



## **APPLICATION FORM FOR SLAUGHTERHOUSE/CUTTING PLANT TO EXPORT RAW MEAT TO SINGAPORE**

**Important Notice:**

*The information required by the Agri-Food and Veterinary Authority (AVA), Republic of Singapore for the evaluation of slaughterhouses/cutting plants to export raw meat to Singapore are set out below.*

- 1) *All information must be submitted in English. Complete information must be provided in this application, as inadequate/incomplete submissions will result in delays in processing. Please feel free to include any additional information to support your application.*
- 2) *Establishments belonging to the same parent company but with different addresses must fill in a separate application form each.*
- 3) *The completed application form must be submitted to the District/Provincial Competent Authority of the exporting country for their verification and endorsement. It must then be submitted to the Central Competent Authority (CCA) of the exporting country for their recommendation before submission to AVA.*

Date of Application: \_\_\_\_\_

### **(A) PARTICULARS OF ESTABLISHMENT**

(1) **Name of Establishment:**

\_\_\_\_\_

(2) **Address of Establishment:**

Unit No.:	_____
Street Name:	_____
Post Code:	_____
District/City:	_____
State/Province:	_____
Website address:	_____

GPS Coordinates:	Longitude	_____	_____°	_____’	_____”
	Latitude	_____	_____°	_____’	_____”

- (3) **Establishment Number:** \_\_\_\_\_
- (4) **Year Constructed:** \_\_\_\_\_
- (5) **Year Renovated/Upgraded (if relevant):** \_\_\_\_\_
- (6) **Total Land Area (m<sup>2</sup>):** \_\_\_\_\_
- (7) **Total Built-up Area (m<sup>2</sup>):** \_\_\_\_\_
- (8) **Type of Establishment:**  
*(Please check the appropriate boxes)*

<input type="checkbox"/> Slaughterhouse
<input type="checkbox"/> Cutting plant (State the name(s): _____ and establishment no(s). _____ of the slaughterhouse(s) from which raw meat is obtained for cutting. <i>(* Raw meat <u>must</u> be sourced from AVA-approved slaughterhouses. Separate application(s) from the slaughterhouse(s) is/are required if not AVA-approved establishment.)</i>
<input type="checkbox"/> Slaughterhouse with cutting plant
<input type="checkbox"/> Others (pls specify): _____

- (9) **List All Types of Meat Processed by the Establishment:**  
*(Please check the appropriate boxes)*

_____	_____
_____	_____
_____	_____
Others (pls specify): _____	_____

- (10) **Meat Products (Cuts) Intended for Export to Singapore:**  
*(Please attach additional documents where needed)*

Product (Cuts)	State (Chilled/ Frozen/ Canned/ Vacuum packed etc)
<i>Example: Beef Sirloin steak</i>	<i>Frozen</i>

_____	_____
_____	_____
_____	_____

(11) (i) **Export History of the Products (Cuts) Intended for Export to Singapore:**  
*(Please attach additional documents where needed)*

Product	Importing Country	Date of Approval	Date of First Export	Date of Last Export
<i>Example: Beef Sirloin steak</i>	<i>Country AAA</i>	<i>3rd March 2008</i>	<i>1st April 2008</i>	<i>30th Dec 2008</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(ii) Please **attach** a copy of the official veterinary health certificate that accompanied the last export of the products to the importing country/countries stated above

(12) **Has the establishment been inspected by a foreign Competent Authority?**

_____	If yes, please name (e.g. EU, FSIS) _____ and <b>attach</b> a copy of the foreign CA inspection report.
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**(B) LOCATION AND LAYOUT OF THE ESTABLISHMENT**

(1) **Location of Establishment:** *(Please check the appropriate boxes)*

(i) The establishment is located in a:	<input type="checkbox"/> Industrial area <input type="checkbox"/> Agricultural area <input type="checkbox"/> Residential area <input type="checkbox"/> Others ( <i>pls specify</i> ): _____
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(ii) Type of operation performed in adjacent properties (if any).	<input type="checkbox"/> Heavy industry <input type="checkbox"/> Food-processing industry <input type="checkbox"/> Others ( <i>pls specify</i> ): _____
(iii) Does the company also own a canning/further-processing establishment?	_____
(iv) Does the establishment have shatterproof lighting?	_____

**(2) Layout Plan of Establishment:**

*[Please **attach** a layout plan showing properly labelled rooms (in English) for different operations, including storage facilities and indicate the flow of the product and workers by coloured arrows]*

**(C) WATER SUPPLY**

**(1) Source of Water:** (*Please check the appropriate boxes*)

<input type="checkbox"/> Well water <input type="checkbox"/> River <input type="checkbox"/> Town water <input type="checkbox"/> Others ( <i>pls specify</i> ) : _____
(i) Please attach a description of the type of water treatment performed (if any).

