		1			
Doors		1		,	
Meat Rail		1			
Retail Cage		<u>.</u>			
		†			

Offal Room: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

Offal Room	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring			i	· · · · · · · · · · · · · · · · · · ·	
Walls	-		, <u></u>		
Ceiling					
Lift Dumper	-				
Racking					
Plastic Barrels					
Sink/Sterilizer					
Wash Equipment				· · · · · · · · · · · · · · · · · · ·	

HIDE ROOM: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

HIDE ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring			· · · ·		
Walls					
Ceiling					
<u> </u>					

HOT BOX: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

HOT BOX	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					-
Walls					
Ceiling					
Meat Rail					
Rail Scale					

C

PROCESSING ROOM: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

PROCESSING ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling		I			
Meat Rail					
Rail Scale		<u> </u>			; [
Forequarter Drop Table					
Side Finger Lowerator					
Boning Table					
Meat Wash Sinks					
Hand Wash Sink/Sterilizers			· ·		
Band Saw					
Metal Detector					

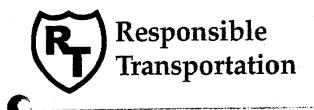


PACKAGING: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

PACKAGING	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring		- - -			
Walls					
Ceiling					
Staging Table					
Sink/Sterilizer					
Meat Wash Sink					
Portion Scales					
Vacuumed Packager	-	1			
Finished Product Table					





FREEZER: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

PACKAGING	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					×
Walls					
Ceiling					
		_			

SHIPPING DOCK: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

SHIPPING DOCK	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling					
Dock #1					
Dock #2					
Dock #3	-				
Office					



TROLLY WASH: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

TROLLY WASH	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring				· · · · · · · · · · · · · · · · · · ·	
Walls					
Ceiling					
Wash Rack					
Cart					



Daily Pre-Shift Sanitation Checklist

Version 1.0 Last updated: 3/27/2013 Updated by: Keaton Walker Approved by: _____



Kill Floor: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____

Person Checking: _____

Kill Floor	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Floor					
Walls					
Ceiling		; ;			
Meat Rail			1		
Restrainer					
Landing Hoist					
Shackle Bleed Rail	1			· · · · · · · · · · · · · · · · · · ·	
Shackle Support Steel	-				
Hangers					
Bleed Shackle		1			
Shackle Lowerator	-				
Bleeding Trough	1				
Blood Air Pump		<u> </u>			
Sanitary Blood Piping					
Stickers Platform					
Sticker Sink/Sterilizer					
Bung Platform					
Dehider					-
Blood Trough	-	1			
Flankers Platform			l		
Flankers Sink/Sterilizer					
Hide Pulling Stands					



Order & Sealing Area: Check for cleanliness and proper operation. If unit is not used, mark with X. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____ Person Checking: _____

Sealing / Storage	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Area					
Hide Pull Air Knives					
Hide Pull Sinks &					
Sterilizers	_ _	ļ			1
Brisket Saw					
Brisket Saw Power Unit		i			
Brisket Saw Spring Balancer					<u> </u>
Brisket Saw					
Sink/Sterilizer			·	·	
Gut Cart					
Platform Carcass Split					
Carcass Split Sink/					
Sterilizer					1
Splitting Saw		<u></u>			
Splitting Saw					
Balancer Carcass Spreader					
Trim Platform					
Trim Sink/Sterilizer					
Inspection Platform					
Inspection Sink/Sterilizer					,
Head Inspection Table					
Head Wash Station					
Head processing table					
Head Chute					
Rail Scale	-	•			



Wash Room: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

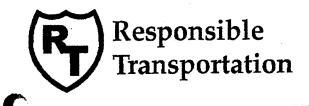
Date: _____ Person Checking: _____

WASH ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls		<u> </u>		-	
Ceiling	_				
Wash Platform	-		-		
Washroom Doors			-		
Rinsing Equipment					
Meat Rail					

Room 115C: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken.

