

HENNEPIN COUNTY

PUBLIC HEALTH

2026 HACCP – Specialized Processes Other Than ROP

Hazard analysis critical control point (HACCP) is a preventative approach to food safety. It identifies food safety hazards in the food production process and designs measurements to reduce those hazards to a safe level. HACCP includes having a written plan that addresses identified critical control points (CCPs) where illness or injury is reasonably likely to occur in the absence of the hazard's control.

2026 HACCP PLAN REVIEW FEES*

Initial Plan Review Fee: \$417.00
Annual HACCP Audit Fee: \$209.00

*Make checks payable to Hennepin County Treasurer

SUBMISSION CHECKLIST

Application
 Plan

Plan Fee (\$417.00) *license fee is separate and will be assessed upon plan approval

BUSINESS (ESTABLISHMENT) INFORMATION

Establishment Name*	Phone		
	MN		
Address	City	State	Zip

LICENSE HOLDER (OWNER) INFORMATION

Owner Name*	Phone		
Address (all correspondence will be sent to this address)	City	State	Zip

RESPONSIBLE AGENT FOR PLAN REVIEW (if other than owner)

Operator Contractor Designer Other: _____

Responsible Agent Name	Phone		
Address	City	State	Zip

ADDITIONAL INFORMATION

Basic Procedure Info: Do you regard any info in this application/plan as Trade Secrets?
 New Revised Yes No

HACCP PLAN CONTACT INFORMATION

Signature: _____ **Date:** _____
Please PRINT the following information:
Name: _____ Phone: _____
Email: _____

*This will appear on the license



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Non-ROP HACCP Submittal Information

Is new construction or remodeling taking place?

- Yes
- No

If yes, was this HACCP plan submittal provided along with the construction plan review submittal? *Reminder: HACCP plan review and fee is separate from construction plan review and fee.*

- Yes
- No

For construction plan review submittal requirements, please contact us at (612) 543-5200 or <https://www.hennepin.us/business/licenses-permits/food-beverage-lodging>

What is the reason for this HACCP plan submittal?

- New HACCP plan
- Modification of existing approved HACCP plan

Have you previously submitted this HACCP plan to a regulatory authority (i.e. MDH, MDA, city or county health department) in the state of Minnesota?

- Yes
- No

If yes, please provide the following:

<u>Regulatory Authority</u>	<u>Food Establishment(s)</u>

Activity or Food Category

Please select one of the following processes that this HACCP plan covers (additional processes will require separate HACCP plan review application). Specialized processing is allowed under [Minnesota Rules, part 4626.0415](#) or [Minnesota Rules, part 4626.0367](#). Specialized processing includes the activities or food categories listed in this section. If submitting for reduced oxygen packaging (ROP), do **NOT** use this submittal form. Use the form HACCP – REDUCED OXYGEN PACKAGING (ROP).

- Smoking food as a method of food preservation, rather than as a method of flavor enhancement.
- Curing food (for example, using sodium nitrite or sodium nitrate).
- Using ingredients as a method of food preservation, or to produce a food that is not time/temperature control for safety (TCS) food. This includes food additives or components such as vinegar used to acidify sushi rice or a fermentation starter culture for yogurt. This does not include using ingredients to enhance flavor.
- Operating a molluscan shellfish life-support system display tank used to store or display shellfish including oysters, clams, mussels and scallops that are offered for human consumption.
- Custom processing game animals that are for personal use as food and not for sale or service in a food establishment and not under USDA or "state equal to" inspections.
- Sprouting seeds or beans.
- Producing unpackaged juice on premises for highly susceptible populations.
- Packaging juice in the food establishment, unless label requirements in [Minnesota Rules, part 4626.0367B](#) are met.