**(2) Chlorination:** \_\_\_\_\_

(i) If in-house chlorination is performed, please state the level: _____ ppm
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**(3) Chemical/ Bacteriological Examination of Water:**

*(Please check the appropriate boxes)*

<input type="checkbox"/> In house	
<input type="checkbox"/> External laboratory	Frequency: _____ Method: _____
(i) Please <b>attach</b> a copy of the latest test results.	

**(4) Ice Making/ Storage Facilities:**

(i) Are ice-making machines available in the premise?	_____ if yes, please state capacity of machine : _____ m <sup>3</sup>
(ii) Are ice-making machines available in the premise?	_____ if yes, please state capacity of room : _____ m <sup>3</sup>

**(D) MANPOWER**

**(1) Staff Information:**

(i) Please <b>attach</b> an organisational chart of the establishment.	
(ii) Total number of general workers employed in the establishment: _____	
(iii) List the names of professional and managerial staff, including their qualification and/or training in food safety and quality control programmes.	
Name	Qualification/ Training
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**(2) Medical Examination and History:**

(i) Are employees medically examined and certified fit to work in a food preparation establishment prior to employment?	_____
(ii) Are annual health checks available for workers?	_____
(iii) Are medical records of employees available?	_____

**(3) Uniforms/Attire:**

(i) Uniforms	_____
(ii) Boots	_____
(iii) Gloves and facemasks	_____
(iv) Laundry is provided	_____

**(E) SLAUGHTERING PREMISES**

**(1) (i) Source of Livestock:**

*(Please attach additional documents where needed)*

Species	Province/District of Origin	Name of Farm (Contract farm /Company farm/Others)
_____	_____	_____

_____	_____	_____
_____	_____	_____
(ii) The Abattoir (Slaughterhouse) is a : _____		

**(2) Food Safety Programmes and Slaughtering Procedure:**

(i) Are the processes based on HACCP concepts or its equivalent? _____ If yes, please <b>attach</b> a copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table.								
(ii) Please <b>attach</b> a flowchart of the slaughtering/cutting process, showing clearly the critical control points (CCP's).								
(iii) Line speed: _____ number of animals per hour								
(iv) Are sampling and testing procedures of finished products, food contact surfaces, and water performed by the Quality Control Staff? _____ If yes, please <b>attach</b> a brief description of the frequency of collection and testing of samples.								
(v) Laboratory testing is performed:								
<input type="checkbox"/> In-house (Please complete table below)								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Tests Performed</th> <th style="width: 50%;">Significant Findings</th> </tr> </thead> <tbody> <tr> <td style="height: 30px;">_____</td> <td style="height: 30px;">_____</td> </tr> <tr> <td style="height: 30px;">_____</td> <td style="height: 30px;">_____</td> </tr> <tr> <td style="height: 30px;">_____</td> <td style="height: 30px;">_____</td> </tr> </tbody> </table>	Tests Performed	Significant Findings	_____	_____	_____	_____	_____	_____
Tests Performed	Significant Findings							
_____	_____							
_____	_____							
_____	_____							
<input type="checkbox"/> In an external laboratory accredited by the competent authority of your country.								
<input type="checkbox"/> Others ( <i>pls specify</i> ): _____								
(vi) Please <b>attach</b> copies of recent laboratory test reports certified by a laboratory microbiologist.								
(vii) Please <b>attach</b> a brief description on the criteria for acceptance/ rejection of raw materials and finished products.								

