|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Inspector:** |  | **Organisation:** |  | **Inspector Signature:** |  |
| **Technical Expert Name:** |  | **Technical Expert Signature:** |  | **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Sub category** | **Evaluation of custom FCPs, new and modified** | **Verification** | **Technical Expert Review** |
| **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | **Inspector***(Refer to Note 1)* | **TE Review**Agree / DisagreeY/N | Witness / InterviewW/I | Comments |
| **For food operations in accordance with the Food Act 2014** |
| **National Programmes** | Generic |  |  |  |  |  |  |
| Limited – Food service, retail and logistics |  |  |  |  |  |  |
| **Template Food Control Plans** | Generic  |  |  |  |  |  |  |
| **Custom Food Control Plans**  | Aseptic processing and packaging |  |  |  |  |  |  |
| Low acid canned food processing |  |  |  |  |  |  |
| Generic (covers all sectors/processes except those two detailed above) |  |  |  |  |  |  |

**Please Complete shaded sections only and submit to IANZ**

**Note 1: Competence Model inspectors:** indicate which categories the inspector has been authorised for, either as a trainee (T), inspector (I), Key Technical Person (KTP) or a signatory (S)

 **Signatory Model signatories:** indicate if this is an initial assessment (IA) or a re-assessment (R) for each of the relevant categories