

**CORRECTIVE ACTION REPORT  
FOR**

**Company Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**DATE OF VIOLATION:** \_\_\_\_\_

**CRITICAL CONTROL POINT VIOLATION:** \_\_\_\_\_

**CRITICAL LIMIT EXCEEDED:** \_\_\_\_\_

**Product and Quantity Involved:** \_\_\_\_\_

**EXPLANATION OF VIOLATION:**

**CORRECTIVE ACTION RECOMMENDED:**

**VERIFICATION OF CORRECTIVE ACTION TAKEN:**

CORRECTIVE ACTION REPORT IS TO REMAIN IN POSSESSION OF THE DEALER FOR ONE CALENDAR YEAR FOLLOWING THE VIOLATION. File under Corrective Actions

SIGNATURE OF DEALER: \_\_\_\_\_  
Signature date

SIGNATURE OF HACCP PERSON: \_\_\_\_\_  
Signature date