**(3) Is there a Product Recall and Traceability System?**

—	If yes, please <b>attach</b> a description of the traceability system from raw material to finished product.
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**(4) Is there a Sanitation Standard Operating Procedure (SSOP) in Place for facilities and equipment?**

—	If yes, please state: _____
(i)	Please <b>attach</b> a brief description of the SSOP.
(ii)	Please <b>attach</b> a copy of the latest records of cleaning and sanitising treatment of facilities and equipment.

**(5) Daily Throughput:**

Number of shifts:	_____
Production per shift (in tonnes):	_____
Number of working days per week:	_____

**(6) Capacity:**

Total annual slaughter capacity \_\_\_\_\_ (in tonnes)

**(7) Meat Inspection System:**

(i) Is ante-mortem and post-mortem inspection done by :	<input type="checkbox"/> Government inspectors <input type="checkbox"/> Company's QC staff (Please provide a copy of the Meat Inspection Manual) <input type="checkbox"/> Others (pls specify): _____
(ii)	Number of meat inspectors per shift: ____
(iii)	Total number of meat inspectors: ____
(iv)	Please <b>attach</b> a brief description of the criteria of judgement for condemnation of carcasses.
(v)	Please <b>attach</b> copy of the ante-mortem and condemnation records for last year, including reasons for condemnation.

**(8) Boning/Cutting Room:**

(i)	Temperature control features: _____
(ii)	Temperature of room: _____°C
(iii)	Production capacity: _____ tonnes

**(9) Chillers/ Freezers:**

(i) Refrigerated rooms suitable for effective cooling and storage of meat are present.	—
(ii) Number of chillers/freezers: _____	
(iii) Capacity (m <sup>3</sup> ): _____	

**(10) Offal Handling and Cooling Procedures:**

Are offals removed from the carcasses immediately after evisceration and handled in a separate room and in a manner that will prevent contamination of the carcasses?	—
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**(11) Sanitary Measures:**

(i) Is there a system of collection and disposal of inedible or condemned products? If yes, please <b>attach</b> a brief description of this system.	—
(ii) Is there a system of effluent treatment and disposal of waste? If yes, please <b>attach</b> a brief description of this system and the frequency of waste disposal.	—
(iii) Is there a pest control system? ____ If yes, please state if: _____ Please <b>attach</b> a layout map of the pest control points and a latest copy of pest control records.	
(iv) Are hands-free operated features for taps and toilet flushes available?	—
(v) Are disposable towels and hand disinfectant available?	—
(vi) Are there dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials?	—

**(F) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT**

- (i) Please **attach** the following items:
- Labelled photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials to packaging and storage of finished products, *in operation*.
  - The external view of the establishment (front, sides and back) and its surroundings.
  - Every product intended for export to Singapore, with and without its final packaging.
  - Corporate/product brochures.

**(G) SINGAPORE IMPORTER INFORMATION**

(i) Have you established contact with any importers in Singapore?	
Yes	If yes, please provide the following information:
<p>_____</p> <p>Name of importing company in Singapore:</p>	
<p>_____</p> <p>Name and designation of correspondent:</p>	
<p>_____</p> <p>Business Address:</p>	
<p>_____</p> <p>Telephone</p>	<p>_____</p> <p>Fax Numbers</p>
<p>If no, please provide information on any prospective business partners in Singapore:</p> <p>_____</p>	

**(H) SOFTCOPY OF SUBMISSION**

You may choose to submit the application through the following methods:

- (i) Softcopy of the entire submission in CD/DVD.
- (ii) Secure online file transfer
- (iii) Email ([wong\\_siew\\_hwa@ava.gov.sg](mailto:wong_siew_hwa@ava.gov.sg) or [loi\\_yu\\_zhen@ava.gov.sg](mailto:loi_yu_zhen@ava.gov.sg))

**(I) DECLARATION BY ESTABLISHMENT**

<p>I declare that the information given above is true and correct.</p> <p>_____</p> <p>Name and designation of person who submitted the above information</p>
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_____ Office address			
_____ E-mail address (if any)	_____ Telephone	_____ Fax	_____ Mobile number
_____ Signature and Company Stamp		_____ Date	

**(J) VERIFICATION BY COMPETENT VETERINARY AUTHORITY**

I have verified the above information given by the company and certified that they are true and correct.

