



DEPARTMENT OF VETERINARY SERVICES MALAYSIA

Ministry of Agriculture and Food Security Malaysia

Wisma Tani, Podium Block 1B,

Lot 4G1, Precint 4

Federal Government Administration Centre

62630 PUTRAJAYA, MALAYSIA

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APPLICATION FORM FOR EXPORT PORK AND OFFAL INTO MALAYSIA

Note:

This guideline sets out the information on establishment for export of pork and offal required by Department of Veterinary Services (DVS) of Malaysia for evaluation to export of pork into Malaysia.

Please feel free to include any additional information and photograph to support your application.

Inadequate/incomplete submissions may result in delays or disqualification of application.

Submission of this form together with supporting documents through embassy/authority of the exporting country.

*All information submitted must be in **English**.*

(A) Particular of Establishment *(Please attach Factory Profile)*

(1) Name of Establishment: _____

(2) Address: _____

Contact Person: _____

Contact Number: _____

E-mail Address: _____

(3) If premise is on lease, please provide a copy of the leasing agreement.

(4) Company/ establishment registration number: _____

(Please attach Company Profile)

(5) Year constructed: _____

(6) Total land area: _____

- (7) Total built-in area: _____
- (8) Types of products manufactured: *(Please attach Product Profile)*

- (9) a) List of products intended for export to Malaysia:

- b) Please indicate list of products and countries products are exported besides Malaysia

- (10) Source of raw material from approved pork abattoir by Malaysia's Authority
(Please attach Name & Establishment Number):

- (11) Daily throughput:
 Number of shifts: _____
 Production (metric tonnes) per shift: _____
 Number of working days per week: _____
- (12) Capacity:
 Total annual production (metric tonnes) of each product: _____
- (13) Processing Procedures
(Please attach process flowcharts of each product)

- (14) State whether you have a Quality Assurance Programme: **YES/NO**
 If **YES** please submit brief description and relevant latest records;
- a) **Premise;** Building Exterior, Building Interior (Design, Construction and Maintenance; Lighting, Ventilation, Waste Disposal, Inedible Areas);
 - b) **Facilities;** Employee Facilities, Equipment Cleaning & Sanitising Facilities, Laundry;
 - c) **Water Supply,** Steam, Ice Quality, Capacity & Supply;
 - d) **Transportation;** Food Carriers, Temperature Control;
 - e) **Storage;** Incoming Material Storage, Non-Food Chemical Receiving & Storage, Finished Product Storage;
 - f) **Equipment;** Design & Installation, Maintenance & Calibration;

- g) **Personnel;** Training (Food Handling & HACCP), Hygiene & Health Requirements
- h) **Sanitation Program** (*Name and designation of individual implementing and maintaining SSOP activities*)
- i) **Sampling program**
- j) **Pest Control Program**
- k) **Recall Program**
- l) **Waste Treatment /Disposal**

(15) Chiller/ Freezer

Numbers, type (static, air blast, etc./ ammonia or Freon), capacity: _____

(B) Location and Layout of Establishment

(1) Description of the Area Where Establishment is located:

(*e.g. industrial, agricultural, residential and neighboring factories etc.*)

(Please attach copy of location plan)

(2) Layout Plant of Establishment including (*Please attach layout in color*);

- i. Location plan to be attached with application form showing the nearest town;
- ii. Floor plan showing Machinery Layout;
- iii. Floor plan showing flow process by arrows from raw materials to finished products;
- iv. Floor plan showing workers entrance, movement into plant and processed areas and exiting;
- v. Separate rooms for different operations.