Date: _____ Person Checking: _____

ROOM115C	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring	-				
Walls					
Ceiling					
Doors					
Meat Rail			į		
Retail Cage					
		1			
		1			



Offal Room: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

.

Offal Room	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling					
Lift Dumper					
Racking					
Plastic Barrels			-		
Sink/Sterilizer		1			
Wash Equipment					

HIDE ROOM: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

HIDE ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling					

HOT BOX: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

HOT BOX	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Fleening					
Flooring	1				
Walls					
Ceiling					
Meat Rail					
Rail Scale		-			
· · · · ·					
	-				

PROCESSING ROOM: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

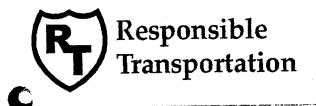
PROCESSING ROOM	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling			1		
Meat Rail		1	1		
Rail Scale	1	1			
Forequarter Drop Table					
Side Finger Lowerator		ļ			1
Boning Table					
Meat Wash Sinks					
Hand Wash Sink/Sterilizers	1				
Band Saw					
Metal Detector					



PACKAGING: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

PACKAGING	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling					
Staging Table					
Sink/Sterilizer					
Meat Wash Sink					
Portion Scales		1			
Vacuumed Packager		1			
Finished Product Table					
·					
	-			//	
	I				



FREEZER: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

PACKAGING	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring		1			
Walls					
Ceiling					
<u></u>		- 			



Daily Pre-Shift Sanitation Checklist 3/27/2013 V1.0

SHIPPING DOCK: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

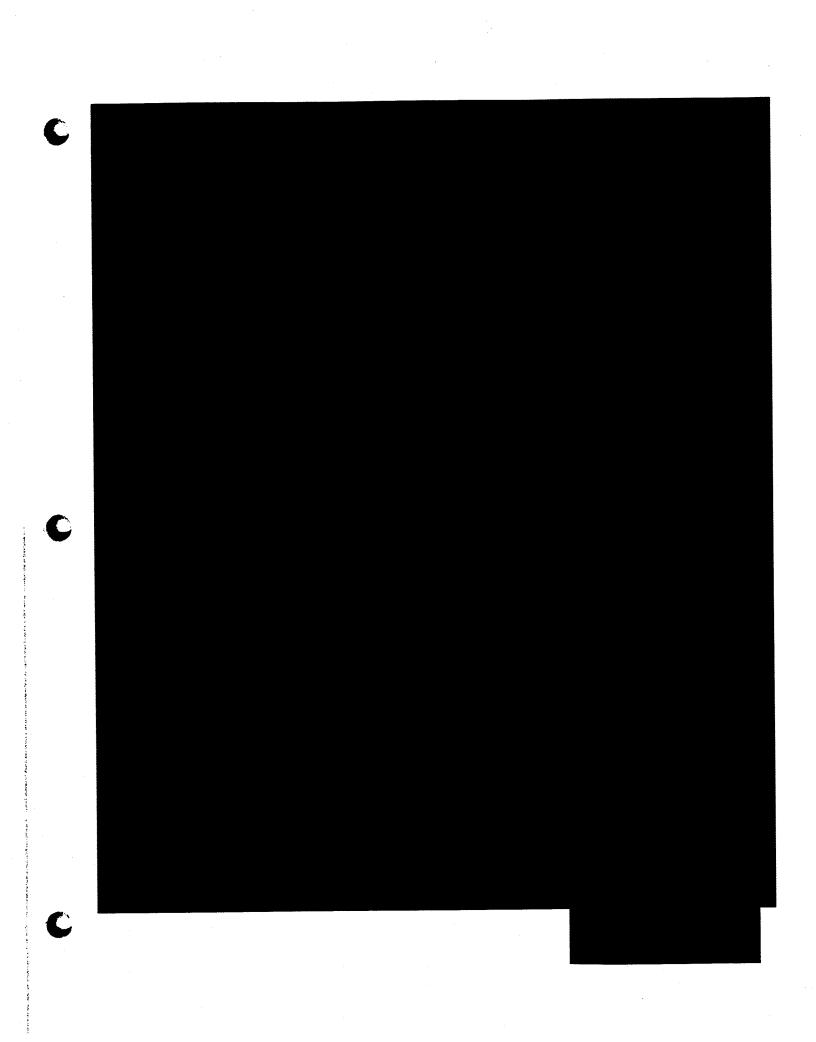
SHIPPING DOCK	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring					
Walls					
Ceiling					
Dock #1	1	↓			
Dock #2		1			
Dock #3					
Office					



