



THE MINISTRY OF AGRICULTURE

DIRECTORATE GENERAL OF LIVESTOCK AND ANIMAL HEALTH SERVICES

DIRECTORATE OF VETERINARY PUBLIC HEALTH

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**APPLICATION FORM FOR THE APPROVAL OF RUMINANT
SLAUGHTERHOUSES AND MEAT PROCESSING PLANTS IN COUNTRY
WISHING TO EXPORT MEAT AND MEAT PRODUCTS TO INDONESIA**

Note:

This guideline sets out the information on ruminant slaughterhouse and meat processing establishment wishing to export to Indonesia as required for evaluation by the Directorate of Veterinary Public Health of the Directorate General of Livestock and Animal Health Services (DGLAHS) of the Ministry of Agriculture of the Republic Indonesia.

Please include any additional information and photographs to support your application. Inadequate/incomplete submissions may result in delay of processing.

All information submitted must be in English and in hard and soft copies.

Exporting Country: *The United States of America*

A. GENERAL INFORMATION

1. Name of the establishment: Click or tap here to enter text.
2. Establishment's number: Click or tap here to enter text.
3. Type of establishments: Click or tap here to enter text.
4. Address of the establishment:
 1. Street: Click or tap here to enter text.
 2. City: Click or tap here to enter text.
 3. County: Click or tap here to enter text.
 4. State: Click or tap here to enter text.
 5. ZIP code: Click or tap here to enter text.
 6. GPS coordinates: Click or tap here to enter text.
 7. Phone number: Click or tap here to enter text.
 8. Facsimile number: Click or tap here to enter text.
 9. Email address: Click or tap here to enter text.
5. Address of the headquarters of the company if not the same as above:
 1. Street: Click or tap here to enter text.

2. **City:** Click or tap here to enter text.
3. **County:** Click or tap here to enter text.
4. **State:** Click or tap here to enter text.
5. **ZIP code:** Click or tap here to enter text.
6. **GPS coordinates:** Click or tap here to enter text.
7. **Phone number:** Click or tap here to enter text.
8. **Facsimile number:** Click or tap here to enter text.
9. **Email address:** Click or tap here to enter text.
6. **Name of the contact person at establishment :**
 1. **Name:** Click or tap here to enter text.
 2. **Job title:** Click or tap here to enter text.
 3. **Phone number:** Click or tap here to enter text.
 4. **Facsimile number:** Click or tap here to enter text.
 5. **Email address:** Click or tap here to enter text.
7. **Date when the establishment began to produce meat and/or meat products (dd/mm/yy):** Click or tap here to enter text.
8. **Date when the last renovation of the establishment completed (dd/mm/yy):** Click or tap here to enter text.
9. **Types of meat and/or meat products produced in the establishment or company:** Click or tap here to enter text.
10. **Types of meat and/or meat products intended for export to Indonesia:** Click or tap here to enter text.
11. **Additional facilities can be found at the location of the establishment - *click the correct option:***
 1. Production of meat products: ☐ Yes ☐ No
 2. Separated unit for slaughter/cutting/storing: ☐ Yes ☐ No
 3. Separated quarantine stalls for sick and suspected animals:
☐ Yes ☐ No ☐ Not Applicable
 4. Rendering plant: ☐ Yes ☐ No
 5. Storage facility for meat, meat products, fish, and milk products:
☐ Yes ☐ No
12. **For slaughterhouse facility, the source of the animals is:** ☐ Not applicable
 1. Imported, from (country and province/state):

Est. Name	Est. Number	Country	Province/State

2. Domestic, from:

1. Facility owned by the company in (city and state):

Est. Name	Est. Number	State	City

2. Integrated/contract farms in (city and state):

Est. Name	Est. Number	State	City

3. Other, please describe:

Est. Name	Est. Number	State	City

13. For meat processing plant, the source of carcass or meat is: ☐ Not applicable

1. Imported, from (country and province/state):

Est. Name	Est. Number	Country	Province/State

2. Domestic, from:

1. Facility owned by the company in (city and state):

Est. Name	Est. Number	State	City

2. Other, please list the establishment number:

Est. Name	Est. Number	State	City

14. The products of this establishment are intended for:

- ☐ Export
☐ Domestic market
☐ Both

15. The last 3 (three) years production of meat and/or meat products:

Year: [Click or tap here to enter the year.](#) Volume: [Click or tap here to enter the number.](#) MT

