



Audit Report

FSNS C&A Food Safety Evaluation

Colinas Products LLC
3910 Gattis School Road
Round Rock, Texas 78664

Audit Date: May 21, 2026
Auditor: Leigh-Ann Barnes-Kidney



Audit Summary

Company Name:	Colinas Products LLC	Company ID:	AUCOLROU
Address:	3910 Gattis School Road Round Rock, Texas 78664		

Contact Name:	Emilio Salazar
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Audit ID:	AO-014148
Audit Date:	May 21, 2026
Audit Type:	Annual audit
Audit Result:	Passed

Auditor Name:	Leigh-Ann Barnes-Kidney
Auditor Phone Number:	
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Additional Team:	Leigh-Ann Barnes-Kidney (Trainee), Michael Sanders (Observer)

Findings Summary

Finding No: TNR-487885

Finding Level: 4

Checklist Item: I1 I1 All containers are properly labeled or color-coded (i.e., white oil, sanitizer, lubricants, food contact items, inedible items, trash, etc.).

Finding:

The following nonconformance was observed: Two chemical spray bottles containing a clear liquid chemical were observed; (1) at the meat wash sink in the raw cutting production area, (2) at the meat wash sink in the marination room.

Finding No: TNR-487900

Finding Level: 4

Checklist Item: G4 G4 The visitor/contractors review site security protocols prior to entering the facility. Visitors are escorted at all times by company personnel.

Finding:

At time of arrival for the assessment, the auditor and observer of the auditor were instructed to sign the visitor log but were not shown any facility security protocols prior to entering the facility.

Finding No: TNR-487901

Finding Level: 4

Checklist Item: H7 H7 There is no evidence of pests in the interior or exterior of the facility.

Finding:

The following nonconformance was observed. Cobwebs were observed evidence of spiders, along with dust and debris. There were no live spiders observed at the time of the assessment. Note: There were no gaps around the blue pull down doors and metal overhead doors. The cobwebs, dust and debris appeared to be left after repairs previously made to metal doors and blue pull down door shields installed.



Finding No: TNR-487902

Finding Level: 3

Checklist Item: J1 J1 A written Maintenance Policy for Food Safety exists and implementation is verified. Maintenance policy addresses items such as: cleaning and sanitizing of repaired equipment and newly installed equipment, guidelines for maintenance activities, tool accountability and cleanliness, etc.

Finding: The facility communicated verbally between quality assurance, sanitation, operations and maintenance, but did not document the cleaning and sanitizing of equipment during production after a repair was completed.



FSNS C&A Food Safety Evaluation

Category	# Points Received	# Possible Points	Percentage (%)
Company Commitment	25	25	100.00
Regulatory Non-Compliance and Third Party Audit Review	20	20	100.00
Sanitation and Hygiene	119	120	99.16
HACCP/Food Safety Plan	65	65	100.00
Allergen Control and Management	20	20	100.00
Crisis Management	65	65	100.00
Facility Security	34	35	97.14
Pest Control	59	60	98.33
Process Controls	64	65	98.46
Maintenance/Construction and Design	98	100	98.00
Overall Score	569	575	98.95

* Identifies the sections that comprise the Food Safety Score.

Minimum Total Score Needed to Pass: 90%

Minimum Food Safety Sections Score Needed to Pass: 90%

Minimum Other Sections Score Needed to Pass: 80%



FSNS C&A Food Safety Evaluation

A Company Commitment

A Company Commitment

Facility Description

Colinas Foods LLC started in 2015 at a previous location in Round Rock, TX. The company moved all operations to a larger facility location in February 2025, also in Round Rock, TX. This site was USDA FSIS inspected. The site was approximately 17,000 square feet, with no exports; customers were retail, wholesale, and food service. The facility had 29 employees. Sanitation was conducted in-house; there was three shifts with first and second shift production, third shift sanitation. Production ran five days a week with 1st shift hours of 6am - 2:30pm, 2nd shift hours of 2:30-11pm and 3rd shift sanitation hours 11pm - 6:00am.

Products Produced at this Site:

Products Produced at this Site:
Products produced at the facility include raw beef intact and non-intact, pork processing, marinated, box in/box out product.
Box-in/box-out program with a collection of products received, stored and distributed to food service to enable customers to procure items other than meat from the same distributor.

Personnel Present During the Audit

Name	Title	Opening Meeting	Closing Meeting
Emilo Salazar	Owner, CEO	yes	yes
Susanna Diaz	HACCP Coordinator	yes	yes
Natalia Salazar	Quality Manager	yes	yes
Adrianna Ochoa	Consultant for Colinas Foods	yes	yes
Mike Sanders	Manager of Auditing Services, FSNS C & A	yes	yes
Leigh-Ann Barnes-Kidney	Lead Auditor FSNS C & A	yes	yes

The auditor declares that he/she does not have a conflict of interest with this auditee and the audit has been carried out independently and impartially.

I, (Leigh-Ann Barnes-Kidney), do not have a conflict of interest with this auditee.

A1 Company Mission Statement includes a focus on food safety and quality. Mission Statement is communicated to all employees.

5



Comment: A company mission statement was developed which outlined the site's commitment to continuously improving processes and food safety systems to achieve the highest standard of food safety and quality. The policy statement outlined the site's commitment to maintaining a food safety culture and complies with regulatory requirements. The statement was available in English as well as Spanish. The mission statement was posted in employee welfare areas and as part of the new hire orientation and annual refresher training.

A2 A training program for new employees and on-going (annual) training is established and records are available (i.e., food safety, allergen, GMP, HACCP, CCP, PC, etc.). Allergen awareness & GMP training are mandatory. 5

Comment: Employees received training in the company mission statement, HACCP, GMPs, Personal Hygiene, Allergens, general safety practices, food defense and knife safety. Employees received these training topics at new-hire orientation and on an annual basis.

A3 Plant/Operations management are involved in implementation of food safety and quality at the facility. This may be demonstrated by involvement in program development and implementation, involvement in internal audits, and/or participation in external audits (second party/ third party). 5

Comment: Senior site leadership was involved in the development and implementation of SOPs, as well as participation in external audits through opening meetings, closing meetings, and throughout the assessment to answer questions and address concerns.

A4 A current organizational chart is established. The reporting structure and authority for the Food Safety Department are defined. 5

Comment: A current organizational chart was developed which outlined the company structure from the Owner down to front line leadership. The Quality Manager reported to the company president. The Operations Manager reported to the company president.

A5 Employees are empowered to report food safety and/or quality concerns. The responsibility for communicating food safety or quality issues is documented, and all staff are informed of their responsibility to communicate food safety or quality issues. 5

Comment: Employees were informed of their responsibilities to report food safety and quality concerns to management through new hire orientation, annual training and daily team huddles.

Automatic failure was observed. Automatic failures include: a failure to properly register with the appropriate regulatory facility prior to this assessment, a failure to implement a food safety plan or HACCP plan, product contamination witnessed during the assessment, a failure to take corrective actions when a failure of the food safety plan or HACCP system occurred.

