

REGISTRATION

The registration fee is \$250 per person. Participants will be provided with workshop materials as well as lunches and refreshments during breaks. Payment and the registration form should be postmarked or faxed **at least two weeks** prior to the session to assure availability. Online registration available at: <http://animalscience.unl.edu/haccp/>

CANCELLATIONS

Cancellations, with refund, will be accepted until **two weeks** prior to the start of each course.

LODGING INFORMATION

Information regarding lodging and course location will be sent to participants upon receipt of course registration. Lodging costs are not included in the registration fees.

PROJECT FUNDING

This workshop is supported, in part, by the U.S. Department of Agriculture, Cooperative State Research, Education and Extension Service.

FOR MORE INFORMATION

Call Dennis Burson - HACCP Specialist at the University of Nebraska – Lincoln: (888) 688-4346. Course location and other information is also available online at: <http://www.animalscience.unl.edu/extension/meats/haccp.html>

2008 CLASS SCHEDULE

MARCH 4-6	Lincoln, NE
MARCH 25-27	Columbia, MO
JUNE 11-13	Manhattan, KS
JULY 15-17	Omaha, NE
OCTOBER 8-10	Kansas City, KS

UNIVERSITY OF
Nebraska
Lincoln

KSTATE
Kansas State University

University of Nebraska Institute of
Agriculture and Natural Resources
Kansas State University Agricultural
Experiment Station and Cooperative
Extension Service

It is the policy of the Kansas State University Agricultural Experiment Station and Cooperative Extension Service, the University of Nebraska Institute of Agriculture and Natural Resources and the County Extension Councils that all persons shall have equal opportunity and access to its educational programs, services, activities and materials without regard to race, color, religion, national origin, sex, age or disability. Kansas State University and the University of Nebraska are equal opportunity organizations. These materials may be available in alternative formats. Issued in furtherance of Cooperative Extension Work Acts of May 8 and June 30, 1914, as amended, Kansas State University, County Extension Councils, Extension Districts, and United States Department of Agriculture Cooperating, Marc A. Johnson, Director.

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Hazard Analysis Critical Control Point

Implementing Your Company's HACCP Plan

2008

Three-day course
for
Meat and Food Processors

Accredited by the
International HACCP Alliance



**Providing assistance and
training for processors in
Kansas, Missouri,
Nebraska and South
Dakota**

WORKSHOP SCHEDULE

DAY 1

- Why HACCP?
- Overview of Food Safety / HACCP Principles
- GMP's, SOP's and SSOP's
- HACCP Prerequisites
- Identifying Hazards – Physical, Chemical and Biological
- HACCP Principles 1 and 2
 - Hazard Analysis
 - Critical Control Points
- Working Groups

DAY 2

- HACCP Principles 3, 4 and 5
 - Establishing Critical Limits
 - Monitoring of Critical Limits
 - Corrective Actions
- Working Groups
- HACCP Principles 6 and 7
 - Record Keeping
 - Sanitation Verification
- Working Groups
- Update on HACCP Regulations

DAY 3

- Final HACCP Plan Reports by Working Groups
- Implementation of your HACCP Plan
- Management of your HACCP Plan
- Quiz / Evaluation

USDA and FDA have each established regulations based on HACCP principles. This course meets USDA HACCP training requirements under federal and state meat inspection and is accredited by the International HACCP Alliance.

WORKSHOP FACULTY

Fadi Aramouni, Ph.D.
Kansas State University

Elizabeth Boyle, Ph.D.
Kansas State University

Dennis Burson, Ph.D.
University of Nebraska – Lincoln

Harshavardhan Thippareddi, Ph.D.
University of Nebraska – Lincoln

Andrew Clarke, Ph.D.
University of Missouri - Columbia

Please Mark the Session you will be Attending

<input type="checkbox"/> March 4-6	Lincoln, NE
<input type="checkbox"/> March -25-27	Columbia, MO
<input type="checkbox"/> June 11-13	Manhattan, KS
<input type="checkbox"/> July 15-17	Omaha, NE
<input type="checkbox"/> October 8-10	Kansas City, KS

TOTAL: \$250 per person
PLEASE MAKE CHECKS PAYABLE TO
THE UNIVERSITY OF NEBRASKA

Name: _____
 Affiliation: _____
 Address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

RETURN FORM TO:
 Dr. Dennis Burson
 University of Nebraska – Lincoln
 A213 Animal Science, Box 830908
 Lincoln, NE 68583-0908
 Fax: (402) 472-6362 E-mail: dburson1@unl.edu