Year: [Click or tap here to enter the year.](#) Volume: [Click or tap here to enter the number.](#) MT

Year: [Click or tap here to enter the year.](#) Volume: [Click or tap here to enter the number.](#) MT

16. In case a part or all of the establishment's production is intended for export:

1. Please list the names of importing countries and the dates when the establishment was approved to export to the country, types of products exported to each country, year when the export to the country began

and the volume of the first year's export. Please attach this information to this questionnaire as **Annex 1** (please see: *blank table provided at the end of this document*).

2. Please list the dates of the last 6 (six) months exports, and names of each importing country. Please attach the copy of veterinary health certificates accompanying the last shipments to each country within the last 6 (six) months as **Annex 2** (please see: *blank table provided at the end of this document*).

17. Layout Plan of Establishment

Please attach a layout plan properly indicating and label rooms for different operations, including the important equipment/facilities, clearly indicating products and workers movement flows within the establishment using **color-coded arrows** as **Annex 3**.

B. Additional Information of the Establishment

1. Staff information:

1. Total number of workers: Click or tap here to enter the number. person(s)

2. Number of workers for/in:

1. the slaughtering process: Click or tap here to enter the number. person(s)
2. the cutting/processing room: Click or tap here to enter the number. person(s)
3. packing: Click or tap here to enter the number. person(s)
4. storage facility: Click or tap here to enter the number. person(s)

3. Does the establishment or its company employ veterinarians?

☐ No ☐ Yes: Click or tap here to enter the number. person(s)

4. How many accredited or approved company veterinarians/veterinary paramedics stationed in the establishment (if any)? Click or tap here to enter the number. person(s) ☐ None ☐ Not applicable

5. What trainings have the company held for staff related with food safety and quality assurance within the last 3 (three) years? ☐ None

Year	Training Title

2. Working hours information:

1. Number of working hours per day: Click or tap here to enter the number. hours
2. Number of working hours per week: Click or tap here to enter the number. hours

3. Medical examinations and history:

1. Does medical examination a compulsory requirement for new employees' recruitment? ☐ Yes ☐ No

2. Does the company have annual medical checkup policy for the workers? ☐ Yes ☐ No
3. Does the medical records of each worker available at the establishment? ☐ Yes ☐ No
4. Does external or internal physician perform medical examinations (if required) ☐ Yes ☐ No ☐ Not applicable

C. Location and Facilities of the Establishment

1. Location

1. The establishment is located in ☐ an industrial / ☐ an agricultural / ☐ a residential area
2. Access of roads and railways serving the establishment (paved or rendered dustproof):
 - ☐ Private road
 - ☐ Access to highway road
 - ☐ Access to non-highway road
 - ☐ Large road
3. Please attach a satellite/aerial picture of the establishment and its surrounding area, indicating buildings or facilities related to the production of meat and/or meat products as **Annex 4**.

2. Facilities of the establishment:

1. Source of water:

1. Source of water used in the production of meat and/or meat products is: [Click or tap here to enter text.](#)
2. Has the water been examined regularly by external accredited laboratories? ☐ Yes ☐ No
3. What laboratory examinations are subjected to the water?

List of tests / examinations subjected to the water used in the establishment

4. Please attach the result of the latest water laboratory examinations as an **Annex 4-1**.

2. Source of electricity:

1. Please describe the establishment's main source of electricity:
[Click or tap here to enter text.](#)
2. Please describe the establishment's back-up source of electricity:
[Click or tap here to enter text.](#)

3. Does the establishment have animal quarantine or isolation pen available? ☐ Yes ☐ No ☐ Not applicable
4. Does the establishment have
1. storage facility for dry ingredients? ☐ Yes ☐ No, if the answer is “Yes”, the storage facility’s temperature is [Click or tap here to enter the number.](#) °C, and the relative humidity of the storage facility is [Click or tap here to enter the number.](#) %.

2. storage facility for chemicals, disinfectants, and other cleaning agents? ☐ Yes ☐ No

Please attach a list of chemicals, disinfectants, and other cleaning agents used by the establishment as **Annex 5**.

3. chiller or refrigerator? ☐ Yes ☐ No, if the answer is “Yes”, the temperature of the chiller or refrigerator is [Click or tap here to enter the number.](#) °C, the relative humidity of the storage facility is [Click or tap here to enter the number.](#) %, and the capacity of the chillers or refrigerators is [Click or tap here to enter the number.](#) tons.

4. freezer of the

☐ air blast type? which temperature is [Click or tap here to enter the number.](#) °C, and the capacity is [Click or tap here to enter the number.](#) tons

☐ individual quick type? which temperature is [Click or tap here to enter the number.](#) °C, and the capacity is [Click or tap here to enter the number.](#) tons

☐ other type? which temperature is [Click or tap here to enter the number.](#) °C, and the capacity is [Click or tap here to enter the number.](#) tons

5. cold storage? ☐ Yes ☐ No, if the answer is “Yes”, the temperature of the storage facility is [Click or tap here to enter the number.](#) °C, the relative humidity of the storage facility is [Click or tap here to enter the number.](#) %, and the capacity of the chillers or refrigerators is [Click or tap here to enter the number.](#) tons.

5. Waste treatment/disposal

1. Please describe the method, frequency, and capacity of liquid waste treatment, including its disposal.
[Click or tap here to enter text.](#)
2. Please describe the method, frequency, and capacity of solid waste treatment, including its disposal.
[Click or tap here to enter text.](#)

3. If the disposal/treatment of waste is using the third party's service, please attach the latest letter of contract.
[Click or tap here to enter text.](#)
6. Location of rodent (mouse/mice) traps: please attach a copy of rodent (mouse/mice) traps layout map as **Annex 6**.
7. Facilities for workers: please attach, as **Annex 7**, the *information and pictures* related to the quantity and room size of the (*choose facilities available at the establishment*)
 - ☐ Staff canteen(s)
 - ☐ Toilets
 - ☐ Lockers
 - ☐ Changing rooms
 - ☐ Shower facilities
 - ☐ Hands-free operated features for taps and toilet flush
 - ☐ Disposable towels and hand disinfectants

D. Production Process

1. Please provide detailed flowcharts of meat and meat products production/processing, beginning from the raw materials to the final products, including the information regarding temperature, time, and air pressure applied, relative humidity and mesh size (if any) as **Annex 8**.
2. Please indicate the control process (CP) and Critical Control Point (CCP) and/or Operational Prerequisite Program (OPrP) in the flowchart and provide their detailed information in a table as **Annex 9**.

E. Food Safety and Quality Assurance

1. The food safety and quality assurance system applied in the establishment is/are (please choose one or more of the following answers):
 1. Good Manufacturing Practice/ Good Hygiene Practices: ☐ Yes ☐ No
 If the answer is "Yes", attach the *valid certificate and the latest report of internal and/or external audit that include the corrective actions taken* as **Annex 10**.
 2. Hazard Analysis Critical Control Point: ☐ Yes ☐ No
 If the answer is "Yes", attach the *valid certificate and the latest report of internal and/or external audit that include the corrective actions taken* as **Annex 11**.
 3. ISO 22000: 2018 Food Safety Management System: ☐ Yes ☐ No
 If the answer is "Yes", *attach the valid certificate and the latest report of internal and/or external audit that include the corrective actions taken* as **Annex 12**.

4. Food Safety System Certification (FSSC) 22000: ☐ Yes ☐ No

If the answer is "Yes", attach the *valid certificate and the latest report of internal and/or external audit that include the corrective actions taken* as **Annex 13**.