None Observed

B Regulatory Non-Compliance and Third Party Audit Review

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B1 Review the past 12 months of Regulatory Non-Compliances for the facility. Record the numbers of Regulatory Non-Compliances for the 12 month period. 5



Comment: The facility was issued five Non-Compliance Reports (NR's) in the last 12 months. Corrective actions were implemented within one week of issuance.

B2 Facility responds to Regulatory Non-Compliances in a timely manner. Appropriate personnel are involved in responding to the Regulatory Non-Compliances. 5

Comment: FSQA and senior site leadership were responsible for responding to NRs. NRs were observed to be responded to within 10 days.

B3 A response and tracking system for Regulatory Non-Compliances is documented, and includes review and assessment by the management team. 5

Comment: NR responses were completed and documented, maintained with signed/dated response which included corrective action and preventive measures.

Review and detail additional regulatory agency enforcement activity including but not limited to state or local agencies, USDA-FSA, USDA NOIE, and FDA Form 483.

None

B5 Previous third party audit deficiencies have been corrected to prevent recurrence, or plans were put in place to address the issues. 5

Comment: Deficiencies from previous assessments were observed to be appropriately addressed.

Does the site ship products across state lines (including E-commerce)? Yes

Comment: The facility shipped meat and poultry products across state lines and was registered with FSIS-USDA as M-1885/P-1885. The facility also was registered with the FDA as they receive products regulated by FDA which follows the facility's program for box-in/box-out product which is only received, stored and distributed. These products are not further processed at the facility.

If the site does not ship products across state lines, which state or local municipality has jurisdictional authority over the site? Not Applicable

- Provide the registration or license details including numbers, date of issuance, and/or expiration date.

Comment: Product was shipped across state lines and was registered with FSIS-USDA as M-1885/P-1885. The site was subject to FDA requirements. The facility received, stored and distributed box-in/box out raw beef, pork, poultry, seafood, dairy, oils and beverages. The facility was properly registered with the FDA and the last four digits of the facility FDA Registration number was 2850.

If the site does ship products across state lines, please detail if the site was subject to FDA requirements, USDA requirements, or both. Detail the USDA Establishment Number(s) and last four digits of the FDA Registration Number as applicable. Remark



Comment: Product was shipped across state lines and was registered with FSIS-USDA as M-1885/P-1885. The site was subject to FDA requirements. The facility received, stored and distributed box-in/box out raw beef, pork, poultry, seafood, dairy, oils and beverages. The facility was properly registered with the FDA and the last four digits of the facility FDA Registration number was 2850.

Is the site properly registered with the appropriate regulatory authority? Yes

Comment: The facility was observed to be appropriately registered with FSIS-USDA and FDA.

C *Sanitation and Hygiene*

C *Sanitation and Hygiene*

C1 Development of the Sanitation Standard Operating procedure (SSOP) meets the following requirements: 5
 (A) Describe all procedures an establishment will conduct daily, before and during operations to prevent product contamination.
 (B) Signed and dated by the official with the overall on-site authority and the document is maintained as described.
 (C) Procedures conducted prior to operations are identified and address cleaning of product contact surfaces.
 (D) The frequency at which each procedure is conducted is specified and the responsible individual is identified.

The facility routinely evaluates the effectiveness of the SSOP and revises the procedures as necessary to prevent product contamination.

Comment: SSOPs were developed which outlined cleaning practices undertaken by the facility. The SSOPs were reviewed annually, most recently on April 1, 2026. The plan included daily, weekly, monthly, 90- Day and annual sanitation activities. The facility conducted daily pre-operational inspections. SSOPs were signed by senior site leadership, dated April 1, 2026.

C2 SSOP Corrective Actions documented and contain the following: 5
 (A) Appropriate disposition of product that may be contaminated.
 (B) Restoration of sanitary conditions.
 (C) Measures to prevent recurrence of direct product contamination.
 (D) The re-evaluation of the SSOPs and any necessary modifications to them occurs as required.

Comment: SSOP Corrective Actions were documented on Pre-operational and Operational SSOP records. Corrective actions were compliant with regulatory requirements. Pre-operational and Operational records from February 2nd - 7th, 2026 were reviewed and demonstrated compliance.

C3 A training program is established for the sanitation crew. Documented training is performed upon hire, and documented refresher training is performed at least annually. 5

Comment: Training for sanitation was conducted as part of new hire orientation and annually thereafter. Training records were reviewed and demonstrated compliance. Training material included procedures to conduct sanitation on all equipment.

C4 The containers, tools, and utensils used to transport or hold food (i.e., tubs, gondolas, plastic bins, etc.) are easily cleanable and in good repair. 5

Comment: Containers, tools and utensils were observed to be constructed of food grade materials such as UMHW plastics and stainless steel. Equipment was observed to be in good repair and easily cleanable.

C5 Facility and equipment are designed and engineered with concern for food safety issues. Equipment is hygienically designed. 5

Comment: Equipment was observed to be constructed utilizing sanitary design principles. Facility and equipment were observed to be designed and laid out with food safety issues in mind.

C6 All equipment and utensils are handled and stored in a sanitary manner. Materials used as food contact surfaces are smooth, non-toxic and non-absorbent (i.e., wooden handles are not allowed in the processing areas, rust should not be present on product contact or incidental contact equipment, etc.). 5

Comment: Equipment and utensils were handled and stored in a sanitary manner. Equipment was made out of food grade materials such as UMHW plastics and stainless steel. Rust was not observed.

Cleaning is performed by in-house or contract employees?

In-house

C8 A master sanitation program identifies all areas requiring cleaning responsibilities and the frequency for cleaning. Documents verifying the completion of the Master Sanitation Schedule (MSS) are maintained. 5

Comment: Master Sanitation Schedules were developed for cleaning for cleaning of auxiliary and overhead areas. Documents verifying the completion of the Master Sanitation Scheduled were recorded and maintained in an Excel spreadsheet and included the frequency of cleaning. Frequencies noted were weekly, monthly, every 90 days and annually.

C9 Sanitation Department has SOP(s) providing detailed guidance on how to clean each piece of equipment in the plant. This includes equipment requiring CIP. 5

Comment: Cleaning instructions were developed for individual pieces of equipment. CIP systems were not present. Cleaning instructions included details such as PPE, how to disassemble equipment, chemicals to be used and inspection procedures. Cleaning instructions for equipment were reviewed and demonstrated compliance.

C10 Sanitation chemical concentrations and applications comply with the master sanitation program, and are approved for use in a food manufacturing facility. Concentrations are verified through titration or litmus test on a regular basis. 'No rinse' sanitizers must be verified each day used. 5

Sanitation chemicals have been approved by the appropriate regulatory agency and they are properly stored. SDS and labels are available for sanitation chemicals present at the facility.

Facility has developed and implemented a rotational sanitizer program.

Comment: Sanitizer concentrations were documented on sanitation forms. SDS documentation and labels were maintained for chemicals. Concentrations were verified prior to use, utilizing test strip, titration or equivalent procedures. Labels and SDS documentation for general cleaners and bleaches were reviewed and demonstrated compliance.

