

HACCP Policy Reporting Form

School/Facility	County	LEA Agreement #	Principal/Administrator
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Phone: _____ Address: _____

Contact Person Preparing HACCP Policy Form: _____ Phone: _____

Food service staff and other staff preparing HACCP Policy – List All: Use additional page(s) if necessary

Food Service Director Name: _____

Food Service Staff Name: _____

Food Service Staff Name: _____

Food Service Staff Name: _____

Food Service Staff Name: _____

Other Staff Name: _____

Other Staff Name: _____

Other Staff Name: _____