

FOOD PACKING INSPECTION CHECKLIST

FOOD SAFETY MANAGEMENT SYSTEM

Inpagespages.com

Format No.

Rev #

Rev. Date.

Audit #

Audit Date:

Location of Audit: Food packaging Department

Auditor(s)

Auditee(s)

Audit Checklist

| # | Checkpoints | Status | Evidence / Doc. Ref | Target Date | Closure Date |
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Auditor Remarks

Improvement Suggestions

Lead Auditor Sign.

Department Head. Sign.