C11 A valid microbiological testing, ATP bioluminescence, or an alternative quick read swab method is utilized to monitor the effectiveness of cleaning and sanitizing procedures. Testing locations include food contact surfaces and non-food contact surfaces. Acceptable limits are documented and clearly defined. 5

Comment: The facility had a documented microbiological testing program to monitor effectiveness of cleaning and sanitizing procedures. Action limits were established and the site swabbed contact and non-contact surfaces.

C12 A valid environmental monitoring program is developed and established for the processing environment. This applies to both low risk and high risk processes. Target organisms, and sampling methods for the environment are clearly defined and documented. 5

Comment: An Environmental Monitoring SOP was developed which outlined how environmental monitoring was performed. The facility collected swabs from contact and non-contact areas. Swab results for this year were reviewed and demonstrated compliance.

C13 For Ready to Eat (RTE) Facilities:
The environmental monitoring program includes specific methods to follow when pathogen (e.g. Listeria and/or Salmonella) presumptive positive findings are identified. These may include vector swabbing to identify root cause of issue, and cultural confirmation of pathogen presence. Corrective actions are required for positive findings. The program shall define product hold procedures when product or product contact surfaces are tested for pathogen presence. 5

Comment: The environmental monitoring program was reviewed and included methods to follow when pathogen Listeria presumptive positive findings occurred. This included vector swabbing to identify root cause of issue and confirmation. The program included corrective actions for positive findings. The facility had product hold procedures in place when product contact surfaces were tested.

C14 A pre-operational organoleptic inspection program is established and documented. Records including Corrective Actions are maintained and are current. 5



Comment: Pre-operational SSOP inspections were conducted daily prior to the start of production and documented on the designated SSOP forms. If an area was found to be unclean, the area was re-cleaned, re-sanitized and re-inspected until found acceptable. Corrective actions were documented on separate corrective action log form. Records from March 2026 were reviewed and demonstrated compliance.

C15 Operational sanitation practices are defined, documented, followed, and minimize the risk of product contamination. Personnel and equipment movement do not pose a risk to product. Compliance is monitored and documented at a defined frequency, but no less than each production shift. 5

Comment: Operational Sanitation was monitored in processing rooms, storage areas and docks. Operational Sanitation was monitored throughout the shift and documented on the designated form. Records from March 2026 were reviewed and demonstrated compliance. Personnel and equipment movement was observed to not pose a risk to produced. Entrance to the Ready To Eat (RTE) Beef Jerky production area in a separate room away from the raw production.

C16 Condensation is controlled to prevent potential contamination of product. 5

Comment: Condensation was not observed during the facility walk-through.

C17 Food and food contact packaging are protected from dust, dirt and other contaminants while being transferred, stored, or staged. 5

Comment: Food and food contact packaging was observed to be covered and protected from contamination. Materials were stored on pallets or racks.

C18 A documented GMP/ cGMP is established and implemented. 5
 Policy includes:
 Employee hygiene
 Hand washing requirements
 Jewelry
 False eyelashes
 Exposed body piercing restrictions
 Policies for use of hair nets/ beard nets
 Protective clothing
 Provisions for use of gloves when handling product
 Provisions to mitigate risks associated employees and visitors with contagious diseases.
 Personal items are stored away from the processing area

Comment: A GMP Policy was developed which outlined personal hygiene practices. False fingernails, eyelashes and nail polish were not allowed. Employees were required to wear hairnets, beard nets and gloves when handling products in all production areas. Additional protective measures were required in the RTE area which included, face mask, disposable shoe covers and smock. Personal items were stored in locker areas or personal vehicles away from processing areas. Employees, visitors and contractors were required to report communicable diseases to their point of contact and were not allowed in the facility.

C19 Employees, visitors and contractors are complying with the GMP/cGMP. 5



Comment: Employees were observed to comply with GMP requirements. No visitors or contractors were observed during the facility walk-through.

C20 An outer garment policy is established, includes provisions for above-the-waist pockets, and followed. 5

Comment: Above the waist pockets were not allowed per site's GMP policy and not observed on the production floor.

C21 Hand washing facilities are utilized per the company policy. Hand washing facilities shall include warm potable water, liquid soap, and single use towels or air dryers. Signs are posted prompting hand washing. 5

Comment: Hand washing facilities were available and utilized per company policies. Facilities were observed to include warm water, soap and single use towels. Signage was posted prompting handwashing.

C22 Adequate hand wash facilities are provided in restrooms, and are convenient and easily accessible in production areas. Signs requiring hand-washing are posted at all hand-wash facilities in restrooms. 5

Comment: Hand wash facilities were provided in restroom areas. Restroom facilities were observed to be easily accessible but did not open onto production floors. Signage was posted prompting handwashing.

C23 For Post Lethality Exposed Ready to Eat (RTE) Facilities: 5
 Hygiene requirements are implemented at the entrance to post lethality exposed handling areas to prevent contamination. Protective clothing such as smocks or frocks worn in post lethality exposed areas shall not be worn in raw product areas, outdoors, in offices, in lunch rooms, or in toilet areas. Shoes worn in post lethality exposed handling areas shall be cleanable, and either cleaned upon entry into the area, or only worn in the area. Disposable shoe coverings may be utilized instead of cleanable shoes, dedicated shoes, or shoe cleaning systems. If disposable shoe coverings are utilized, they must only be worn in post lethality exposed areas and made of material that can withstand the activities performed.

Comment: Employees were required to wear hairnets, beard nets and gloves when handling products in all production areas. Additional protective measures were required in the RTE area which included, face mask, disposable shoe covers and smock.

C24 Suitable and adequate trash containers are located in appropriate areas. This includes containers inside the facility as well as outside of the facility. External trash containers have lids or are otherwise enclosed. 4

Comment: The facility was observed to have suitable and adequate trash containers located in appropriate areas, with the exception below. External trash containers were observed and demonstrated compliance.
 The following nonconformance was observed: The trash can at the handwash sink at entry to the production floor had a push down lid/cover for disposal of trash which could pose a contamination risk to hands.

C25 Eating, chewing gum, drinking and use of tobacco products are not allowed or observed in the processing areas. 5
 Eating or storage of food or drink containers is not allowed or observed in the locker rooms.

Comment: Such activities were not observed.

D *HACCP/Food Safety Plan*

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D1 For facilities not subject to 21 CFR 117: 5
 A cross-functional HACCP Team is established and at least one member of the team has formal HACCP training.

 For FDA facilities subject to 21 CFR 117:
 A cross-functional Food Safety Team is established and at least one member of the team has received PCQI training or has demonstrated competency as outlined in 21 CFR 117 Subpart C 117.180(c)(1).

Comment: A cross functional HACCP team was established which included the Owner, Quality Manager, SQF Practitioner/HACCP Coordinator. Team members had completed either formal HACCP training and/or PCQI training for Human Food.

D2 For facilities not subject to 21 CFR 117: 5
 The HACCP Team meets on a scheduled basis, a minimum of annually.

 For FDA facilities subject to 21 CFR 117:
 The Food Safety Team meets on a scheduled basis, a minimum of annually.

Comment: The HACCP Food Safety Team met annually or as needed, most recently March 2026. Records reviewed demonstrated compliance.

