HACCP Record: Pre-Shipment Review

Production Date: _____

SHIPMENT TIME	SHIPMENT NUMBER	PRODUCT TYPE	SHIPMENT AMOUNT	I have reviewed the records associated the production of this product to ensure completeness, including the determination that all critical limits were met and, where appropriate, that corrective actions were taken. REVIEW COMPLETED BY: (SIGNATURE)

Form approved:

Fisher Foods LTD
Signed:
Name:
Implementation Date:
Revision, Date: