# Sample of an Environmental Monitoring Protocol

XYZ Processing maintains an environmental monitoring program as form of accessing the efficiency of the cleaning and sanitation.

#### Purpose

- 1. Validation of cleaning and sanitation of the food processing area.
- 2. To assure the lack of harmful microorganisms such as *Listeria* spp.

#### **Testing zones**

Zone 1 Food contact surfaces of equipment

Zone 2 Non-food contact surfaces close to food contact surface and food

Zone 3 Non-Food contact surfaces

Zone 4 Non-food contact surfaces in low-risk areas

#### Environmental Monitoring for Sanitation Control Verification

Location	XYZ Processing area			
Purpose	Validation of cleaning and sanitation of the food processing area. To assure the lack of harmful microorganisms such as <i>Listeria</i> spp. environmental monitoring needs to be performed.			
Frequency	Sampling in a routine to verify that the facility is clean using ATP or microbial swabs minimum of 5 testing sites monthly.			
Who	QA manager or food safety technician			
Sample identification	<i>Listeria</i> spp.			
Sampling procedure	Procedure supplied by the laboratory			
Laboratory	Approved certified labs (i.e. Vallid Labs Agawam,MA) <i>Listeria</i> LPT AOAC 2013.01 (swab) and ATP test			
Test conducted	Method approved by the FDA or USDA (i.e. <i>Listeria</i> LPT AOAC 2013.01 (swab)) and ATP test			
Interpretation of results	A negative result means that there is no <i>Listeria</i> spp. present. A positive result means that there is <i>Listeria</i> spp. present.			
Action of a negative result	The facility can continue to operate as usual			
Corrective action for a positive result	If the test results are positive it is necessary to intensify the cleaning and sanitation of the facility. Additional testing is necessary and once the tests are negative the production			

Sample of Environmental Monitoring Protocol and Sampling Record\_Sanitation Preventive Control

and monitoring may return to normal. If a second result is positive, intensified cleaning
and sanitation is necessary, and disassembling the equipment may be necessary. After a
second positive result, a hold and release system need to be implemented.

## **Swabbing Protocol**

### **Courtesy of Vallid Labs**

1. Unused swabs can be held at ambient temperature. Used swabs must be refrigerated.

2. Mark bag with location(s) time & date of sample or other identification. This must match your chain of custody.

3. Wash & sanitize your hands

4. Pull off perforated top.

5. Remove bag with glove from top of kit. (Sterile gloves may be provided in a separate bag)

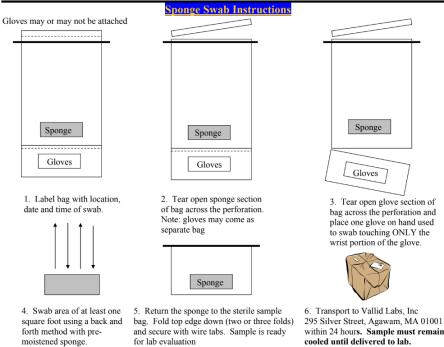
6. Put on gloves provided. Touching only the wrist area while putting on.

7. The area wiped must be at least 12in2 area. If the area is smaller then that, swab the whole surface (i.e. a knob). Use the whole sponge wiping 10 times vertically and 10 times horizontally.

8. Carefully place the sponge back into the bag when finished. Minimally touching the inside of the bag and the sponge.

9. Close the bag by folding over the top several times and twisting the ends.

10.Return to lab within 24hr keeping cool with Chain of Custody Form. Overnight shipment may be necessary



#### Vallid Labs, Inc. 295 Silver Street, Agawam, MA 01001 (413)789-2206 Phone (413)789-2208 Fax

## Shipping

ATP test is performed in house and the results are immediate. However, the microbial swabs must be transported to an approved third party lab. All samples collected will be refrigerated and shipped overnight to an approved lab such as Vallid Labs at 295 Silver Street, Agawam, MA, 01001, phone number (413) 798-2206. The swabs will be tested for *Listeria* spp. as it is an indicator for *Listeria* monocytogenes and other *Listeria* like organisms. The results will be received 24 hours after the lab has received the samples. The analysis method used must be one of the FDA or USDA approved methods (i.e. Vallid Labs is VIDS *Listeria* LPT AOAC 2013.01).

## Records

Test records shall include the date, the operator that collected the sample, the testing method (ATP or Listeria), location that performed the test, the method utilized, results and if needed the correction action.

Test Date			
Laboratory			
used			
Swab Number	Location	Result	Need of Corrective Action? (Y/N)
Corrective			
actions			
Approved: Signature:			
Print Name:			
Date			

## Sample of the Record Keeping Log