D3 For facilities not subject to 21 CFR 117: 5
 The flow chart accurately represents the process and is verified and signed. Critical Control Points (CCPs) are identified on the flow chart.

 For FDA facilities subject to 21 CFR 117:
 The flow chart accurately represents the process and is verified and signed. Preventive Controls (PCs) are identified on the flow chart.

Comment: Flow charts for all three HACCP plans were reviewed by the HACCP Food Safety Team, most recently January 2026. Processing steps included receiving, storage, processing, packaging and distribution. CCPs were identified on the product flow charts.

D4 For facilities not subject to 21 CFR 117: 5
Process Category descriptions are complete and accurate. Descriptions shall include at a minimum the common name of the product, allergens present in product, ingredients utilized, shelf life at applicable temperatures, storage and distribution temperature requirements, intended use, and intended consumer.

For FDA facilities subject to 21 CFR 117:
Process Category descriptions are complete and accurate. Descriptions shall include at a minimum the common name of the product, allergens present in product, ingredients utilized, shelf life at applicable temperatures, storage and distribution temperature requirements, intended use, and intended consumer.

Comment: Process Category Descriptions were developed for HACCP plans which included details such as product name, ingredients, any allergens present, packaging, shelf life, intended customer and intended use. Shelf life requirements were established and documented. All raw finished products were intended to be cooked and consumed by the general public.

D5 For facilities not subject to 21 CFR 117: 5
The Hazard Analysis (HA) is complete and addresses each step in the flow chart. HA identifies biological, chemical (including allergens), and physical hazards.

For FDA facilities subject to 21 CFR 117:
The Hazard Analysis (HA) is complete and addresses each step in the flow chart. HA identifies biological, chemical (including allergens), physical, and radiological hazards per 21 CFR 117 Subpart C 117.130.

Comment: A hazard analysis was created which identified hazards associated with each step. The hazard analysis considered Chemical, Biological and Physical hazards associated with each product. A risk matrix was used and documented the likelihood/consequences and defined criteria for each level. The facility had documented flow charts that included all process steps and identified CCPs. specific hazards included Biological - Non-intact beef included Salmonella, E. coli O157:H7, Intact beef, pork and poultry included Trichinae, Salmonella, Campylobacter.

D6 For facilities not subject to 21 CFR 117: 5
Critical control points (CCPs) and Critical Limits (CL) are clearly defined and consistent with the 7 HACCP principles.

For FDA facilities subject to 21 CFR 117:
Preventive controls (PCs) are identified and implemented when any hazard requiring a PC will be significantly minimized or prevent a hazard in accordance with 21 CFR 117 Subpart C 117.135. Preventive controls (PCs) include process preventive controls, sanitation preventive control, allergen preventive controls, and supply chain preventive controls per 21 CFR 117 Subpart C 117.135.

Comment: CCPs were identified and implemented for each HACCP plan. Raw beef/pork intact and non-intact HACCP plans noted CCP1 for product temperature, with a critical limit less than or equal to 44°F. The RTE Beef Jerky HACCP Plan noted CCP2 Drying with a critical limit of less than or equal to 0.85 available water activity (Aw). CCPs were monitored by trained employees. The Allergen program referenced in the HACCP Food Safety Plan addressed the receiving and identification of allergenic box-in/box-out products, the facility identified these with a label placed on the pallets and stored in designate and labeled storage areas.



D7 For facilities not subject to 21 CFR 117: 5
The Hazard Analysis, CCP's, and Critical Limits are clearly identified and scientifically validated. Monitoring and verification activities have been validated with scientific and in-plant data. Validations are well documented.

For FDA facilities subject to 21 CFR 117:
Identified process preventive controls must be validated scientifically or through in house data. (Allergen, Sanitation , and supply chain PCs do not require validation per 21 CFR 117 Subpart C 117.160.) Process preventive controls shall have defined parameters including minimum or maximum values per 21 CFR 117 Subpart C 117.135(1).

Comment: HACCP plans were validated based on FSIS regulation and peer reviewed journal articles.

D8 For facilities not subject to 21 CFR 117: 5
Corrective action procedures are identified and adhered to when CL are not met. Corrective actions must meet relevant regulatory requirements.

For FDA facilities subject to 21 CFR 117:
Corrective action procedures are established and implemented for relevant PCs in compliance with 21 CFR 117.150 (a).

Comment: Corrective actions were taken compliant with 9 CFR 417.3(a) and included retaining product, conducting a root cause analysis and eliminating the cause, and taking measures to prevent re-occurrence.

D9 For facilities not subject to 21 CFR 117: 5
The corrective actions include: (a) cause of the deviation is identified and eliminated; (b) the CCP will be under control after the corrective action is taken; (c) measures to prevent recurrence are established; and (d) no product that is injurious to health as a result of the deviation enters commerce. Records are thorough and available for review.

For FDA facilities subject to 21 CFR 117:
Corrective actions include: action to identify and correct the problem, reduce the likelihood that the problem will recur, evaluate all affected food for safety, and as necessary prevent affected food from entering commerce, and when appropriate reanalyze the food safety plan per 21 CFR 117 Subpart 117.150.
When corrections are permitted for minor problems instead of corrective actions per 21 CFR 117 Subpart C 117.150(c), corrections must be performed in a timely manner and documented per 21 CFR 117 Subpart C 117.150(c).

Comment: Corrective actions were taken compliant with 9 CFR 417.3(a) and included retaining product, conducting a root cause analysis and eliminating the cause, and taking measures to prevent re-occurrence.

D10 For facilities not subject to 21 CFR 117: 5
The verification frequency and responsibility is defined, and records are complete.
Verification activities may include calibration, record review (RR), and/ or direct observation (DO). Verification activities must meet relevant regulatory requirements.

For FDA facilities subject to 21 CFR 117:
The verification frequency and responsibility is defined and records are complete.
Verification activities must include verification that monitoring is conducted as required, appropriate decisions about corrective actions are being made, and implementation and effectiveness of preventive controls per 21 CFR 117 Subpart C 117.155. Verification activities may include calibration of monitoring devices, record review, and where appropriate product testing and / or environmental monitoring per 21 CFR 117 Subpart C 117.165.

Comment: Verification activities included equipment calibrations, direct observations, direct observations of corrective actions and pre-shipment review. Thermometers and water activity meter were calibrated and documented at minimum weekly. Records were reviewed for the week of March 30-April 3rd, 2026, and were reviewed and demonstrated compliance.

D11 For facilities not subject to 21 CFR 117: 5
The pre-shipment review is documented and complete.

For FDA facilities subject to 21 CFR 117:
Pre-shipment review is not required for FDA facilities subject to 21 CFR 117 Subpart C. Such facilities are required to have records reviewed or that record review is overseen by a PCQI within 7 working days of the activity or to have written justification provided for a period extending beyond 7 working days per 21 CFR 117 Subpart C 117.180(a).

Comment: Pre-shipment review was completed and documented on CCP monitoring forms. Records from March 2026 and April 2026 were reviewed and demonstrated compliance.

D12 For facilities not subject to 21 CFR 117: 5
Reassessment of the HACCP plan is conducted at least annually and proper documentation is available for review.

