

PICKLING OPERATION

Date: _____

Name of Premise: _____

Premise Number: _____

Address of Premise: _____

License Number: _____

	Acceptable	Unacceptable	Comments
Pickling			
Fish of good quality, properly cleaned	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish is frozen prior to pickling for parasite control	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish frozen at -35°C (-31°F) for 15 hours, OR	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish frozen at -20°C (-4°F) for 7 days, OR	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish frozen at -35°C until solid & held at -20°C min. 24 hrs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Farmed salmon & 6 tuna spp. do not require freezing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Freezing control is documented	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean salt used / NO nitrite in recipe	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brine/salt mix is in clean container and labeled (date/ batch)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fresh brine solution for each new fish batch	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brining done at refrigerated temperature ($\leq 4^{\circ}\text{C}$; 40°F)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Minimum salting time is 5 days	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salted fish (before pickling) held refig. max. 6 mos.	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pickling recipe has min. 50% acid (vinegar or citrus)	<input type="checkbox"/>	<input type="checkbox"/>	_____
pH of pickling solution < 4.6 (to control for C. bot.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
pH of loin muscle in fish ≤ 5.0 (to control for C. bot.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fish is completely immersed in pickling solution	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canning in clean, sterile jars	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelf-life pickled fish ~6 months	<input type="checkbox"/>	<input type="checkbox"/>	_____
Documentation and Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sanitation and Employee Hygiene			
Employees free from illness, cuts, lesions	<input type="checkbox"/>	<input type="checkbox"/>	_____
No smoking, chewing gum/tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
At least one worker with FOODSAFE	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hand-washing with liquid soap, sanitizer, paper towels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appropriately dressed (boots, hair nets, coats, aprons)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Clean food contact surfaces, equipment, premise	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments
