DEPARTMENT OF VETERINARY SERVICES  
MINISTRY OF AGRICULTURE AND AGRO-BASED INDUSTRY  
MALAYSIA  
Wisma Tani, Podium Block 1A, Lot 4G1,  
Precinct 4, Federal Government Administrative Centre,  
62630 Putrajaya, Malaysia  
Tel: 603-88702000 ; Fax: 603-88885755  

VETERINARY HEALTH MARK (VHM)  
CERTIFICATION SCHEME

APPLICATION FOR VHM CERTIFICATION SCHEME AWARD

Note:  
a) Please completing this application form AP/DVS/VHM-No.2  
b) This guideline sets out the information on abattoirs/slaughterhouses and/or poultry,  
meat, milk, egg and its products; processing establishment required by Department of  
Veterinary Services (DVS) of Malaysia for evaluation of its establishment and to  
certified to receive the Veterinary Health Mark.  
c) Please feel free to include any additional information and photographs to support your  
application  
d) Inadequate/incomplete submissions may result in delays in processing. Please refer as  
attached.

(A) PARTICULARS OF ESTABLISHMENT  
(Please attach Company/Factory Profile)

A.1 Name of Establishment: ____________________________
A.2 Address: _________________________________________

A.2.1 Contact Person : _________________________________
A.2.2 Contact Number: Tel:_____________ Fax:__________
A.2.3 e-mail address : _________________________________

A.3 If Premise is on lease please provide a copy of the leasing agreement:

A.4 Company/Plant Registration No: ________________________  
(Please attach Company Profile)  
A.5 Year Constructed: _________________________________

A.6 Total Land Area: _________________________________
A.7 Total Built-in Area: _______________________________
A.8 Types of Products Manufactured: ____________________________
(Please attach Product Profile)

________________________________________________________________________

A.9 Products intended for export: ________________________________
(Please indicate which country)

________________________________________________________________________

A.10 Source of Raw Material (Livestock/Poultry/Meat/Milk/Eggs etc): ______

(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 authority and if the imported product is of Halal status, please attach Halal Certificates from the Approved Authority. If raw material from local source - if available please attached accreditation certificate for the farm freedom of diseases, practising Good Husbandary Practices, etc.)

A.10.1 Provides/districts from which the livestock/poultry are obtained for slaughter (if locally obtained).

________________________________________________________________________

A.10.2 Whether company's farms, contracts farms or imported.

________________________________________________________________________

A.10.3 Brief description of the products that have been produced being marketed by own company / trading company.

________________________________________________________________________

A.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).

________________________________________________________________________

A.12 If establishment is abattoir/poultry processing plant, state whether establishment is a service abattoir/poultry processing plant (please indicate supply to which processing plants only) or used exclusively by Company.

________________________________________________________________________
A.13  State whether you have a Quality Assurance Programme:

Yes ☐  No. ☐

If Yes please submit brief description;

A.13.1) **Premise;** Building Exterior, Building Interior (Design, Construction and Maintenance; Lighting, Ventilation, Waste Disposal, Inedible Areas);

A.13.2) **Sanitary Facilities;** Employee Facilities, Equipment Cleaning & Sanitising Facilities;

A.13.3) **Water Supply,** Steam, Ice Quality & Supply;

A.13.4) **Transportation;** Food Carriers, Temperature Control;

A.13.5) **Storage;** Incoming Material Storage, Non-Food Chemical Receiving & Storage, Finished Product Storage;

A.13.6) **Equipment;** Design & Installation, Maintenance & Calibration;

A.13.7) **Personnel;** Training (Food Handling & HACCP), Hygiene & Health Requirements

A.13.8) **Sanitation Program**

A.13.9) **Pest Control Program**

A.13.10) **Recall Program**
(B) LOCATION AND LAYOUT OF ESTABLISHMENT

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

B.2 Layout Plan of Establishment (Please attached the following layout plan) including:

B.2.1 Location plan showing the nearest town.
B.2.2 Floor plan showing Machinery Layout,
B.2.3 Floor plan showing flow process by arrows from raw materials to finished products,
B.2.4 Floor plan showing workers entrance, movement into plant and processed areas and exiting.
B.2.5 Floor plan showing separate rooms for different operations/facilities

B.3 Materials Used & Design

B.3.1 Floor: ________________________________
B.3.2 Walls: _______________________________
B.3.3 Ceilings & Superstructures: _______________________
B.3.4 Lighting: _______________________________
B.3.5 Ventilation System: ___________________________
B.3.6 Footbaths for entrance into slaughter/processing rooms/areas

______________________________
______________________________
(C) WATER SUPPLY/ICE

C.1 Source of water: ____________________________________________

C.2 Chlorination: Yes ☐ ; No ☐ If yes, state level in ppm: __ppm

C.3 Bacteriological examination:

C.3.1 Method __________________________________________

C.3.2 Frequency daily / weekly / fortnightly / monthly

C.3.3 Records are available: Yes ☐ ; No ☐

C.4 Ice making machine available in premises? Yes ☐ ; No ☐

C.4.1 If yes, state capacity of machine: ________________________

C.4.2 Ice storage and capacity: ________________________________

(D) MANPOWER

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

D.1 Staff Information

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

D.2 Medical Examination and History

D.2.1 Are employees medically examined and certified fit to work in a food preparation establishment, prior to employment?: Yes ☐ No ☐

D.2.2 Annual Health Check and Records for Workers?: Yes ☐ No ☐

D.2.3 Medical records of employee available?: Yes ☐ No ☐

D.3 Uniforms/Attire

D.3.1 Uniforms: Yes ☐ No ☐ __________________

D.3.2 Boots: Yes ☐ No ☐ __________________

D.3.3 Gloves and face masks: Yes ☐ No ☐

D.3.4 Laundry (in-plant or by contract): Yes ☐ No ☐ ; If Yes, state


VHM: Application for Veterinary Health Mark (VHM) Accreditation Scheme-DVS02 5/14
In-Plant or Contract or Others _____________

(E) SLAUGHTERING PREMISES
(Please complete this section if applicable)

E.1 Equipment

E.1.1 Attach list of equipment (types, brand and manufacturer) used.

E.2 Slaughtering Procedures
(Attach process flowcharts)

E.2.1 Livestock/poultry slaughtered:

E.2.2 Brief description

E.2.3 Line speed

E.3 Food Safety Programmes

E.3.1 Whether based on HACCP concepts or equivalent: Yes □ No □
(If yes, to attach the HACCP plan, name of the authority that certified it.)

E.3.2 State whether testing done in-house or provided by a service laboratory:

E.3.2.1 If by a service laboratory (State name & address of lab)

E.3.2.2 If in-house, list facilities and tests:
(Attach the list of facilities and test)

E.3.2.2.1 Sampling and testing procedures:

E.3.2.2.2 Criteria for rejection/acceptance of carcases / organs:

E.4 Sanitation Standards Operating Procedures:

E.4.1 Brief description:

VHM: Application for Veterinary Health Mark (VHM) Accreditation Scheme-DVS02 6/14
E.4.2 Name and designation of individuals implementing and maintaining SSOP activities

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

E.5 Daily Throughout

E.5.1 Number of shifts: ____________________________

E.5.2 Slaughter capacity (tonnes) per shift: ____________________________

E.5.3 Number of working days per week: ____________________________

E.6 Capacity

E.6.1 Total annual slaughter capacity (tonnes): _________________

E.7 Meat Inspection

E.7.1 By Government Inspectors or Company’s QC Staff: __________

E.7.2 Total number of inspectors, grade, qualification and training: ____

E.7.3 Number of inspectors per shift: ____________________________

E.7.4 Inspection procedures: ____________________________

(Attach a copy of the Inspection Manual)

E.7.5 Criteria of judgment: ____________________________

(Attach a copy of the past condemnation record)

E.8 Boning/Cutting Room

E.8.1 Temperature control features: Yes □ No □ _________________

E.8.2 If yes, state temperature: ____________________________

E.8.3 Capacity: ____________________________
E.9 Storage Facilities

E.9.1 For packing/canning materials

E.9.2 For dry ingredients

E.9.3 For chemicals, disinfectants and other cleaning agents

(Attach copies of the latest records).