- Preparing food by any method that is not in compliance with the Minnesota Food Code.
- Other (describe):

Variance Request

If you are proposing to implement an operation, procedure, and/or equipment that does not comply with State Rules and County ordinances, a variance from the regulations may be requested. The variance request process includes the following (minimum):

1. Complete a Variance Request application (applications at our Hopkins office or website: www.hennepin.us/business/licenses-permits/food-beverage-lodging)
2. State regulation from which you are requesting a variance.
3. Reason/need for variance from the regulation (financial reasons will not be accepted).
4. Provide documentation that supports the variance will not negatively impact food safety, public health, or employee safety. (This must also show that no other accepted operation, practice, technique and/or equipment can be substituted or is available.)



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Product Details

Provide product names, ingredient lists, formulations or recipes, and other information to describe the methods that address the food safety concerns of this HACCP activity. You must include all chemical preservatives, such as cure or "pink salt" and brand name, in the ingredient lists.

Upon request of the regulatory agency, you must provide additional scientific documentation or other information (e.g., source of recipe used, processing authority letter) that demonstrates food safety is not compromised by the proposal.

Activity or Food Category	Name(s) of Product(s)



Recipe and Methods Used



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Materials and Equipment

List all materials and equipment used specifically for this specialized process. Provide manufacturer information specific and relevant to materials and equipment used to verify, control or meet the critical limits. Materials and equipment required depend on your process.



Food Flow Diagram

Include a food flow diagram for the activity or food category in this HACCP plan. Diagrams may be drawn by hand or computer generated. You may include diagrams in this document or submit them as attachments. Identify all steps in the process, all critical control points and add critical limits to all critical control points.



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Identifying Hazards and Controls

Use the **examples** in the following table to identify your food safety hazards and controls.

1. **List the operational steps that match your food flow.** The list is provided as an **example**. Your list must be based on your food flow.
2. **List the potential food safety hazards for each step.** Hazards can be:
 - a. Biological
 - Bacteria (e.g., *Bacillus cereus*, *Campylobacter jejuni*, *Clostridium botulinum*, *Clostridium perfringens*, *Listeria monocytogenes*, *Salmonella*, Shiga toxin-producing *E. coli*, *Shigella*, *Staphylococcus aureus*, *Vibrio vulnificus*)
 - Yeasts and molds (e.g., *Rhodotorula* spp., *Mucilaginosa glutinis*, *Mucilaginosa minuta*, mycotoxin)
 - Viruses (e.g., hepatitis A, norovirus)
 - Parasites
 - b. Chemical (e.g. poisonous chemicals, histamines, allergens)
 - c. Physical (e.g. hepatitis A, norovirus)
3. **List the preventative measures to control the hazards.** Preventative measures may include:
 - a. Standard Operating Procedures (SOPs) such as: receiving products from approved sources, monitoring temperatures, cooling using proper methods, date marking, employee training, etc.
 - b. Sanitation Standard Operating Procedures (SSOPs) such as: illness policy, handwashing, prohibiting bare hand contact with ready-to-eat food, cleaning and sanitizing equipment and utensils, etc
4. **Identify if this step is a critical control point (CCP).** CCPs often include: weighing of cure and other ingredients, testing pH, monitoring times and temperatures, etc.



Operational Step	Potential Hazard(s)	Preventative Measure(s) to Control the Hazard	Is This Step a CCP?



CCP Summary

Use the table below to identify key elements of your HACCP plan. Your HACCP plan may be different depending on your process.

Critical Control Point (CCP)	Critical Limit to Control the CCP	What will be monitored?	How will it be monitored?	Frequency of monitoring	Who is responsible to monitor?	Corrective action(s) to be taken if critical limit(s) is not met	What type of records will be kept?	How will this step be verified?