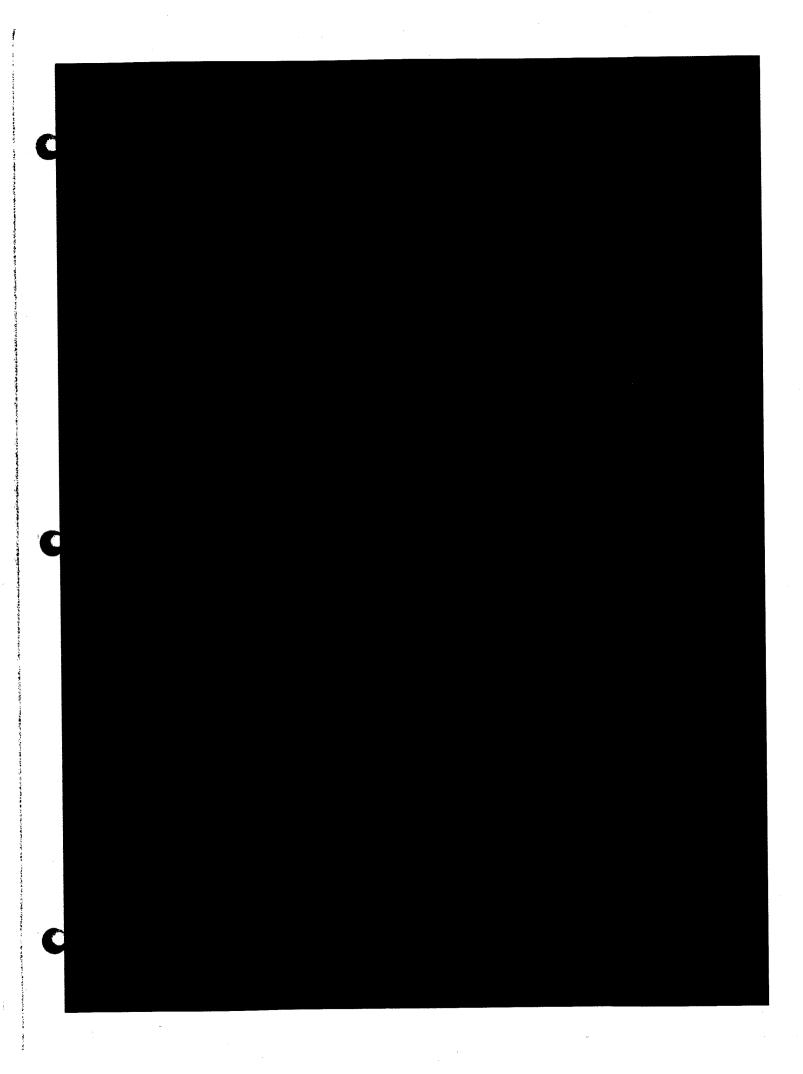
TROLLY WASH: Check for cleanliness and proper operation. If unit is not used, cross out. Note reason if not clean or not operating properly. Specify corrective action taken

Date: _____ Person Checking: _____

TROLLY WASH	Pass	Fail	Fail Reason	Corrective Action Taken	Checked by
Flooring		.			
Walls		1			
Ceiling					
Wash Rack					
Cart					



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