

# Food Safety SOP Framework

*Template for reference only. Legal advice is recommended before signing.*

## FOOD SAFETY STANDARD OPERATING PROCEDURE (SOP)

HACCP System Framework aligned with Codex Alimentarius CAC/RCP 1-1969 Rev.4-2003 and MS 1480:2019. Prepared for MOH MeSTI / HACCP / GMP certification submission.

Establishment: \_\_\_\_\_

SSM Registration No.: \_\_\_\_\_ | Premise Licence No.: \_\_\_\_\_

Address: \_\_\_\_\_

Food Safety Officer: \_\_\_\_\_ | NRIC: \_\_\_\_\_

Date of SOP issue: \_\_\_\_\_ | Version: \_\_\_\_\_

## PART A – HACCP 7 Principles (Codex Alimentarius)

#	Principle	Implementation
1	<b>Conduct Hazard Analysis</b>	List biological (Salmonella, E. coli, Listeria), chemical (cleaning agents, allergens), and physical (glass, metal) hazards at each step: receiving → storage → preparation → cooking → holding → serving
2	<b>Identify Critical Control Points (CCPs)</b>	Typical F&B CCPs: receiving temperature of raw meat/ seafood, cold storage, cooking core temperature, hot holding, reheating, cooling rate
3	<b>Establish Critical Limits</b>	Poultry / ground meat cooked to core $\geq 75$ °C for $\geq 30$ sec; chilled storage $\leq 4$ °C; frozen storage $\leq -18$ °C; hot holding $\geq 60$ °C; cooling from 60 °C to 21 °C within 2 hours then to 5 °C within 4 more hours
4	<b>Establish Monitoring Procedures</b>	Who (named staff), what (temperature / visual / pH), when (every 4 hours during ops), how (calibrated probe thermometer) – documented on daily log
5	<b>Establish Corrective Actions</b>	When limit is exceeded: (a) segregate affected product; (b) dispose / reprocess per protocol; (c) record incident; (d) adjust equipment; (e) re-validate if recurrent
6	<b>Establish Verification Procedures</b>	Weekly log review, monthly thermometer calibration (ice-point + boiling-point), quarterly internal audit, annual HACCP review
7	<b>Establish Record-Keeping</b>	Retain all logs for minimum 2 years; available for MOH / JAKIM inspection on demand

## **PART B – MeSTI Compliance Mapping**

MeSTI Requirement	Evidence Document
Premise Registration	Copy of Sijil Pendaftaran Premis + MeSTI registration certificate
Staff Training	Training certificates (food handling, hygiene, allergen awareness) – Typhoid vaccination record per Food Regulations 1985
Pest Control	Contract with licensed pest control operator (PCO) + monthly service reports
Cleaning Schedule	Daily / weekly / monthly cleaning log signed by supervisor (see Part D)
Supplier Approval List	Approved supplier list with valid Halal / MeSTI / GMP / HACCP certificates on file
Traceability	Batch records: incoming raw materials (DO / invoice / batch no.) → outgoing products
Product Recall Procedure	Written procedure + mock recall drill annually, recall record retained 2 years

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## **PART C – Daily Food Safety Checklist**

Date: \_\_\_\_\_ | Shift: \_\_\_\_\_ | Supervisor: \_\_\_\_\_

\_\_\_\_\_

#	Item	Standard	Result	Sign
1	Personal hygiene – uniforms clean, hair restrained, no jewellery	Visual inspection	[ ] Pass / [ ] Fail	_____
2	Handwashing facility – soap, tissue, hot water operational	All stocked and functional	[ ] / [ ]	_____
3	Refrigerator temperature (Unit 1)	≤ 4 °C	Reading: _____ °C	_____
4	Refrigerator temperature (Unit 2)	≤ 4 °C	Reading: _____ °C	_____
5	Freezer temperature	≤ -18 °C	Reading: _____ °C	_____
6	Hot holding temperature	≥ 60 °C	Reading: _____ °C	_____
7	Cooking core temperature (poultry / ground meat)	≥ 75 °C, ≥ 30 sec	Reading: _____ °C	_____
8	Work surface sanitation – sanitizer applied, visually clean	No debris / residue	[ ] / [ ]	_____
9	Waste disposal – segregated, no overflow, bin covered	In compliance	[ ] / [ ]	_____
10	Pest activity – no sightings, droppings, or tracks	No evidence	[ ] / [ ]	_____
11	Staff health declaration – no open wounds, respiratory illness, gastroenteritis	Declared by each staff	[ ] / [ ]	_____

