"Company name"

Food Safety Culture Plan

Approved by:

Position:

Date:

1.   Introduction

The Food Safety Culture Plan has been developed and approved by "Company Name" Senior Management Team after review at the Food Safety committee meeting held on "Date"

2.   Food Safety Culture Project Team

The Senior Management Team responsible for the development of the Food Safety Culture Plan comprised of:

- Team member 1
- Team member 2
- Team member 3
- Team member 4
- Team member 5

3.   Data collection Techniques

Data was collected to determine the workforce's attitude towards food safety culture and determine if it is positive, neutral or negative with the following techniques:

3.1   Food safety culture questionnaire

breakdown of respondents who completed the surveys

Role/Position	Quantity	Percentage
Senior Management	1	.4%
Management and Supervisory	26	12%
Technical & QA	13	6%
Operatives	168	77%
Office	9	4%
Total	**217**	

Language split

Language	Quantity	Percentage
English first language.	74	36%
English not first language.	144	64%
Total	**217**	

3.2   One to One Field Audits

There were 40 one to one field audits undertaken over a two day period and facilitated by Gillian Fret Head of HR.

4. **Timescales**

The food safety culture plan has been developed as a 3 year plan.

Start date: "Date"
Finish Date: "Date"

5. **Review frequency**

The food safety culture action plan to be reviewed quarterly by the senior Management Team and Food Safety Culture survey to be undertaken every 12 months.

"Company Name" – Food Safety Culture Plan

The food safety culture action plan

No.	Action Area to be improved or changed.	Potential Challenges Detail any potential challenges and behaviours that need changing,	How are you going to achieve the action? What techniques and tools will be used to overcome challenges, behaviours and achieve the action.	Employee Engagement Detail tools you to be used for employee engagement?	Necessary Resources Detail resources needed to achieve the action e.g. human, financial, IT etc.
1					
	Responsible Person	**Start date**	**Expected completion date**	**Monitoring.** How and when will each action be monitored). What is the measurement of change?	**Review Period** Monthly/quarterly/ yearly and meeting/forum action to be reviewed.

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2					
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"Company Name" – Food Safety Culture Plan

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6.   Food safety Culture timescales "Start date" – "Finish Date"

Ref	Action titles	Year - 2025				Year - 2026				Year - 2027			
		Qt 1	Q2	Qt3	Qt4	Qt 1	Q2	Qt3	Qt4	Qt 1	Q2	Qt3	Qt4
1													
2													
3													
4													
5													