5. Other: [Click or tap here to enter the title of the certification](#) and please attach the *valid certificate and the latest report of internal and/or external audit that include the corrective actions taken* as **Annex 14**.

2. Does the establishment have any food safety team? ☐ Yes ☐ No

If the answer is "Yes", attach a list of the *names* of members and *education or training background* (whether or not certified) as **Annex 14-1**.

3. Ante Mortem Inspection: who performs the ante mortem inspections of animals?

- ☐ Accredited or approved company veterinarians
☐ Veterinarians employed by the establishment
☐ Other, please describe: [Click or tap here to enter text](#).
☐ Not applicable

4. Please describe the criteria of animals that are rejected for slaughter and how will the rejected (suspected, sick, and dead) animals be treated or disposed as **Annex 16**.

5. Postmortem Inspection: who performs the postmortem inspection of the slaughtered animals?

- ☐ Accredited or approved company veterinarians
☐ Veterinarians employed by establishment
☐ Others, please describe:
☐ Not applicable

6. Please describe the criteria of carcass and offal condemnation and how will the condemned carcass and offal be disposed as **Annex 17**.

7. Does the establishment perform laboratory tests internally or at external accredited laboratory?

- ☐ Internal laboratory: please describe the *type of examinations performed* and *attach the latest laboratory report for each product* as **Annex 18**.
☐ External accredited laboratory: please *attach the latest laboratory report for each product* as **Annex 19**.

8. Does calibration of measuring tools is done internally in the establishment or provided by an external accredited institution?

- ☐ Internal: please describe the types of measuring tools calibrated:

Types of measuring tools calibrated internally

Does the person, who perform the calibration, certified? ☐ Yes ☐ No. If the person is certified, please attach the certificate as **Annex 20**.

☐ External accredited institution: please describe/list the type of measuring tools calibrated as **Annex 21**.

9. Product recall and traceability system: please describe in detail, the product recall and traceability system at all stages of production, from raw materials to the final products as **Annex 22**.

10. Pest Control Program:

1. Does the establishment perform the pest control program? ☐ Yes ☐ No - If the answer is "Yes", describe the pest control program as **Annex 23**.

2. If the pest control program is carried out by a third party, please attach the letter of contract (*scope of service*) and the *latest pest control visit report* as **Annex 24**.

11. Animal welfare: ☐ Not Applicable

1. Please describe the animal welfare implementation at the establishment since the animals' arrival to the point of slaughter.

[Click or tap here to enter text.](#)

2. Please describe/list the person or division at the establishment responsible for the implementation of animal welfare.

[Click or tap here to enter text.](#)

3. Has the establishment obtained any approval letter or certification on animal welfare implementation from external institutions or third bodies? ☐ Yes ☐ No

If the answer is "Yes", attach the latest certificate as **Annex 25**.

12. Cleaning and disinfection:

1. Please describe how the cleaning and disinfection of floors and walls performed?

[Click or tap here to enter text.](#)

2. Please describe how the cleaning and disinfection of equipment (that are in contact with meat and/or meat products) performed?

[Click or tap here to enter text.](#)

3. Please describe how the cleaning and disinfection of equipment that are in contact with the condemned materials performed?

[Click or tap here to enter text.](#)

13. Biosecurity:

1. Does disinfection of animal transport vehicles performed when they are entering the establishment's location? ☐ Yes ☐ No

2. Does cleaning and disinfection of animal transport vehicles performed after the animals are unloaded? ☐ Yes ☐ No

14. Does any specific meat product certified by the Protected Designation of Origin (PDO), Protected Geographical Indication (PGI), or Traditional Specialty Guaranteed (TSG) certification? ☐ Yes ☐ No

If the answer is "Yes", list the product(s) and attach the latest certificate(s) as **Annex 26**.

15. Establishment monitoring program:

1. Is there any form of regular control or supervision from the Government Inspectors or the company's Quality Control (QC) regarding the implementation of food safety program at the establishment?
☐ Yes ☐ No
2. How many Government Inspectors or company's QC monitoring sessions scheduled per year?
Click or tap here to enter text.