Log frequency: each shift. Retain for 2 years. Corrective action for any “Fail” entry required in Part F.

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**PART D – Weekly Checklist**

Week commencing: \_\_\_\_\_ | Manager sign-off: \_\_\_\_\_

#	Item	Result	Sign
1	Deep clean kitchen floor, drains, grease traps	<input type="checkbox"/> Completed	_____
2	Clean and sanitize chopping boards, knives, utensils (colour-coded system maintained)	<input type="checkbox"/>	_____
3	Rotate stock (FIFO – First In, First Out)	<input type="checkbox"/>	_____
4	Check expiry dates on all items in storage	<input type="checkbox"/>	_____
5	Clean refrigerator / freezer interior (including shelves, seals)	<input type="checkbox"/>	_____
6	Empty and clean grease trap (minimum weekly; daily for high-volume kitchens)	<input type="checkbox"/>	_____
7	Review daily temperature logs – flag outliers, follow up	<input type="checkbox"/>	_____
8	Staff hygiene refresher briefing (5-minute toolbox talk)	<input type="checkbox"/>	_____

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**PART E – Monthly Checklist**

Month: \_\_\_\_\_ | Manager sign-off: \_\_\_\_\_

#	Item	Result	Sign
1	Pest control service conducted + report filed	<input type="checkbox"/>	_____
2	Calibrate all probe thermometers (ice-point + boiling-point, ±1 °C tolerance)	<input type="checkbox"/>	_____
3	Deep clean exhaust hood, filters, ducting	<input type="checkbox"/>	_____
4	Inspect fire extinguishers (gauge in green, seal intact, annual service up to date)	<input type="checkbox"/>	_____
5	Staff refresher training (food safety, allergen, emergency)	<input type="checkbox"/>	_____
6	Internal SOP audit – random sampling of daily / weekly logs	<input type="checkbox"/>	_____
7	Review supplier performance – quality, on-time delivery, certificate validity	<input type="checkbox"/>	_____
8	Waste cooking oil disposal via licensed collector (DOE registered)	<input type="checkbox"/>	_____

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**PART F – Corrective Action Record**

Date	CCP affected	Deviation observed	Product disposition	Corrective action taken	Staff sign
_____	_____	_____	[ ] Disposed / [ ] Reprocessed / [ ] Released after re-check	_____	_____
_____	_____	_____	[ ] Disposed / [ ] Reprocessed / [ ] Released after re-check	_____	_____
_____	_____	_____	[ ] Disposed / [ ] Reprocessed / [ ] Released after re-check	_____	_____

**PART G – Temperature Log (Sample Row)**

Log frequency: every 4 hours during operating hours. Retain for 2 years minimum.

Date	Time	Unit	Reading (°C)	Pass/Fail	Action taken	Staff sign
_____	_____	Fridge 1	_____	[ ] P / [ ] F	_____	_____
_____	_____	Fridge 2	_____	[ ] P / [ ] F	_____	_____
_____	_____	Freezer	_____	[ ] P / [ ] F	_____	_____
_____	_____	Hot hold	_____	[ ] P / [ ] F	_____	_____

**PART H – Sign-off**

I, the undersigned Food Safety Officer, confirm that this SOP has been reviewed, understood, and communicated to all food handlers. This SOP shall be reviewed annually or upon any significant change to menu, equipment, or regulation.

Food Safety Officer signature: \_\_\_\_\_ | Date: \_\_\_\_\_

General Manager / Owner signature: \_\_\_\_\_ | Date: \_\_\_\_\_