

ACCREDITATION QUESTIONNAIRE

Information on the Foreign Meat Establishment

(To be filled up by the applicant FME and information must be written in English)

(A) PARTICULARS OF THE FME

1. Name of the FME:
2. Address.
3. Establishment Number:
4. Year Constructed:
5. Total Land Area:
6. Total Building Area:
7. Types of Products Manufactured:
8. Products Intended for Export to the Philippines:
9. Source of Livestock/Poultry/Other Animals:
 - List part of the country from where animals are sourced for slaughter/processing
 - Whether company owned or contracted
 - Brief description of the animal sourcing marketing plan and policy of the FME
10. FME exportation record:
 - List the countries, dates of approval, types of products approved for export, year of first export, dates of most recent exports. Attach copy of Veterinary Health Certificate that accompanied latest shipment to each country.
11. State whether FME is a service facility or used exclusively by the company.

(B) LOCATION AND LAYOUT OF THE FME

1. Description of the Area where FME is located
 - Attach a location plan to show clearly the surroundings where the FME is located.
 - attach a country map to show the town or city where the FME is located.

2. Layout Plan of FME

- Attach layout plan(s) showing the following in color indicated by arrows

- rooms for different operations.
- Entrance and exit of personnel,
- process and product flow

3. Materials Used and Design

Describe briefly:

- Floor;
- Walls;
- Ceilings and superstructures;
- Lighting;
- Ventilation system;
- Footbaths or similar disinfection areas for entrance into slaughter/processing areas

(C) **WATER SUPPLY / ICE**

1. Source of Water

2. Chlorination: (YES / NO)

If yes, state level in ppm

3. Bacteriological Examination:

- Method:
- Frequency:
- Records availability: (YES/ NO)

4. Ice making machine in the premises: (YES / NO)

If YES, state capacity of machine, describe the ice storage and its capacity

If NO, but using ice, state information on the source

(D) **MANPOWER**

1. Staff information

List the number, qualifications and names of professional, technical, general workers, etc employed by the FME.

2. 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)

Medical record of employees available? (YES / NO)

3. Uniforms/attire

Uniforms: (YES / NO)

Boots: (YES / NO)

Gloves and facemasks: (YES / NO)

Laundry (in-plant or contracted):

(E) SLAUGHTERING PREMISES

1. Equipment

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

2. Slaughtering Procedures

- Attach process flow charts of livestock/poultry/other animals slaughtered:
- Brief description of process
- Line speed:

3. Food safety programs

List of HACCP (or equivalent international standard) Certified Products intended for export to the Philippines

Whether based on HACCP concepts (or equivalent international standard): (YES / NO)

If YES, attach HACCP (or equivalent international standard) Plan

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

If in-house, list the facilities and tests:

Attach copy of manual

Sampling and testing procedures

Criteria for rejection/ acceptance of products and raw materials:

4. Product Recall and Traceability System

Brief description

5. Sanitation Standards Operating Procedures (SSOP)

Brief description

Name and designation of individuals implementing and maintaining SSOP activities

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

6. Daily Throughput

- Number of shifts:
- Slaughter capacity (Tonnes) per shift:
- Number of working days per week:

7. Capacity

Total annual slaughter/production capacity (tonnes):

8. Meat Inspection

- By government or company:
- Total number of inspectors, qualification and training:
- Number of inspectors per shift:
- Inspection Procedures:
Attach copy of the inspection Manual
- Criteria for judgment: (disposition)
Attach copy of the past condemnation record

9. Boning/Cutting Room

- Temperature control features. (YES / NO)

If YES, state temperature

- Production capacity:

10. Storage Facilities

Brief description

- For packing/ canning materials
- For dry ingredients
- For chemicals, disinfectants and other cleaning agents

(Attach copy of the latest records)

11. Chillers/Freezers

Numbers, type (static, air blast, etc/ammonia or freon), capacity:

12. Offal Handling and Cooling Procedures

Brief description

13. Waste Treatment/Disposal

- System of delivery of inedible/condemned products for treatment
- System of waste treatment/disposal
- System of effluent treatment/disposal
- Designated disposal area/center
- Daily frequency of disposal for waste and affluent

14. Pest Control System

Brief description

(F) **WELFARE/WASHING FACILITIES**

Brief description

- Staff canteen(s)
- Toilets
- Lockers
- Changing rooms
- Shower facilities
- Hands free operated features for taps and toilet flush
- Disposal towels and hand disinfectant

(G) **PHOTOGRAPHS, VIDEO TAPES, BROCHURES, ANNUAL REPORTS AND OTHER RELEVANT INFORMATION ON THE FME** to support information provided may be submitted together with this questionnaire.

(H) DECLARATION BY ESTABLISHMENT

I declare that the information given above is true and correct.

Name and designation of person who submitted above information

Signature and Company Stamp

Date

(I) VERIFICATION BY THE NATIONAL COMPETENT 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 above information

Signature and Official Stamp of NCA

Date

The FME application and accomplished questionnaire (ANNEX B)
must be submitted through the National Competent Authority of the
exporting country.