_____ Name and designation of veterinarian who verified the above information			
_____ Office address			
_____ E-mail address (if any)	_____ Telephone	_____ Fax	_____ Mobile number
_____ Signature and Official Stamp of Veterinary Authority		_____ Date	

## **CHECK LIST FOR SLAUGHTERHOUSE/CUTTING PLANT:**

You are reminded to check your application against this checklist before submission. Inadequate/incomplete submission may result in delays in processing.

Name of Establishment: \_\_\_\_\_

Establishment No: \_\_\_\_\_

<b>INFORMATION REQUIRED BY AVA FOR ACCREDITATION (Tick ✓ if information or Annex provided)</b>			
<b>All information must be submitted in English</b>			<input type="checkbox"/>
<b>A. PARTICULARS OF ESTABLISHMENT</b>			
1. Name of establishment	<input type="checkbox"/>	8. Type of establishment	<input type="checkbox"/>
2. Address of establishment	<input type="checkbox"/>	9. Types of meat processed by the establishment	<input type="checkbox"/>
3. Establishment number	<input type="checkbox"/>	10. Meat products (cuts) intended for export	<input type="checkbox"/>
4. Year constructed	<input type="checkbox"/>	11. Export history of the products	<input type="checkbox"/>
5. Year Renovated/Upgraded	<input type="checkbox"/>	Annex A11 (ii) - Veterinary health certificate	<input type="checkbox"/>
6. Total land area	<input type="checkbox"/>	12. Inspection by a foreign Competent Authority	<input type="checkbox"/>
7. Total built-up area	<input type="checkbox"/>	Annex 12 – Inspection report	
<b>B. LOCATION AND LAYOUT OF THE ESTABLISHMENT</b>			
1. Location of the establishment	<input type="checkbox"/>	Annex B2 - Layout plan of establishment	<input type="checkbox"/>
<b>C. WATER SUPPLY</b>			
1. Source of water	<input type="checkbox"/>	Annex 3 (i) Copy of the latest test results	<input type="checkbox"/>
2. Chlorination	<input type="checkbox"/>	4. Ice Making/Storage Facilities	<input type="checkbox"/>
3. Chemical/Bacteriological examination of water	<input type="checkbox"/>		
<b>D. MANPOWER</b>			
1. Staff information	<input type="checkbox"/>	2. Medical examination and history	<input type="checkbox"/>
Annex D1 (iii) - List of professionals/qualification	<input type="checkbox"/>	3. Uniforms/Attire	<input type="checkbox"/>
<b>(E) SLAUGHTERING PREMISES</b>			
1. Source of livestock	<input type="checkbox"/>	Annex E4 (ii)- copy of the latest records of cleaning and sanitising treatment of facilities and equipment	<input type="checkbox"/>
2. Food safety programmes and slaughtering procedure	<input type="checkbox"/>		
Annex E2 (i) - copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table	<input type="checkbox"/>	5. Daily throughput	<input type="checkbox"/>
Annex E2 (ii) - Flowchart of the slaughtering/cutting process and CCP's	<input type="checkbox"/>	6. Capacity	<input type="checkbox"/>
Annex E2 (vi) – Copies of recent laboratory test report	<input type="checkbox"/>	7. Meat inspection system	<input type="checkbox"/>
3. Product recall and traceability system	<input type="checkbox"/>	8. Boning/Cutting room	<input type="checkbox"/>
		9. Chillers/Freezers	<input type="checkbox"/>
4. Sanitation Standard Operating Procedure (SSOP)	<input type="checkbox"/>	10. Offal handling and cooling procedures	<input type="checkbox"/>
		11. Sanitary measures	<input type="checkbox"/>
Annex E11 (iii) - Layout map of pest control points and a latest copy of pest control records			<input type="checkbox"/>
<b>(F) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT</b>			
Annex F (i) - Labelled photographs or video of processing facilities, corporate/product brochures			<input type="checkbox"/>
<b>(G) SINGAPORE IMPORTER INFORMATION</b>			
			<input type="checkbox"/>
<b>(H) SOFTCOPY OF SUBMISSION</b>			
			<input type="checkbox"/>
<b>(I) DECLARATION BY ESTABLISHMENT</b>			
			<input type="checkbox"/>
<b>(J) VERIFICATION BY COMPETENT VETERINARY AUTHORITY</b>			
			<input type="checkbox"/>