



Department Audited: _____

Auditors: _____

Date: _____

REQUIREMENTS	PASS		OBSERVATION/WO#
Are all metal detectors working properly? <ul style="list-style-type: none"> o All sample cards are detected and rejected o Sample product is rejected completely in the rejection box o Rejection boxes are locked with controlled access 	Yes []	No []	
Did the metal detector boxes contain rejected products? If so: <ul style="list-style-type: none"> o When was the product rejected? (check code date on package/s) o Why was the product rejected? 	Yes []	No []	
Are metal detector inspection reports filled out correctly and current? <ul style="list-style-type: none"> o Established frequencies o Number of metal detector o Date, time, shift, line, product code, and name of operator o Product change over, end of shift and/or at end of production runs where the line will shut down. 	Yes []	No []	
The HACCP plan deviation report is filled out when a deviation occurs	Yes []	No []	
Metal contamination log is filled out when this event happens	Yes []	No []	
HACCP team verifies 10% of the HACCP records every month?	Yes []	No []	