For FDA facilities subject to 21 CFR 117:
Reassessment of the Food Safety plan is conducted at least annually and proper documentation is available for review.

Comment: The HACCP Plan was re-assessed annually, most recently January 2026. Reassessment records were reviewed and demonstrated compliance.

D13 For facilities not subject to 21 CFR 117: 5
 Employees performing HACCP functions such as monitoring, verification, or pre-shipment review are trained on an annual basis and records are kept to document the training.

For FDA facilities subject to 21 CFR 117:
 Employees performing monitoring, verification, or record review of identified Preventive Controls (PC) are trained prior to performing task and annually. Records of training are maintained.
 Employees performing the monitoring and/or verification activities of the CCP(s) understand the CL and corrective actions.
 Employees performing the monitoring and/or verification activities of the PC(s) understand parameters and values, and corrective actions.

Comment: CCP monitors and record reviewers completed training as part of new hire orientation and annually thereafter. Training records were reviewed and demonstrated compliance.

E *Allergen Control and Management*

E *Allergen Control and Management*

The facility uses an allergen(s) in the production of its product(s). List allergen(s) utilized.

Milk, Soy, Fish, Crustaceans

E2 An Allergen Control program is developed and implemented. 5

Comment: An Allergen Control Program was developed and implemented which outlined how allergen cross contact was managed.

E3 Allergen program includes rework and carry-over controls and verification to maintain compliance. Not Applicable

Comment: Allergens were not utilized in processing and packaging at the facility during the time of the assessment. Box-in/Box-out product was observed in the appropriate storage areas and appropriately identified as per the facility Allergen Control Program. Observation during the facility walk-through demonstrated compliance to the Allergen Control Program.

E4 Allergen program includes identification and segregation of allergens from receiving, storage, processing and finished product. 5

Comment: Allergens were not utilized in processing and packaging at the facility during the time of the assessment. Box-in/Box-out product was observed in the appropriate storage areas and appropriately identified as per the facility Allergen Control Program. Observation during the facility walk through demonstrated compliance to the Allergen Control Program.

E5 Allergen program identifies allergenic ingredients utilized by the site for each country where products are sold. Not Applicable

Comment: Ingredients with allergens were not utilized in the facility to process and or package products.



E6	Procedures are in place to control possible cross contamination from air borne contaminates from allergen containing ingredients.	Not Applicable
Comment: Ingredients with allergens were not utilized in the facility to process and or package products.		
E7	If allergen-free or allergen status claims are made (ex: gluten free), a written program is in place to comply with applicable laws, regulations, and customer requirements related to such label claims.	Not Applicable
Comment: Such claims were not made.		
E8	Cleaning validations are conducted on lines containing allergens. Validations shall include testing product contact surfaces, or where applicable, rinse waters, for allergen residues or other equivalent indicator of allergen residue presence.	Not Applicable
Comment: Ingredients with allergens were not utilized in the facility to process and or package products. Procedures were in place in event any box-in/box-out products received, stored and distributed by the facility were damaged that could pose risk to non-allergenic products.		
E9	A written program is in place to verify allergen labels comply with relevant laws and regulations for all countries where product is sold, when new products are introduced, and when existing products are changes or sold to a new country.	5
Comment: Ingredients with allergens were not utilized in the facility to process and or package products. The facility did receive box-in/box-out products that were received, stored and distributed. The facility Allergen program addressed this and measures to control at point of receiving by labeling pallets with the appropriate allergens and stored in the designated areas for the specific allergen(s).		
E10	Finished product labels with allergen ingredients are verified for accuracy and content at point of use/application at a defined and documented frequency, but no less than each production run.	Not Applicable
Comment: Ingredients with allergens were not utilized in the facility to process and or package products.		
E11	Ingredients containing allergens must be verified at time of receipt for proper allergen labeling.	5
Comment: Ingredients with allergens were not utilized in the facility to process and or package products. Products containing allergens received as part of the facility box-in/box-out program were properly identified with an affixed label on the pallet and then placed in the designated storage area.		
E12	Production scheduling or other method is used for controlling change-overs. Describe the process.	Not Applicable
Comment: Ingredients with allergens were not utilized in the facility to process and or package products.		



E13 Utensils or equipment used to handle ingredients or used to clean equipment where allergens were produced are either visually distinguishable or fully cleaned (validated cleaning) after use. Not Applicable

Comment: Ingredients with allergens were not utilized in the facility to process and or package products.

F *Crisis Management*

F *Crisis Management*

F1 A written Crisis Management (Recall / Traceability) Program is established and implemented; responsibilities in the event of recall are assigned. 5

Comment: Raw materials, primary packaging materials and finished product were traced through the process utilizing supplier lot numbers and finished product lot numbers/code date. The facility did not utilize processing aids. Traceability was based on production day with a lot code. The recall team was developed and included the members of the cross functional HACCP Food Safety Team and included 24/7 contact information and responsibilities.

F2 Procedures are established for identification, traceability, and accountability of all raw materials, packaging, processing aids, and finished products from all suppliers. 5

Comment: Raw materials, packaging materials and processing aids were traced through the process utilizing supplier lot numbers. Traceability was based on production day with a lot code. The recall team was developed and included the members of the cross functional HACCP Food Safety Team and included 24/7 contact information and responsibilities.

F3 Traceability is maintained on raw materials/ ingredients, primary packaging, processing aids, WIP, rework / returned product, and finished product. 5

Comment: Traceability was maintained through the process for raw materials, packaging materials, WIP products and finished products.

F4 An annual Mock Recall is conducted on raw materials, food contact processing aids, finished product, and food contact packaging materials and completed within 2 hours of initiation. Documentation corrective actions are available for review if issues were identified during the exercise. Include information from the most recent Mock Recall. 5

Comment: The facility conducted a mock recall on 4-21-26 for raw materials, packaging and finished product. The most recent mock recall exercise successfully traced 100% of product Beef Original Carnes and documentation of the mock recall was documented completed under 2 hours. The company recently implemented new software automating the traceability process. The exercise on 4-21-26 was also a test of the new software.

F5 For all products, finished product label controls are implemented and verified. At a minimum, labels are verified at the start of each product and after a product or label change. 5



Comment: Finished products labeled were verified at the start of each production run and when a changeover occurred. Verification checks included selection of three random boxes for verification of correct packaging and labeling. Records reviewed demonstrated compliance.

F6 Lot coding/code dating requirements are defined for all finished products. At a minimum, lot coding/code dating is verified at the start of each product and after a product or label change. 5

Comment: Finished products were verified at the start of each production run and when a changeover occurred. Verification checks included selection of three random boxes for verification of correct lot coding and expiration date. Records reviewed demonstrated compliance.

F7 A supplier approval and monitoring program is documented and implemented for raw material, ingredients, packaging, and processing aids purchased. High risk raw materials and ingredients must be sourced from a supplier that provides a third party audit. Low Risk suppliers can provide a third party audit or a questionnaire. Questionnaires must be updated a minimum of every three years. A letter of guarantee is acceptable for packaging materials and processing aids. 5

Comment: An approved supplier program was developed which outlined supplier approval procedures. Potential new suppliers were sent a supplier survey which included supplier information, product information, food safety and quality questions for review and determination of approval by the facility procurement team.