HACCP Training Program

Required Elements

Your food employee and supervisory training program must address the food safety issues of concern. Provide details below

HACCP Training Program Element	HACCP Training Program Details
Who is responsible to coordinate and provide the training? (E.g., certified food protection manager and/or PIC)	
Who will be trained? (E.g., food employees, supervisors, managers; include names and roles if possible)	
How will training be delivered? (E.g., in-person, computer-based)	
How often will training or re-training take place? (E.g., new hire, annual refresher, corrective action)	
What skills regarding HACCP specialized processes will the trainee master? (E.g., sanitary use of equipment, correct method for taking temperatures, proper record-keeping)	
How will the trained employee demonstrate knowledge gained? (E.g., describe the HACCP process and identify CCPs, perform process under supervision)	



Required Topics

Your food employee and supervisory training plan must address the food safety issues of concern. Provide details below.

Topic	Objectives	HACCP Training Program Details
Concepts required for a safe operation	Food employees and supervisors will understand the parts of the HACCP plan (including the food flow diagram and CCP summary).	
Concepts required for a safe operation	Food employees and supervisors will understand any additional supporting documents provided, such as logs and corrective action forms.	
Concepts required for a safe operation	Food employees and supervisors will understand the importance of following the HACCP plan.	
Other (describe)		
Other (describe)		



Record-Keeping

Attach or include copies of all blank record-keeping forms you will use that are necessary to implement this HACCP plan. Some **examples** are included on the following pages. These may include:

- HACCP Training Log
- Thermometer / Thermocouple Accuracy Testing Log / pH Meter Log
- pH Testing Log
- Food Scale Accuracy Testing Log
- Batch Record
- Storage Log
- Other logs specific to your HACCP processes

These records are to be maintained by the designated employee, PIC and manager on duty to demonstrate that the HACCP plan is properly operated and managed.

*All records for your approved HACCP plan must be kept on site for at least one year.



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HACCP Training Log

Name: _____

The designated employee must be trained before conducting HACCP processes. Record training and any retraining on this log. Trainer must verify this log when training / retraining is completed.

Training Program Element	Date	Was Knowledge Gained? (Yes/No) <i>Retrain if No</i>	Were Skills Mastered? (Yes/No) <i>Retrain if No</i>	Trainer Initials
HACCP plan (food flow, CCPs, critical limits)				
Employee health policy and hygiene				
Supporting documentation for specialized processing				
Other (describe)				
Other (describe)				
Other (describe)				

Comments and Corrective Action(s):



Thermometer / Thermocouple Accuracy Testing Log

The designated employee must test thermometer / thermocouple accuracy at least once weekly. Record observations and any corrective actions on this log. PIC or manager on duty must verify this log weekly.

Thermometer / Thermocouple ID: _____

Date	Method Used	Thermometer Reading	Accurate (Yes/No)	Initials
	<i>Ice Slurry</i>			

Verified by (PIC or manager on duty initials): _____

Thermometer / Thermocouple ID: _____

Date	Method Used	Thermometer Reading	Accurate (Yes/No)	Initials
	<i>Ice Slurry</i>			

Verified by (PIC or manager on duty initials): _____

Corrective Action(s):



When to use this thermometer / thermocouple accuracy-testing log

If you are following an approved HACCP plan for specialized processing for TCS food, you must use this log for record-keeping. Make records available to the regulatory authority upon request. Keep records for at least one year.

Thermometers must be:

- Checked for accuracy at least once weekly (or manufacturer requirement)
- Accurate to within 2°F (32°F for ice slurry testing)

Always follow manufacturer's instructions for thermometer / thermocouple accuracy checks and calibration.



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pH Testing Log

The designated employee must calibrate pH meter according to manufacturer's instructions to ensure accurate results. Test each batch of finished product to ensure product pH meets your HACCP plan critical limit. Record observations and any corrective actions on this log. PIC or manager on duty must verify this log weekly.

Verified by (PIC or manager on duty initials): _____



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When to use this pH testing log

If you are following an approved HACCP plan for specialized processing for TCS food, you may use this log for record-keeping. Make records available to the regulatory authority upon request. Keep records for at least one year.

Always follow manufacturer's instructions for pH meter calibration and use.



