

HEAD AND GUT OPERATION

Date: _____

Name of Premise: _____

Premise Number: _____

Address of Premise: _____

	Acceptable	Unacceptable	Comments
Filleting/Steaking			
Fish undamaged and free from rancidity/spoilage	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper heading and gutting of fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Thorough washing of fish following heading/gutting	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proper disposal of waste/offal	<input type="checkbox"/>	<input type="checkbox"/>	_____
Knives/Utensils sanitized and free from contamination	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish with high parasite loads (>5 per kg) discarded	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labeling/Packaging/Wrapping			
Packaging done at refrigerated temperatures ≤4°C; 40°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
or ≤3.3°C; 38°F	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Proper icing of fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fresh fish/fillets refrigeration in vac-pack ≤7 days	<input type="checkbox"/>	<input type="checkbox"/>	_____
NO refrigeration of vac- pack smoked fish (frozen OK)	<input type="checkbox"/>	<input type="checkbox"/>	_____
MAP smoked fish refrigerated shelf-life ≤14 days	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labels include:			
Common name of Fish	<input type="checkbox"/>	<input type="checkbox"/>	_____
Name and Address of supplier	<input type="checkbox"/>	<input type="checkbox"/>	_____
Net Fish Weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish Grade and Fish Size	<input type="checkbox"/>	<input type="checkbox"/>	_____
Storage instructions / Best Before Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
Information is concordant with the terms & conditions of the license	<input type="checkbox"/>	<input type="checkbox"/>	_____
Frozen Storage			
Acceptable	Unacceptable		
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is <-18°C (<0°F)	Temperature is ≤4°C (≤40°F)
<input type="checkbox"/>	<input type="checkbox"/>	Temperature is <-26°C (<-15°F)	Temperature is ≤3.3°C (≤38°F)
<input type="checkbox"/>	<input type="checkbox"/>	Food is protected from contamination	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food is stored in food grade containers	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Food is 6” off floor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Monitoring (temperature logs/records)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Shelves easily cleanable, durable, non-porous	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Stock rotation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Well organized, clean	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Sufficient lighting	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Air Circulation	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Documentation and Record Keeping	<input type="checkbox"/>
Cold Storage			
Acceptable	Unacceptable		

Comments: _____

	Acceptable	Unacceptable	Comments
Sanitation and Employee Hygiene			
Employees free from illness, cuts, lesions	<input type="checkbox"/>	<input type="checkbox"/>	_____
No smoking, chewing gum/tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least one worker with FOODSAFE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand-washing with liquid soap, sanitizer, paper towels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriately dressed (boots, hair nets, coats, aprons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean food contact surfaces, equipment, premise	<input type="checkbox"/>	<input type="checkbox"/>	_____