F8 Supplier monitoring may include COAs, product testing, and/ or inspection upon receipt. Product temperatures shall be measured upon receipt for perishable goods. 5

Comment: Incoming raw materials and packaging materials were inspected for condition, evidence of pest activity, temperature and damage. Records reviewed demonstrated compliance.

F9 A written rework and work in process (WIP) program is established and documented. All rework and WIP is segregated and clearly identified. Rework and WIP policy includes procedures for handling rework and WIP product containing allergens. 5

Comment: A written rework and work in progress program was developed and documented. The facility did not generate rework carried over to next day. The program outlined work in progress program through proper identification and labeling of the product type, and storage requirements.

F10 A documented change over procedure is implemented, and defines sanitation, label, and line clearance procedures when changing over from one product to another. 5

Comment: A documented change over process was documented and implemented. Requirements for sanitation, line clearance and label were identified when changing over from one product to another including changes between different protein species or marination formulas,

F11 A system for tracking customer complaints is established and reviewed on a routine basis. Customer complaints must be trended. 5



Comment: The Customer Complaint Program outlined how complaints were managed. Complaints were investigated and documented on paper and electronically. Customer complaints were trended and reviewed annually. The facility had 22 documented complaints from 1-1-26 to date. Records reviewed of investigations and findings demonstrated compliance.

F12 A documented corrective action procedure for food safety and quality issues is implemented, and includes methods for root cause analysis, and requirements for corrective and preventive actions. 5

Comment: Corrective Actions were defined in individual SOPs. The facility utilized both five why and fishbone methodology. Corrective actions were documented on a designated Corrective Action form with an identification letter/number format related to the specific SOP for the deviation. Records reviewed 9-15-25 for a packaging issue utilized the fishbone methodology for completion of the corrective actions. Records reviewed demonstrated compliance.

F13 Facility is compliant with weights and measures regulatory requirements (ex: NIST 133 Handbook). Weights must be verified and documented at an appropriate frequency during processing to demonstrate compliance. 5

Comment: Net weights were monitored in a manner consistent with NIST 133. Checks were documented on production forms. All finished products were weighed on scales calibrated by the facility daily and at minimum annually by a third party. The last scale calibration was Finished products labeled were verified at the start of each production run and when a changeover occurred. Verification checks included selection of 3 random boxes for verification of correct packaging and labeling. Records reviewed demonstrated compliance.

G Facility Security

G Facility Security

G1 A risk assessment has been conducted to determine potential internal and external risks to facility security and food defense. Risk assessment must be reviewed annually. 5

Comment: A Food Defense Plan was developed which outlined risks posed to the facility. The Food Defense Plan and associated risk assessments were reviewed annually.

G2 A facility security and food defense plan shall be developed based on the risk assessment. Plan shall be reviewed and tested annually. 5

Comment: A Food Defense Plan was developed which outlined risks posed to the facility. The Food Defense Plan and associated risk assessments were reviewed annually. The plan was most recently tested for vendor related product contamination in April 2026 after receiving a foreign material complaint of plastic found in the product.

G3 Access to the facility, production and non-production areas, is restricted to authorized personnel only. Evidence of such may include posted signs, locked doors, or guarded entrances. 5



Comment: Access to the facility was restricted to authorized personnel. Signage was posted restricting access. Observations during the outside facility assessment demonstrated compliance with the Facility Security Plan.

G4 The visitor/contractors review site security protocols prior to entering the facility. Visitors are escorted at all times by company personnel. 4

Comment: Visitors and contractors were required to sign in and review facility requirements and be escorted when onsite. Please see exception below.

The following nonconformance was observed: At time of arrival for the assessment, the auditor and observer of the auditor were instructed to sign the visitor log but were not shown any facility security protocols prior to entering the facility.

G5 Regular contractors permitted to access the site without an escort must receive additional site security, cGMP/ GMP training, and designated site personnel must be responsible for them. Training requirements, training records, and persons responsible for regular contractors must be documented and available for review. 5

Comment: Contractors were required to sign in and comply with GMP requirements. Contractors were not observed onsite during the assessment.

G6 At time of receipt raw materials, ingredients, packaging and processing aids, are inspected for product integrity. Trailer condition/ cleanliness and verification of the trailer security (trailer locks or seals) must be performed. Inspections must be documented. 5

Comment: Incoming products, packaging materials and processing aids were inspected prior to receiving for trailer temperature, condition, odors and signs of pest activity. Temperatures of perishable items were recorded as part of receiving inspections. Trailers were required to be locked or sealed prior to unloading.

G7 All trailers containing raw material, finished product, or packaging are sealed or secured while at the facility and prior to leaving the site. 5

Comment: Trailers were required to be locked or sealed prior to unloading.

G8 External vessels (i.e., silos, tanks, rail cars, etc.) are secured at all times. Not Applicable

Comment: The facility did not utilize silos, tanks or rail cars.

H Pest Control

H Pest Control

H1 A written Pest Control Program is established and implemented. Pest Control program is designed to sufficiently maintain a pest-free environment. 5

Comment: A Pest Control Program was established by the PCO for the site. Scopes of work and contracts were on file, reviewed and demonstrated compliance.

H2 Pest Control Operator (PCO) is licensed and insured. If the site does not use a PCO, personnel responsible for pesticide application have documented training relevant activities performed. 5



Comment: The Pest Control Operator was licensed with a business license which was on file and valid until March 2027. A certificate of insurance was on file and valid.

H3 A map listing all traps, bait stations and insect control devices is available and current. The map is dated and reassessed a minimum of once per year. 5

Comment: A site map was maintained which outlined the locations of 19 Interior Rodent Traps, 13 Exterior Bait Stations and 5 Interior Light Traps. Service is monthly and demonstrated compliance. The map was up to date.

H4 Pesticides are approved by the regulatory agency and handling procedures are on file. SDS's are on file for all pesticides used in the facility. All pesticides are labeled and properly stored in a secure area. 5

Comment: SDS documentation and exhibit labels were maintained for chemicals utilized by the PCO. A List of EPA Labels & SDS Specifications of products used were documented which included: rodenticide bait, termiticide insecticide, fire ant bait, insecticide, fly light device, glue boards and traps.

H5 PCO service reports and chemical/ bait usage logs are current and available for review. 5

Comment: Service reports were maintained on file and electronically. Service reports outlined the chemicals utilized, stations inspected and signs of activity or no activity. Service reports reviewed from January 2026 - April 2026 evidenced compliance.

H6 Pest control devices are properly located in a manner that does not pose a risk of contamination to product, packaging or equipment. 5

Comment: Devices were observed to be operated in a manner to prevent contamination.

H7 There is no evidence of pests in the interior or exterior of the facility. 4

Comment: Inside the receiving/shipping dock area blue vinyl pulldown door shields were placed before overhead door and the metal overhead dock door, as an added layer of protection to entry of pests, dust and debris, with an exception noted below.

The following nonconformance was observed. Cobwebs were observed evidence of spiders, along with dust and debris. There were no live spiders observed at the time of the assessment.

