



Verification report

The report follows a verification of

Legal name of business owner: _____

Legal name of business: _____

Trading name of business: _____

Street address of business: _____

Postal address for business: _____

Operator's email: _____ Operator's phone no: _____

Name of FCP/NP Manager: _____

Name of person seen (if not operator or FCP Manager): _____ Job title _____

Verification date: _____ / _____ / _____ Start time: _____ Total time taken: _____

Verifiers name: _____

Verifiers email: _____ Verifiers phone no: _____

Site registration number: _____

Scheduled / unscheduled verification (please circle)

Verification score

The scoring method outlined below is **currently** optional and is under trial. It has been developed to assist verifiers in determining an overall verification outcome.

Instructions for using the verification score card

- 1 Score each of the topics audited under each of the five criteria
 - In the scoring sheet please **circle 'critical'** if a critical non-compliance has been identified.
- 2 Calculate the **average score** for each criteria
- 3 Transfer the average score to the **scoring table**
- 4 Calculate the **total average score**
- 5 Determine the **final verification outcome**

Note: A **critical non-compliance** arises where a non-compliance poses an immediate threat to food safety and/or suitability that is reasonably likely to result in an adverse effect on human life or public health. A **non-compliance** arises where the above would occur in the future if improvements aren't made.

Criteria	Topics					Score
Confidence in Management		Performing	Conforming	Non-conforming	Non-complying	Score
Registration /scope of operations*		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C1
Traceability recall and complaints		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C2
Documentation and record keeping		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C3
Competency of management		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C4
Delegation		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C5
Operator verification		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C6
Improvements and corrective actions*		30 <input type="checkbox"/>	20 <input type="checkbox"/>	10 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	C7
Total amount ticked in each section	No. of Performing	No. of Conforming		No. of Non-conforming	No. of Non-complying	C8
	C9	C10	C11	C12	C13	
Average score confidence in management						C14

Add boxes C1 — C7 (Print total in C8)

Average score confidence in management

Add boxes C9 — C12 (Print total in C13)

Divide the total in box C8 by the total in box C13 (Print result in C14)

Criteria	Topics					Score
Food safety behaviour		Performing	Conforming	Non-conforming	Non-complying	Score
Training, supervision and competency**		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B1
Personal hygiene and behaviour**		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B2
Health and sickness		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B3
Food standards code compliance – ingredients and composition		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B4
Food Standards code compliance - microbiological		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B5
Opening after an emergency		20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical	B6
Total amount ticked in each section	No. of Performing	No. of Conforming		No. of Non-conforming	No. of Non-complying	B7
	B8	B9	B10	B11	B12	
Average score food safety behaviour						B13

Add boxes B1 to B6 (Print total in B7)

Average score food safety behaviour

Add boxes B8 to B11 (Print total in B12)

Divide the total in box B7 by the total in box B12 (Print result in B13)

Criteria	Topics					Score
Compliance history		Performing	Conforming	Non-conforming	Non-complying	Score
Complaints and recalls*		10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	-5 <input type="checkbox"/> Critical	H1
Non-compliance*		10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	-5 <input type="checkbox"/> Critical	H2
Managing unsafe/unsuitable food*		10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/>	-5 <input type="checkbox"/> Critical	H3
Total amount ticked in each section	No. of Performing	No. of Conforming		No. of Non-conforming	No. of Non-complying	H4
	H5	H6	H7	H8	H9	
Average score compliance history						H10

Add boxes H1 — H3 (Print total in H4)

Average score compliance history

Add boxes H5 — H8 (Print total in H9)

Divide the total in box H4 by the total in box H9 (Print result in H10)

* = Mandatory ** = Top five (food service)

Criteria	Topics					Score
Process control	Performing	Conforming	Non-conforming	Non-complying		Score
Design of equipment	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P1
Importing food	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P2
Suppliers and purchasing	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P3
Receiving goods	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P4
Time/temperature control (cooking/processing**)	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P5
Cooking poultry	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P6
Defrosting and reheating food	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P7
Cooling and freezing	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P8
Time temperature controls for food on display	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P9
Food allergen management	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P10
Preventing cross contamination**	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P11
Process controls for biological hazards	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P12
Process controls for chemical hazards	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P13
Process controls for physical hazards	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P14
Appropriate use of equipment	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P15
Calibration	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P16
Food labelling and advertising	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P17
Transporting food	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P18
Storage and stock rotation	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		P19
Total amount ticked in each section	No. of Performing	No. of Conforming	No. of Non-conforming	No. of Non-complying		P20
	P21	P22	P23	P24		P25
						P26

Add boxes P1 — P19 (Print total in P20)

Average score process control

Add boxes P21 — P24 (Print total in P25)

Divide the total in box P20 by the total in box P25 (Print result in P26)

Criteria	Topics					Score
Environmental control	Performing	Conforming	Non-conforming	Non-complying		Score
Design and use of places, facilities and essential services	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E1
Pest and animal control	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E2
Waste management	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E3
Cleaning and sanitising**	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E4
Water supply	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E5
Maintenance	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E6
Environmental monitoring (custom)	20 <input type="checkbox"/>	10 <input type="checkbox"/>	5 <input type="checkbox"/>	0 <input type="checkbox"/> Critical		E7
Total amount ticked in each section	No. of Performing	No. of Conforming	No. of Non-conforming	No. of Non-complying		E8
	E9	E10	E11	E12		E13
						E14

Add boxes E1 to E7 (Print total in E8)

Average score environmental control

Add boxes E9 to E12 (Print total in E13)

Divide the total in box E8 by the total in box E13(Print result in E14)

Scoring table

To calculate the total average score add the average scores given below

Average score confidence in management from box C14	
Average score food safety behaviour from box B13	
Average score compliance history from box H10	
Average score process control from box P26	
Average score environmental control from box E14	
Total average of scores	

Final verification outcome



Important: If you have given any verification topic the outcome of **non-complying** the overall verification outcome **MUST be unacceptable** [Reg 105(4)]. This rule applies irrespective of whether you are using the trial scoring method.

Tick the appropriate box to show the final verification outcome

Performing	80 - 100	Acceptable	<input type="checkbox"/>
Conforming	50 - 79	Acceptable	<input type="checkbox"/>
Non-conforming	36 - 49	Acceptable	<input type="checkbox"/>
Non-complying	35 or less	Unacceptable	<input type="checkbox"/>

Verification frequency

Allocate a verification frequency (step 1-8) based on the verification outcome above and print here _____

You can find guidance on assigning a frequency on the MPI website.

If the overall score calculated didn't align with what you thought the outcome should be, and you assigned a different overall outcome - please provide comments in the box below as to why. This will provide valuable feedback to MPI during the trial.

Summary findings: E.g. about entry meeting, what was verified, what they are doing well overall findings, positive aspects.

Any issues discussed and resolved during audit:

Recommendations

Corrective Action Requests identified and agreed to by operator

Your business needs work in these areas.	Why they were not met (what evidence)?	What needs to be done and by when (agreed corrective actions) with operator)?
1.		
2.		
3.		

Your business needs work in these areas.	Why they were not met (what evidence)?	What needs to be done and by when (agreed corrective actions) with operator?
4.		
5.		
6.		
7.		

Verification outcome:

Acceptable outcome Unacceptable outcome

Agreed close out date for all CARS ____ / ____ / ____ Next verification due (months) _____

Signed by verifier: _____

Signed by operator or person in charge: _____

Verifier follow up:

Date	Findings	Completion yes/no?	If not completed – what further action determined?

Date CARS closed out: ____ / ____ / ____ Signed by verifier: _____