DEPARTMENT OF VETERINARY SERVICES MALAYSIA
Ministry of Agricutlure and Agro-Based Industry Malaysia
Wisma Tani, Podium Block,
Lot 4G1, Precinct 4
Federal Government Administration Centre
62630 PUTRAJAYA, MALAYSIA
Tel: 603-88702000 ; Fax: 603-88885755
http://agrolink.moa.my/jph/dvs/kav/applycert.html

APPLICATION FOR EXPORT OF NON-HALAL AND PORK PRODUCTS TO MALAYSIA

Note:

This guideline sets out the information on slaughterhouse and/or non-halal meat and its products; processing establishment required by Department of Veterinary Services (DVS) of Malaysia for evaluation to export non halal meat and further processed non-halal animal products to 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.

All information submitted must be in English.

(A) Particulars 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/Plant Registration No: _____
(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/Animals: _____

_____

(*Please attach List of Raw Materials and Suppliers of these Raw Materials.*
*If **imported** please submit Sanitary/Health/Origin Certificates issued by the exporting country's competent .*
*If raw material from **local source** attached accreditation certificate from competent authority for the farm freedom of diseases, practising Good Husbandary Practice, Antibiotic and chemical residue monitoring program dan result, SPS protocol practiced.)*

i) Provides/districts from which the livestock are obtained for slaughter (if locally obtained).

_____

_____

ii) Whether company's farms, contracts farms or imported.
(Please attach name and addressess of farms)

_____

_____

iii) Whether Farm practice Good Agriculture Practices (GAP) and HACCP
(If Yes, To Attached the GAP and HACCP Plan for the Farm)

_____

iv)Brief description of the livestock and products marketing system in country.

(11) Establishment Approved for Export to: _____

(List the names of countries, dates of approval, 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).

(12) State Whether Establishment is a Service Abattoir or Used Exclusively by Company.

(13) State whether you have a Quality Assurance Programme Yes/No.

If **Yes** please submit brief description;

a) **Premise**; Building Exterior, Building Interior (Design, Construction and Maintenance; Lighting, Ventilation, Waste Disposal, Inedible Areas);

b) **Sanitary Facilities**; Employee Facilities, Equipment Cleaning & Sanitising Facilities;

c) **Water Supply**, Steam, Ice Quality & 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

i) Pest Control Program

j) Recall Program

(B) Location and Layout of Establishment

(1) Description of the Area Where Establishment is located:
(e.g. industrial, agricultural, residential and neighbouring factories etc.)

(2) Layout Plan of Establishment
including;

i Location plan to be attached with application 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 & Design

Floor: _____

Walls: _____

Ceilings & Superstructures: _____

Lighting: _____

Ventilation System: _____

Footbaths for entrance into slaughter/processing rooms/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 available): Yes/No _____

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

If yes, capacity of machine: _____

Ice storage and capacity: _____

(D) Manpower

(Please attach Organisation Chart showing Designation and Names of Holders)

(1) Staff Information

(*List the number, qualifications and names of professional, technical, general workers, etc. employed by establishment) (Attach List)*

_____

(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 records of employee available?: Yes/No_____

(3) Uniforms/Attire

Uniforms: Yes/No _____

Boots: Yes/No _____

Gloves and face masks: Yes/No _____

Laundry *(in-plant or by contract*): _____

(E) Slaughtering Premises

(1) Equipment

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

_____

(2) Slaughtering Procedures
(Attach process flowcharts) _____

Livestock slaughtered: _____

Brief description _____

_____

_____

Line speed _____

(3) Food Safety Programmes

Whether based on HACCP concepts or equivalent: (Yes/No) _____
(If yes, to attach the HACCP plan)

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

_____

If in-house, list facilities and tests: _____
(Attach a copy of manual)
Sampling and testing procedures: _____

_____

Criteria for rejection/acceptance of carcases/organs: _____

_____

(4) Sanitation Standards Operating Procedures:

Brief description

_____

_____

Name and designation of individuals implementing and maintaining SSOP activities

_____

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

_____

(5) Daily Throughput

Number of shifts: _____
Slaughter capacity (tonnes) per shift: _____
Number of working days per week: _____

(6) Capacity

Total annual slaughter capacity (tonnes): _____

(7) Meat Inspection

By Government Inspectors or Company's QC Staff: _____

Total number of inspectors, grade, qualification and training: _____

Number of inspectors per shift: _____

Inspection procedures: _____

(Attach a copy of the Inspection Manual)

Criteria of judgement: _____

(Attach a copy of the past condemnation record)

(8) Boning/Cutting Room
Temperature control features: (Yes/No) _____

If yes, state temperature: _____

Capacity: _____

(9) Storage Facilities

For packing/canning materials _____

For dry ingredients _____

For chemicals, disinfectants and other cleaning agents _____

(Attach copies of the latest records).

(10) Chillers/Freezers

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

_____

(11) Offal Handling & Cooling Procedures

_____

(12) Waste Treatment/Disposal

System of delivery of inedible/condemned products for treatment
System of waste treatment/disposal
System of effluent treatment/disposal
Designated disposal centre

Daily frequency of disposal for waste and effluent

(F) Processing/Canning Premises

(1) Source of Raw Materials

List countries and Establishment Nos. of plants where Raw Materials are obtained for processing/canning. *(Attach list)*

_____

(2) Equipment

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

_____

(3) Processing Procedures
(Please attach process flowcharts of each product)

Brief description of type of products and processing/canning methods:
(including time and temperature of processing/canning*) (Attach List)*

(4) Food Safety Programmes

Whether based on HACCP concepts or equivalent: (Yes/No)
(If yes, attach the HACCP plan)
State whether testing done in-house or provided by a service laboratory:

If in-house, list facilities and tests:
(Attach a copy of manual)
Sampling and testing procedures:

Criteria for rejection/acceptance of products/raw materials:

(5) Sanitation Standards Operating Procedures

Brief description.

Name and designation of individuals implementing and maintaining SSOP activities

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

(6) Daily Throughput

Number of shifts:

Production (tonnes) per shift:

Number of working days per week:

(7) Capacity

Total annual production (tonnes) of each product:

(8) Storage Facilities

For packing/canning materials _____

For dry ingredients _____

For chemicals, disinfectants and other cleaning agents: _____

(Attach copies of the latest records)

(9) Chillers/Freezers

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

_____

(10) Waste Treatment /Disposal

System of delivery of inedible/condemned products for treatment:

_____

System of waste treatment/disposal:

_____

System of effluent treatment/disposal:

_____

Designated disposal centre:

_____

Daily frequency of disposal for waste and effluent:

_____

(G) Welfare/Washing Facilities

Staff canteen(s) _____

Toilets _____

Lockers _____

Changing rooms _____

Shower facilities _____

Hands-free operated features for taps and toilet flush _____

Disposal towels and hand disinfectant _____

(H) Photographs, brochures, annual reports, and other relevant information on the establishment*: (To submit together with this report)*

(J) Declaration by Establishment

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

Signature

Name and Designation

Company Name and Stamp

Date

Witness to Signatory

Signature

Name and Designation

Company Name and Stamp

Date

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

Comments :

Name :

Designation of Veterinary / Regulatory Authority :

Signature and Official Stamp

Date

(L) For Official Use Only (DVS Malaysia)

Comments :

Name :

Designation of DVS Officer :

Signature and Official Stamp

Date