H8 Interior pest control devices are present based on risk. Doorways and entrances on outside first floor walls should have an interior pest device located on either side of the doorway or entrance. Interior pest control devices are functional. 5

Comment: Interior devices were sited based on risk. Interior stations were located between doorways and spaced at regular intervals throughout the facility. Devices were observed to be functional.

H9 Exterior pest control devices are present based on risk. Exterior stations are tamper resistant, secured, identified, and functional. Where used, bait is anchored inside the station. 5

Comment: Exterior bait stations were observed to be tamper resistant, secured, identified and functional with bait anchored inside the station.

H10 Insect light traps (ILTs) may be used at exterior entrances. Glass bulbs shall be shielded from breakage. ILTs are located away from exposed product, uncovered packaging, or food handling equipment. ILTs are functional. 5

Comment: ILTs were observed to be utilized in a way which prevented the attraction of flies into the facility. Glass bulbs were observed to be shatterproof and located away from exposed product areas. ILTs were observed to be functional.

H11 Trend reports are provided for pest activity. Trending reports must be reviewed a minimum of quarterly, and actions documented when trending identifies increased pest activity. 5

Comment: Trending was conducted by the site monthly and documented electronically. Trending log reviewed, found to be current and negative trends of increased pest activity were observed.

H12 All traps, stations and insect devices are labeled or bar coded. 5

Comment: Stations observed demonstrated compliance.

I Process Controls

I Process Controls

I1 All containers are properly labeled or color-coded (i.e., white oil, sanitizer, lubricants, food contact items, inedible items, trash, etc.). 4

Comment: Containers were observed to be properly labeled or color-coded with the exception listed below.

The following nonconformance was observed: Two chemical spray bottles containing a clear liquid chemical were observed; (1) at the meat wash sink in the raw cutting production area, (2) at the meat wash sink in the marination room.

I2 Raw materials, ingredients, processing aids, and packaging are properly stored. Items are stored in appropriate conditions (i.e., perishable goods are refrigerated). 5

Comment: Raw materials were stored separately from finished products and packaging materials. Materials were stored in refrigerated conditions as appropriate.

I3 A QA Hold Program is established and implemented. A written protocol for control of QA Hold Tags is followed and personnel authorized to release product are identified. Records are available and current. Documentation includes disposition of held product. 5

Comment: The facility had a Hold/Release program for nonconforming products and equipment which outlined how products and equipment were placed on hold. QA was authorized to release products. Nonconforming products were identified with a QA tag and/or placed on the designated and labeled QA Hold rack, QA Hold tags included the date put on hold, lot/batch information, item name and description, reason for hold, location and disposition and release information. Reviewed the hold log for April 2026 and observed 4 items placed on hold, properly documented and demonstrated compliance.

14 Valid procedures are established for the calibration and accuracy of key testing equipment associated with food safety. Validation may include nationally or internationally recognized calibration methods, regulatory requirements, or the applicable NIST handbook. Procedure includes requirements for assessing implicated product if a device critical to food safety, quality, or regulatory compliance if out of calibration. 5

Comment: Equipment calibrated by the facility included scales, thermometers, heat sensors and water activity meters. Scales were calibrated and certified by a third party within the last years and calibrated daily by the facility. Thermometers were calibrated daily with a NIST thermometer including heat sensors in beef jerky drying equipment. The facility did not have metal detectors or x-ray equipment. If a piece of equipment was found to be out of calibration, it was taken out of service until a risk assessment was performed to determine equipment acceptability.

15 Calibration activities, including corrective actions and implicated product assessment, and are documented per the required frequency in the site's program. 5

Comment: Calibration activities were performed per the site's procedures. Records reviewed for April 2026 demonstrated compliance.

16 Effective foreign material controls (e.g. metal, foreign and extraneous materials, etc.) are in place based on risk. If a foreign material detection device is used, written procedures including monitoring frequency, methods for monitoring, and corrective action are available and implemented. Monitoring must be documented. 5

Comment: A Foreign Material SOP was developed which outlined how foreign material was controlled, investigated and documented. The facility risk assessment determined the product type and processes low risk for metal foreign material and did not utilize metal detection or x-ray equipment in the process. The facility controlled foreign material by visual inspection of products at receiving and unboxing, cutting/slicing steps.

17 Where refrigeration is utilized, temperature control measures in the facility are implemented and documented. Refrigeration is adequate to keep product or processing environment at the required temperature(s). 5

Comment: Coolers and freezers were utilized to store perishable items. Productions rooms were refrigerated appropriately for the products/processes conducted in those areas. Refrigeration was monitored as part of the facility's HACCP plan as well as with continuous monitoring system which sent alarms at pre-defined temperature parameters. Storage and processing areas were observed and demonstrated compliance.



18 If an internal laboratory is used, facility and personnel adhere to documented Good Laboratory Practices (GLP). Laboratory personnel receive GLP training, and understand the requirements. Not Applicable
 Necessary controls are in place to prevent cross contamination of the processing area(s) and product from the on-site laboratory, laboratory waste, and respective personnel.

Comment: Laboratory was not present.

19 A record retention program is documented, meeting minimum regulatory and customer requirements, and includes provisions for hard copy and electronic records. Records reviewed must be legible, changes properly authorized, and complete. Pencils, obliterations (scratch- outs), write overs, and correction fluid or tape (white-out) are not allowed. 5

Comment: A Document Control and Records SOP was developed which outlined how records were maintained. Paper records were required to be completed utilizing ink. Pencils, obliteration, whiteout and write overs were not allowed. Record retention met regulatory and customer requirements. Records reviewed for CCP1 dated 4-1-26 demonstrated compliance with correction procedures by placing one line through the documented result and was initialed per the facility documentation control program.

110 Outbound product transportation vehicles are inspected for condition prior to loading. Vehicles/trailers must be clean, in good repair, and show no signs of pest activity prior to loading. Refrigerated goods are loaded onto a pre-chilled trailer. Pre-chilling requirements are defined with specific temperature limits for the product type(s). Vehicle/trailer inspections including temperatures where applicable, are documented prior to loading. 5

Comment: Outbound trailer inspections were documented. Trailers were inspected for temperature, cleanliness, whether the trailer was in good repair, free from odor and signs of pest activity.

111 A Housekeeping and Facility Inspection program is implemented and records are maintained. Each area is inspected at least monthly. Corrective actions are required when issues are identified. Inspection and corrective actions are documented. 5

Comment: The facility had a documented program for housekeeping and facility inspection. Records were maintained and demonstrated compliance.

112 Pallets are maintained in a sanitary manner and properly stored while in production/ processing areas. 5

Comment: Pallets were observed to be stored in a sanitary manner and in good condition. Pallets were observed to be appropriately stored in processing areas.

113 Paper and packaging materials are stored raised from the floor and away from walls with sufficient room to facilitate proper cleaning of the area. 5

Comment: Packaging materials were stored on pallets or in designated racks. Materials were stored away from walls to facilitate cleaning.

114 A program for rotation of materials and ingredients, such as First In First Out (FIFO), is written and implemented. Verify implementation through direct observation. 5



Comment: Products were rotated based on FIFO principles. The facility printed and labeled incoming raw materials with the appropriate information to monitor through a digital system and process of scanning usage of raw materials in and out of the process. The facility demonstrated compliance with FIFO management by completing daily reviews of inventory and inventory rotation.

