

**CORRECTIVE ACTION REPORT
FOR**

Company Name: _____

Company Address: _____

DATE OF VIOLATION: _____

CRITICAL CONTROL POINT VIOLATION: _____

CRITICAL LIMIT EXCEEDED: _____

Product and Quantity Involved: _____

EXPLANATION OF VIOLATION:

CORRECTIVE ACTION RECOMMENDED:

VERIFICATION OF CORRECTIVE ACTION TAKEN:

CORRECTIVE ACTION REPORT IS TO REMAIN IN POSSESSION OF THE DEALER FOR ONE CALENDAR YEAR FOLLOWING THE VIOLATION. File under Corrective Actions

SIGNATURE OF DEALER: _____
Signature date

SIGNATURE OF HACCP PERSON: _____
Signature date