(3) Materials Used and Design

Floor: _____

Walls: _____

Ceilings & Superstructures: _____

Lighting: _____

Ventilation System: _____

Footbaths for entrance into slaughter/processing rooms/areas: _____

(C) Manpower*(Please attach organization chart showing designation and names of holders)***(1) Staff information***(Please attach the list of number, qualifications and names of professional, technical, general workers, etc. employed by establishment)***(2) Medical examination & 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**

Medical records of employee available?: **YES/NO**

(3) Uniform/ Attire:

Uniforms:	YES/ NO
Boots:	YES/ NO
Gloves and face masks:	YES/ NO

(D) Food Safety Programme

(1) Food safety policy and objective: _____
(Please attach food safety policy and objective)

(2) Whether based on HACCP concepts or equivalent: **YES/ NO**
(If yes, please attach the HACCP plan summary & validation of significant hazard)

(3) State whether testing done in-house or provides by a service laboratory:
(Please provide relevant certificate if available)

If in-house, list facilities and tests:

Sampling and testing procedures *(Please attach a reference standards):*

Criteria for rejection/ acceptance of products/ raw material:

(E) Relevant information on the establishment*(To submit together with this application)*

(1) Corporate brochures / annual reports of establishment

(2) Photographs of processing flow of products/facilities

(F) Declaration by Establishment

I declare that the information given above are true and correct. The company under-takes to comply with all requirements of the approval authority of the importing country

Signature

Name and Designation

Date

Company Name and Stamp

Witness to signatory

Signature

Name and Designation

Date

Company Name and Stamp

(G) To be filled by the Veterinary/ Regulatory Authority of Exporting Country

I hereby confirm that this establishment has comply with Malaysian requirements.

Comments:

Name: _____

Designation of Veterinary / Regulatory Authority:

Signature and Official Stamp

Date

(H) For Official Use Only (DVS Malaysia)

Comments:

Name: _____

Designation of Veterinary / Regulatory Authority: _____

Signature and Official Stamp

Date

Secretariat address :

*Veterinary Inspection and Certification Section
Veterinary Regulatory Division
Department of Veterinary Services
Ministry of Agriculture and Food Security Malaysia
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62630 PUTRAJAYA,
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CHECK LIST FOR APPLICATION:

You are kindly requested to check (✓) your application against this list before submission to DVS. If your information is inadequate / incomplete, it may result in delays in processing your application.

Name of Establishment: _____

Establishment No: _____

INFORMATION REQUIRED BY DVS FOR EXPORT OF PORK AND OFFAL TO MALAYSIA	ANNEX	CHECKED BY APPLICANT (✓)	CHECKED BY DVS OFFICER
(A) Particulars of Establishment	Annex A		
(1)_(2)_(3)_(4)_(5)_(6)_(7)_(8)_(9)_(10)_(11)_(12)_(13)_(14)_(15)			
Copy of Company Profile	Annex A4		
Copy of Product Profile	Annex A8		
List of products intended for export to Malaysia	Annex A9(a)		
List of products and countries products exported	Annex 9(b)		
List Name & Establishment Number source of raw material	Annex A10		
Process flowchart of each product	Annex A13		
Copy of Quality Assurance Programme (QAP)	Annex A14		
(B) Location and Layout of Establishment			
(1)_(2)_(3)			
Copy of location plan showing clearly the surroundings where the establishment is located	Annex B2(i)		
Layout plans of machinery	Annex B2(ii)		
Layout plans showing personnel/process flow in slaughter/processing plant	Annex B2 (iii,iv)		
Layout plans which indicate separate rooms for different operations	Annex B2(v)		
(C) Manpower			
(1)_(2)_(3)			
Copy of Organization chart	Annex C		
List of number, qualifications and names of professional, technical, worker.	Annex C1		
(D) Food Safety Programme			
(1)_(2)_(3)			
Food safety policy and objective	Annex D1		
Copy of HACCP Programme	Annex D2		
Copy of HACCP Certificate, list of facilities and tests of samples, if done in-house.	Annex D3		
(E) Relevant information on the establishment			
Corporate brochures / annual reports of establishment	Annex E1		
Photographs of processing flow of products/facilities	Annex E2		
(F) Declaration by Establishment			
(G) Verification by Veterinary Authority			

***Note: Please provide a separator and label for each annex.**