J Maintenance/Construction and Design

J	Maintenance/Construction and Design	
J1	A written Maintenance Policy for Food Safety exists and implementation is verified. Maintenance policy addresses items such as: cleaning and sanitizing of repaired equipment and newly installed equipment, guidelines for maintenance activities, tool accountability and cleanliness, etc.	3
Comment:	A maintenance program was implemented. Cleaning and sanitizing of repaired equipment were communicated verbally between quality assurance, sanitation, operations and maintenance. Cleaning and sanitizing of equipment repaired after production ended was cleaned, sanitized and documented on the next pre-operational inspection form, with the exception noted below.	
	The following nonconformance was observed: The facility communicated verbally between quality assurance, sanitation, operations and maintenance, but did not document the cleaning and sanitizing of equipment during production after a repair was completed.	
J2	A preventative maintenance program is established and implemented. Records are maintained.	5
Comment:	Preventative maintenance was performed at frequencies based on manufacturer recommendations. Preventative maintenance was tracked by weekly, monthly, quarterly and annual frequencies in a spreadsheet.	
J3	A program is in place for reporting needed work on equipment or in production areas to the Maintenance Department. Documentation is maintained.	5
Comment:	A program is in place for reporting needed work on equipment or in production areas to the Maintenance Department. Documentation of request was maintained.	
J4	Maintenance areas are reasonably clean, well organized, and do not pose a risk to product.	5
Comment:	Maintenance areas were observed to be cleaned and maintained. Maintenance areas did not pose a risk to products produced.	
J5	Manufacturing, processing, packaging and storage operations are in an enclosed, pest-proof building, which protects food, equipment and utensils from dust, dirt, rodents and other sources of contamination. Doors and openings are pest resistant.	5

Comment: Such activities were observed to be performed in an enclosed pest proof building. Doors and openings were self-closing and equipped with sweeps and seals to prevent the entry of pests. The overhead doors at the receiving/shipping dock were protected from pest entry with an additional pulldown door device placed prior to the main metal overhead door which presented without any gaps around the seals of the overhead doors. This practice provided additional protection from dust, dirt, insects, rodents and other pests from entering the facility.

J6 Lighting in production and storage areas is sufficient to facilitate work. 5

Comment: Lighting was observed to be sufficient to facilitate the hygienic production of food.

J7 Lighting fixtures in or over product, packaging, or storage areas are shielded or equipped with safety "shatter proof" bulbs. Glass and brittle plastic items in product handling and storage areas are inspected at a frequency based on risk, and no less than annually. Inspections are documented at the required frequency. 5

Comment: Lighting fixtures were constructed of shatter proof bulbs or shielded to prevent damage. Glass and brittle plastics were inspected as part of Operational Sanitation Practices and GMP inspections. Records reviewed from 2-2-26 to 2-7-26 demonstrated compliance.

J8 A Glass and Hard & Brittle Plastic Policy is documented, and includes provisions for managing breakages. At a minimum breakage handling shall include inspection of employee footwear and work-wear, use of designated cleaning tools, assessment and identification of implicated product, and equipment inspection after clean-up and prior to commencing operations. 5

Comment: A Glass and Hard & Brittle Plastic Policy were developed which outlined the management of glass, hard brittle plastic. Procedures were established in the event of a breakage and included affected area and/or affected product hold requirements and designated cleaning tools. Verification of correction before resuming work and corrective actions were documented on the corrective action form.

J9 Employee welfare areas are well-maintained, properly ventilated, and do not open into production areas. 5

Comment: Welfare areas were observed to be properly ventilated, maintained and did not open into production areas.

J10 Shipping and receiving docks/ areas are neatly organized and clean. Dock doors are adequately sealed to minimize pest ingress. If present, dock bumpers or sweeps are in good repair. If loading and unloading occurs outside, at an unsealed door, or at an open dock area controls are implemented to address possible pest or contaminant ingress. 5

Comment: Doors and openings were self-closing and equipped with sweeps and seals to prevent the entry of pests. The overhead doors at the receiving/shipping dock were protected from pest entry with an additional pulldown door device placed prior to the main metal overhead door which presented without any gaps around the seals of the overhead doors. This practice provided additional protection from dust, dirt, insects, rodents and other pests from entering the facility.



J11 Hazardous materials/ chemicals are secured and stored away from product and packaging material. Food grade substances are stored separate from hazardous materials. 5

Comment: Chemicals were stored in locked and secure cabinet with access restricted to authorized personnel. Food grade materials were observed to be stored separately from non-food grade materials.

J12 All walkways and conveyors are protected to prevent product contamination. 5

Comment: Walkways and conveyors were observed to be framed to prevent product contamination. Elevated platforms were not present in the facility.

J13 Floors are sloped to the drain to prevent pooling of water. 5

Comment: Floors were observed to be sloped to drains to prevent pooling water. Pooling of water was not observed in the facility at the time of the assessment.

J14 Overheads are free of rust, dust, and clutter. There are no signs of roof leaks. 5

Comment: Overheads were observed to be free of rust and dust. Signs of roof leaks were not observed. Note: Point of reference, the night before the assessment the area experienced severe thunderstorms and flooding.

J15 Walls, ceilings and floors are made of a material that is easy to clean and is kept in good repair. Paint is minimized or kept in good repair. 5

Comment: Walls, ceilings and floors were observed to be in good repair. Paint was observed to be minimal and in good repair.

J16 Forklifts and batteries are well maintained and properly stored. Gas forklifts or equipment are not used in open product areas. 5

Comment: Forklifts and batteries were observed to be cleaned and maintained. Gas forklifts were not utilized at the facility.

J17 Water potability testing is conducted at least annually. Quarterly potability testing is performed if wells are used as the water source. List date of last test performed and the source of water used for processing. 5

Comment: Water was provided by the city of Round Rock, TX. Water was tested annually for APC and Coliforms. Water was last tested on 11-8-25. Test results were reviewed and results for the ice machine indicated 60 CFU/ml for APC. The facility then decided to remove the ice machine from the process and began receiving bagged ice from an approved supplier with approved supplier documents.

J18 Quality of ice, steam, and gases that come into contact with the food products must be approved for use such a COA on file from the supplier and/or tested on a routine basis. 5

Comment: The facility utilized bagged ice purchased from an approved supplier. Records reviewed demonstrated compliance.

J19 Back-flow or siphonage devices are in place and functioning properly where needed. Devices are checked on an annual basis for proper operation. 5



Comment: Backflow devices were in place and required to be checked and certified annually. Most recently on 10-24-25 by a licensed third party.

J20 Grounds surrounding the facility are free of stored equipment, litter, waste, refuse and uncut weeds or grass. Equipment stored in outside areas are elevated off the ground and pipes have end-caps in place. 5

Comment: Grounds and surrounding facilities were observed to be in good condition with minimal landscaping. Equipment was not stored outside, but old storage racks were observed outside behind the facility neatly stacked away from the building and no evidence of harborage of pests.
