



The Chinese version is regarded as authentic; the English translation is for reference only.

APPLICATION FOR THE FOREIGN ESTABLISHMENT INTEND TO EXPORT OF MEAT AND MEAT PRODUCTS TO CHINA

NOTE: This application provided by Certification and Accreditation Administration of the People's Republic of China (CNCA) is the necessary information on foreign slaughterhouse and/or meat processing establishment applied CNCA for evaluation and registration to export meat and meat products to China. Please provide any additional information to support your application freely and on your will.

1. Particulars of Establishment

1.1 Name of Establishment:

1.2 Address:

1.3 Registration No:

1.4 Approval Authority:

1.5 Year Constructed:

1.6 Total Land Area:

1.7 Total Built-in Area:

1.8 Types of Products Manufactured:

1.9 Products intended for export to China:

1.10 Source of Livestock/Poultry

1.10.1 List provinces/districts from which the livestock/poultry are obtained for slaughter:

1.10.2 Whether the livestock/poultry are companied with the inspection certificate (if have, attached a copy of the sample)

1.10.3 Whether company's farms or contract farms:



1.11 Establishment Approved for Export to other countries/ List the names of countries, dates of approval, and types of products approved, year of first export, dates of most recent export. Attach copy of veterinary health certificate that accompanied the last shipment to each country.

2. Location and Layout of Establishment

Description of the area where establishment is located (e.g. industrial, agricultural, residential, etc.):

Layout Plan of Establishment

2.2.1 Layout plan(s) (including the location plan accompanied with the application):

2.2.2 Separate rooms for different operations:

Materials Used & Design

Floor:

Walls:

Ceilings & Superstructures:

Lighting:

Ventilation System:

Footbaths for entrance into slaughter/processing rooms/areas:

3. Water Supply/Ice

Source of water:

Chlorination: (Yes/No)

If yes, state level in ppm:

Bacteriological examination

Item and Method:

Frequency:



Records available: (Yes/No)

Ice making machine available in premises: (Yes/No)

If yes, capacity of machine:

Ice storage and capacity:

4. **Manpower**

Staff Information (List the number, qualifications of technical, general workers, etc, employed by establishment):

Medical Examination and History:

Are employees medically examined and certified fit to work in a food preparation establishment prior to employment: (Yes/No)

Annual Health Check and Records for Workers: (Yes/No)

4.3 Uniforms Gloves and face masks: (Yes/No)

4.4 Laundry (in-plant or by contract):

5 **Slaughtering Premises**

5.1 Equipment

Attach list of equipment (types, brand and manufacturer) used.

5.2 Slaughtering Processing

5.2.1 Slaughtering Procedures (attach process flowcharts):

5.2.2 Slaughtering line speed:

5.3 Food Safety Programs

5.3.1 Whether based on HACCP system or equivalent: (Yes/No)

(If yes, attach the HACCP plan)

5.3.2 State whether testing done in-house or provided by a service laboratory:



If in-house, list facilities and tests (attach a copy of manual):

5.3.3 Sampling and testing procedures:

5.3.4 Testing method and criteria for rejection/acceptance:

5.4 Sanitation Standards Operating Procedures (SSOP)

5.4.1 Brief description:

5.4.2 Name and designation of individuals implementing and maintaining SSOP activities:

Attach copies of the latest daily records of cleaning and sanitizing treatment.

5.5 Daily Throughput

5.5.1 Number of shifts:

5.5.2 Slaughter capacity (tones) per shift:

5.5.3 Number of working days per week:

5.6 Total annual slaughter capacity (tons):

5.7 Meat Inspection

5.7.1 By government inspectors or company's QC staff:

5.7.2 Total number of inspectors, qualification and training:

5.7.3 Number of inspectors per shift:

5.7.4 Inspection procedures (attach a copy of the inspection manual):

5.7.5 Criteria for rejection/acceptance of animal body/section: (attach a copy of the past condemnation record):

5.8 Boning /Cutting Room

5.8.1 Temperature control features: (Yes/No)

If yes, state temperature:



5.8.2 Boning /Cutting production capacity:

5.9 Storage Facilities

5.9.1 Packing/canning materials storage room: (Yes/No)

5.9.2 Dry ingredients storage room: (Yes/No)

5.9.3 Chemicals, disinfectants and other cleaning agents storage room (attach copies of the latest records): (Yes/No)

5.10 Numbers, type (static, air blast etc/ammonia or freon), capacity of chillers/deep freezers/cold storage:

5.11 Edible Offal Handling & Cooling Procedures:

5.12 Waste Treatment/Disposal

5.12.1 Procedures for treatment of inedible/unqualified products :

5.12.2 Procedure of waste treatment/disposal

5.12.3 Procedure of effluent treatment/disposal and daily treatment/disposal capability

5.13 Description of the traceable procedure of the unqualified products

6 Processing Premises

6.1 Source of meat

List countries and Registration No. of plants where meat is obtained for processing:

6.2 Equipment

Attach list of equipment (types, brand and manufacturer) used:

6.3 Processing Procedures

6.3.1 Attach process flowcharts:

6.3.2 Brief description of type of products and processing methods (Including time and temperature of processing):

6.4 Food Safety Programs



6.4.1 Whether based on HACCP system or equivalent: (Yes/No)

(If yes, attach the HACCP plan)

6.4.2 State whether testing done in-house or provided by a service laboratory:

If in-house, list facilities and tests (attach a copy of manual):

6.4.3 Sampling and testing procedures:

6.4.4 Testing method and criteria for rejection/acceptance:

6.5 Sanitation Standards Operating Procedures (SSOP)

6.5.1 Brief description:

6.5.2 Name and designation of individuals implementing and maintaining SSOP activities:

Attach copies of the latest daily records of cleaning and sanitizing treatment.

6.6 Daily Throughput

6.6.1 Number of shifts:

6.6.2 Production capacity (tones) per shift:

6.6.3 Number of working days per week:

6.7 Total annual production capacity (tons) of each product:

6.8 Storage Facilities

6.8.1 Packing materials storage room: (Yes/No)

6.8.2 Dry ingredients storage room: (Yes/No)

6.8.2 Chemicals, disinfectants and other cleaning agents storage room (attach copies of the latest records): (Yes/No)

6.9 Numbers, type (static, air blast etc/ammonia or freon), capacity of chillers/deep freezers/cold storage:

6.10 Waste Treatment/Disposal



6.10.1 Procedures for treatment of inedible/unqualified products :

6.10.2 Procedure of waste treatment/disposal

6.10.3 Procedure of effluent treatment/disposal and daily treatment/disposal capability

6.11 Description of the traceable procedure of the unqualified products

7 Welfare/Washing facilities

7.1 Staff canteen(s), Changing rooms, Lockers, Shower facilities :(Yes/No)

7.2 Hands-free operated features for taps and toilet flush and washing and disinfecting hands facilities:
(Yes/No)

8 Photographs of the establishment (to submit together with this application):

9 Declaration by Establishment

***I HEREBY DECLARE THAT
THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.***

(Signature and designation of person who submitted above information)

(Signature of the owner and Company Stamp)

(Date)

10 Verification by Veterinary Authority

***I HAVE VERIFIED THE ABOVE INFORMATION GIVEN BY THE COMPANY
AND CERTIFIED IT IS TRUE AND CORRECT.***

(Signature and designation of veterinarian who verified above information)

Stamp of Veterinary Authority



(Date)