Why HACCP?
The objective of this concept is to minimize food-related illnesses. Food should be made safer for the consumer.

Which factors promote food-related illnesses?
- Globalization (raw products/import/export)
- Convenience products (semi-cooked products)
- Factory farming (salmonella)
- Mass tourism (unhygienic work, time pressure)
- Fast food, too many “producers” (street food)

In order to identify whether a food may become dangerous, we should ask ourselves the following questions:
- Does the product contain sensitive ingredients?
- Is it intended for sensitive target groups (the aged, the sick, infants etc.)?
- Are preventive programmes or preventive measures provided for in the manufacturing process in order to exclude risks or minimize them?
- Are there potentially toxic basic substances present (fungi, spores, proteins)?
7 principles of the HACCP concept

The Codex Alimentarius is the basis of the HACCP concept. Self-monitoring is a key point in this.

The 7-point program supports effective implementation.
1. Determination of the relevant hazards (hazard analysis)
2. Identification of critical control points (= CCP)
3. Definition of limit values (only for CCPs)
4. Definition and implementation of efficient monitoring
5. Specification of corrective measures
6. Production of documents and records (documentation)
7. Definition of regular verification processes (self-monitoring obligation)

The HACCP concept makes a distinction between critical points and critical control points.

Critical points (CP)
= points in the process which do not pose a health risk, but can be regarded as critical in the procedure; e.g. quality parameters, compliance with specifications, identification.

Critical control points (CCP)
= points at which there is, in all probability, a relevant health risk to the consumer as long as this point is not fulfilled (i.e. controlled) e.g. heating steps, sufficient cooling, monitoring of foreign bodies.