

**Allergen and Glass Breakage Form**

Record of event and validation of cleanup:

Date: \_\_\_\_\_

Product Breakage/ Spill event (circle one): Glass or Allergen

Allergen identified in spill (if any): \_\_\_\_\_

Number of Cases Destroyed \_\_\_\_\_

Employee responsible for cleanup \_\_\_\_\_

	Yes	No
Area Quarantined and supervision notified.....	<input type="checkbox"/>	<input type="checkbox"/>
Proper PPE is available and used when cleaning up glass or allergen...	<input type="checkbox"/>	<input type="checkbox"/>
All affected product placed on hold and properly destroyed.....	<input type="checkbox"/>	<input type="checkbox"/>
Food Safety Team Leader/ Member contacted.....	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation of area completed by trained individuals using appropriate cleaning chemicals.....	<input type="checkbox"/>	<input type="checkbox"/>
Sanitation performed by identified glass or allergen only tools.....	<input type="checkbox"/>	<input type="checkbox"/>
All cleaning utensils and the base of the storage cabinet have..... been thoroughly cleaned. Any used mop heads are replaced.	<input type="checkbox"/>	<input type="checkbox"/>

Validation of procedures followed:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Lead person/ Supervisor/ Department Manager:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Food Safety Team Leader/ Member:

Signature \_\_\_\_\_

## Revision History

Revision Date	Summary of Revisions
9/28/17	Deleted use of rapid allergen test kit in manufacturing centers. Added used of appropriate cleaning chemicals.
9/29/15	Deleted "All affected product placed on hold" and Hold Number of any product placed on hold, moved "Number of cases destroyed" to top, added Glass or Allergen to PPE and Sanitation questions, added (circle one): Glass or Allergen after Product Breakage/ Spill event, added Signature and Date after Validation
10/28/14	Added All cleaning utensils and the base of the storage cabinet have been thoroughly cleaned, used mop heads replaced.
6/02/14	Mandatory Review. No changes needed.
6/27/12	Changed Food Safety Team Leader to include use of Food Safety Team Member. This is the protocol followed on shifts when Team leader is unavailable.
4/5/12	Changed HACCP coordinator notification to Food Safety Team Leader so that form will be consistent between warehouses and manufacturing centers.
2/16/12	Changed "Disposition" to "Destroyed".
2/3/12	Added Rapid Allergen Test results. <i>Required at Manufacturing Centers only.</i>
5/11/11	Mandatory Review. No changes needed.
5/14/09	Initial Document version