E.10 Chillers/Freezers

E.10.1 Numbers, type (static, air blast, etc. ammonia or Freon), capacity:

E.11 Offal Handling & Cooling Procedures

E.12 Waste Treatment/Disposal

E.12.1 System of delivery of inedible/condemned products for treatment

E.12.2 System of waste treatment/disposal

E.12.3 System of effluent treatment/disposal

E.12.4 Designated disposal centre

E.12.5 Daily frequency of disposal for waste and effluent
(F) PROCESSING/CANNING PREMISES (MEAT / POULTRY / EGG & MILK AND ITS PRODUCT)  
(Complete this section if applicable)

F.1 Source of Raw Materials (meat/poultry/milk/egg) whether local or imported. List countries, name and Establishment Nos. of plants where raw materials are obtained for processing/canning. (Attach list)

F.2 Equipment
Attach list of equipment (types, brand and manufacturer) used.

F.3 Processing Procedures
(Please attach process flowcharts of each product to be listed in the scheme. If HACCP is implemented, indicate CCP in the flow process – refer to E 4a)

F.3.1 Brief description of type of products and processing/canning methods: (including time and temperature of processing/canning) (Attach List)

F.4 Food Safety Programmes

F.4.1 Whether based on HACCP concepts or equivalent: Yes ☐ No ☐  
(If yes, attach the HACCP Plan {HACCP Audit Sheet/Plan})

F.4.2 State whether testing done in-house or provided by a service laboratory: In-House ☐ Service Lab. ☐ None ☐

F.4.2.1 If by a service laboratory (State name & address of lab)

F.4.2.2 If in-house, list facilities and tests (Attach the list of facilities and tests):

F.4.3 Sampling and testing procedures: __________________________

______________________________________________________________

VHM: Application for Veterinary Health Mark (VHM) Accreditation Scheme-DVS02  9/14
F.4.4 Criteria for rejection/acceptance of products/raw materials:

________________________________________________________________________

F.5 Sanitation Standards Operating Procedures

F.5.1 Brief description. *(Attached SSOP)*

________________________________________________________________________

F.5.2 Name and designation of individuals implementing and maintaining SSOP activities

________________________________________________________________________

F.5.3 Attach copies of the latest daily records of cleaning and sanitizing treatment.

________________________________________________________________________

F.6 Daily Throughout

F.6.1 Number of shifts: ____________________________________________

F.6.2 Production (tonnes) per shift: _________________________________

F.6.3 Number of working days per week: ___________________________

F.7 Capacity

F.7.1 Total annual production (tonnes) of each product: _________________

________________________________________________________________________

F.8 Storage Facilities

F.8.1 For packing/canning materials: _________________________________

F.8.2 For dry ingredients: __________________________________________

F.8.3 For chemicals, chemicals, disinfectants and other cleaning agents

*(Please attach latest records of chemicals, chemicals, disinfectants and other cleaning agents used)*

________________________________________________________________________

F.8.4 Others: ____________________________________________
F.9 Chilfers/Freezers
Numbers, type (static, air blast, etc./ammonia or Freon), capacity: ______

F.10 Waste Treatment /Disposal
F.10.1 System of delivery of inedible/condemned products for treatment: ____________

F.10.2 System of waste treatment/disposal: ____________________________

F.10.3 System of effluent treatment/disposal: ____________________________

F.10.4 Designated disposal centre: ____________________________

F.10.5 Daily frequency of disposal for waste and effluent: ______

(G) WELFARE/WASHING FACILITIES
(Please indicate * in floor plan refer to section B.2)

G.1 *Staff canteen(s) Nos:

G.2. *Toilets Nos: (Male)______ Nos:(Female)______

G.3 *Lockers Nos: (Male)______ Nos:(Female)______

G.4 *Changing rooms Nos: (Male)______ Nos: (Female)______

G.5 *Shower facilities Nos: (Male)______ Nos:(Female)______

G.6 *Hands-free operated features for taps Nos.________

G.7 Disposal towels and hand disinfectant: Yes/No_______________

G.8 Laundry services In-house: ________ Contract Out : ________

(H) BROCHURES, ANNUAL REPORTS, and other relevant information on the establishment: (To be submitted together with this report)
(I) PHOTOGRAPHS OF PROCESSING FLOW OF PRODUCTS / FACILITIES on the establishment: (To be submitted together with this report)
(J) 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 VHM Accreditation Scheme of Department of Veterinary Services Malaysia.

Signature

______________________________
Name and Designation

______________________________
Date

(K) Witness to Signatory

Signature

______________________________
Name and Designation

______________________________
Date

(L) For Official Use Only (DVS Malaysia)

Comments: ________________________________

______________________________
Name: ________________________________

Designation of DVS Officer: ________________________________

Signature and Official Stamp: ________________________________

Date: ________________________________

CHECK LIST FOR VHM APPLICATION:
You are kindly requested to check your application against this checklist before submission to DVS. If your information is inadequate / incomplete, it may result in delays in processing of VHM application.

Name of Establishment: ___________________________________________________

<table>
<thead>
<tr>
<th>INFORMATION REQUIRED BY DVS FOR VHM ACCREDITATION SCHEME</th>
<th>ANNEX</th>
<th>TICK</th>
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</thead>
<tbody>
<tr>
<td><strong>(A) Particulars of Establishment</strong></td>
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<td>(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) .</td>
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<td>Copy of veterinary health certificate, which accompanied latest shipment to each importing country</td>
<td>Annex A10</td>
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<td><strong>(B) Location and Layout of Establishment</strong></td>
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<td>(1) (2) (3) .</td>
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<td>Copy of location plan showing clearly the surroundings where the establishment is located</td>
<td>Annex B1</td>
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<td>Layout plans which indicate separate rooms for different operations</td>
<td>Annex B2(i)</td>
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<tr>
<td>Layout plans showing personnel/process flow in slaughter/processing plant</td>
<td>Annex B2 (ii)</td>
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<td><strong>(C) Water Supply/Ice</strong></td>
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<td>(1) (2) (3) (4) .</td>
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<td><strong>(D) Manpower</strong></td>
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<td>List of number, qualifications and names of professional, technical, worker.</td>
<td>Annex D1</td>
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<td><strong>(E) Slaughtering Premises (If applicable)</strong></td>
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<td>List of equipment used, the types, brand and manufacturer.</td>
<td>Annex E1</td>
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<td>Process flowcharts for slaughtering.</td>
<td>Annex E2</td>
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<td>Copy of QA/HACCP Programme.</td>
<td>Annex E3 (i)</td>
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<td>Annex E3 (ii)</td>
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<td>Annex E4</td>
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<td>Copy of meat inspection manual and criteria of judgement.</td>
<td>Annex E7 (i)</td>
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<td>Copy of the past condemnation record.</td>
<td>Annex E7 (ii)</td>
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<tr>
<td>Copies of the latest records for storage of chemicals, disinfectant and other cleaning agents.</td>
<td>Annex E9</td>
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<td><strong>(F) Processing/Canning Premises (If applicable)</strong></td>
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<td>List countries and establishment nos. of plants where meat is obtained for processing/canning.</td>
<td>Annex F1</td>
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<td><strong>(G) Welfare/Washing Facilities</strong></td>
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<td><strong>(H) Corporate Brochure/Annual Report of Establishment</strong></td>
<td>Annex H</td>
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<tr>
<td>(1) Photographs of processing flow of products/facilities</td>
<td>Annex I</td>
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<td><strong>(J) Declaration by Establishment</strong></td>
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