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Food Scale Accuracy Testing Log

The designated employee must check accuracy of food scales(s) used for HACCP operations according to manufacturer's instructions and your HACCP plan. PIC or manager on duty must verify this log yearly.

Date (mm/dd/yyyy)	Food Scale ID	Standard Weight	Scale Reading	Accurate to ± 0.02 oz? (yes/no)	Employee Initials
Corrective Action(s)					

Verified by (PIC or manager on duty initials): _____



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When to use this food scale accuracy-testing log

If you are following an approved HACCP plan for using cure, you may use this log for record-keeping. Make records available to the regulatory authority upon request. Keep records for at least one year.

Always follow manufacturer's instructions for food scale accuracy checks and calibration.



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Batch Record

Specialized Processing – Cure

The designated employee must complete this form for every batch produced according to your curing HACCP plan. Record observations and any corrective actions on this log. PIC or manager on duty must verify this log for every batch.

Product: _____

Production Date: _____

Formulation

Control Point (CP)		OR	Critical Control Point (CCP)	
Ingredients	Weight or Volume	Limit / Critical Limit	CP / CCP Met? (Yes/No)	Employee Initials

Curing Agent

Control Point (CP)		OR	Critical Control Point (CCP)		
Cure Lot Number	Cure Type	Weight	Limit / Critical Limit	CP / CCP Met? (Yes/No)	Employee Initials



Tumbling / Mixing

Control Point (CP)			OR		Critical Control Point (CCP)		
Vacuum	Speed	Start Time	End Time	Total Time	Limit / Critical Limit	CP / CCP Met? (yes/no)	Employee Initials

Smoking / Cooking

Control Point (CP)		OR		Critical Control Point (CCP)	
Final Internal Temperature	Time	Limit / Critical Limit		CP / CCP Met? (yes/no)	Employee Initials

Cooling

Control Point (CP)

OR

Critical Control Point (CCP)

Check temperatures and take needed corrective action(s) **BEFORE** 2-hour limit AND **BEFORE** 6-hour limit.

Cooling Started: Time/Temp <i>Clock starts when food is 135°F</i>	Less Than 2 Hours: Time/Temp <i>Must be 70°F or below before 2 hours</i>	Less Than 6 Hours: Time/Temp <i>Must be 41°F or below before 6 hours</i>	CP / CCP Met? (yes/no)	Monitored By (Employee Initials)

Corrective Action(s):

Verification of Batch Record

PIC or manager on duty must verify this log for every batch.

Verified by (PIC or manager on duty initials): _____ **Date:** _____



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When to use this batch record

If you are following an approved HACCP plan for using cure, you may use this log for record-keeping. Make records available to the regulatory authority upon request. Keep records for at least one year.

Always follow manufacturer's instructions for thermometer/thermocouple accuracy checks and calibration.



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Cold Holding Log (Option A)

The designated employee must monitor temperatures according to the approved HACCP plan. Record observations and any corrective actions on this log. PIC or manager on duty must verify this log weekly.

Refrigeration Unit ID: _____

Week of: _____

Corrective Action(s):

Verified by (PIC or manager on duty initials): _____ **Date:** _____



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Cold Holding Log (Option B)

The designated employee must monitor temperatures according to the approved HACCP plan. Record observations and any corrective actions on this log. PIC or manager on duty must verify this log weekly.

Refrigeration Unit ID: _____ **Week of:** _____

Day and Date	Temperature	Initials	Past Use By Date? (yes/no)	Initials
Sunday Date:				
Monday Date:				
Tuesday Date:				
Wednesday Date:				
Thursday Date:				
Friday Date:				
Saturday Date:				

Corrective Action(s):

Verified by (PIC or manager on duty initials): _____ **Date:** _____



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When to use a Cold Holding Log

If you are following an approved HACCP plan for conducting specialized processing, you may be required to maintain temperature records. You may use this log for record-keeping. Make records available to the regulatory authority upon request. Keep records for at least one year.



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