16. Halal Assurance

1. Does the establishment apply halal assurance system? ☐ Yes ☐ No
2. If the answer is "Yes", name the halal certification body that issues the halal certificate and attach the valid halal certificate as **Annex 27**.

According to the [Resolution No. 13](#) (88th General Session, May 2021) of the World Organization for Animal Health (OIE), the United States of America, including the American Samoa, Guam, Northern Mariana Islands, Puerto Rico and U.S. Virgin Islands, is free from the Foot and Mouth Disease (FMD).

Therefore, the next two parts of this questionnaire:

1. Additional Questions for Countries Not Free from the Foot and Mouth Disease (FMD), and
2. Transportation Processes

are not applicable for U.S. meat establishments.

Additional Questions for Countries Not Free of Foot and Mouth Disease (FMD)

1. Please attach regulations and their operational documents requiring the entire consignment of meat originated from animals which have remained for at least three months prior to slaughter, in a zone within the country of origin which regular vaccination and official control program against FMD for cattle and water buffaloes takes place (as Annex #)
2. Please attach regulations and their operational documents requiring the entire consignment of meat originated from animals which have been vaccinated at least twice, with the last vaccination occurred not more than six months (unless the immunity has been demonstrated to be protective for more than six months), nor within the last one month, prior to slaughter (as Annex #)
3. Please attach regulations and their operational documents requiring the entire consignment of meat comes from animals kept for 30 days in an establishment, during which no FMD incident occurred within 10 kilometers radius of the establishment, or in a quarantine station establishment (as Annex #)
4. Please attach regulations and their operational documents requiring the entire consignment of meat originated from animals transported in vehicles that were cleaned and disinfected prior to the loading of the animals, travelled directly from the establishment of origin or quarantine station to the approved slaughterhouse

without coming into contact with other animals which do not meet the required conditions for export (as Annex #).

5. Please attach regulations and their operational documents requiring the entire consignment of meat originated from animals processed in slaughterhouses officially approved for export purposes (as Annex #).
6. Please attach regulations and their operational documents requiring the entire consignment of meat comes originated animals with no FMD signs detected during the period between the last disinfection carried out, prior to slaughter, and the shipment for export dispatched (as Annex #).
7. Please attach regulations and their operational documents requiring the entire consignment of meat comes from animals which have been subjected to ante- and post-mortem inspections within 24 hours before and after the slaughter with no evidence of FMD found (as Annex #).
8. Please attach regulations and their operational documents requiring the entire consignment of meat originated from deboned carcasses which major lymphatic nodes have been removed (as Annex #).
9. Please attach regulations and their operational documents requiring the entire consignment of meat originated from deboned and de-gland-ed carcasses which, prior to deboning, have been submitted to maturation at temperature greater than 2°C for a minimum period of 24 hours following the slaughter, with pH value lower than 6.0 at the middle of both *longissimus dorsi* muscles (as Annex #).

Transportation Processes

1. Standard Operating Procedure of meat packing and labeling.
2. Standard Operating Procedure of quarantine measures imposed at the Country of Origin prior to loading onto the carrier vessel (as Annex #)
3. Standard Operating Procedure of halal-certified animal products transport (as Annex #)

F. Declaration by the Establishment:

I declare the information given above is true and correct.

Name, Signature and Company Stamp

Date

G. Verification by the Veterinary Authority:

PLEASE REFER TO THE COVER LETTER PROVIDED BY THE OFFICE OF AGRICULTURAL AFFAIRS / USDA FOREIGN AGRICULTURAL SERVICE (FAS) OF THE EMBASSY OF THE UNITED STATES OF AMERICA, JAKARTA.

ANNEX 1. LIST OF IMPORTING COUNTRIES

[illegible]

ANNEX 2. THE LAST SIX MONTHS' EXPORT

Date of Export	Country of Export Destination	Number of the Health Certificate

Please attach the copy of veterinary health certificates accompanying these shipments.