

**MAKLUMAT ASAS BAGI PERMOHONAN
MENYERTA SKIM PENSIJILAN GMP**

(Basic information requirement before participation in the GMP Certification Scheme)



**SKIM PENSIJILAN GMP MAKANAN TERNAKAN
BAHAGIAN DIAGNOSTIK DAN KEPASTIAN KUALITI
JABATAN PERKHIDMATAN VETERINAR
KEMENTERIAN PERTANIAN DAN INDUSTRI ASAS TANI MALAYSIA
(GMP Certification Scheme, Diagnostic and Quality Assurance Division ,
Department of Veterinary Services,
Ministry of Agriculture and Agro-Based Industry Malaysia)
Wisma Tani, Blok Podium 1A, Lot 4G1, Presint 4,
Pusat Pentadbiran Kerajaan Pusat,
62630 PUTRAJAYA
Tel :03-88702000 Fax : 03-88885755**

Nama Pemohon: (Applicant's Name) :		Tarikh: (Date) :		No. Telefon: (Telephone No.) :	
Nama dan Alamat Syarikat: (Company Name and Address) :				No. Fax: (Fax No.) :	
Nama dan Alamat Establishment (jika berlainan): (Establishment Name and Address (if others) :				E-mail (jika ada): (if any) :	
Jenis Establishment :					
1. Pengusaha Makanan Ternakan (Animal / Livestock Feed Manufacturer)		<input type="checkbox"/>			
<i>(Types of Establishment) :</i> 2. Pengusaha Makanan Haiwan Kesayangan (Pet Food Manufacturer)		<input type="checkbox"/>			
*Tanda √ (tick)					
3. Feed Premix		<input type="checkbox"/>			
4. Lain-lain (others)					
Jenis Keluaran : (Types of Product) :					
*Jenis Premis / Loji : (Type of Premise) : *Tanda √ (tick)				Lokasi Premis – Nyatakan jenis kawasan : contoh - Perindustrian (Location of Premise – Please indicate type of area) : eg Industrial	
1. Lot Kedai (Shop Lot)				<input type="checkbox"/>	
2. Semi-Detached (Semi-Detached)				<input type="checkbox"/>	
3. Bersendirian (Detached)				<input type="checkbox"/>	
4. Lain-lain (Others)					
BIL. (No.)	PERKARA (Subject)	ADA (Yes)	TIADA (No)	LENGKAP (Complete & Implemented)	TAK LENGKAP (Not Complete & not implemented)
a.	Establishment masih beroperasi? Jika ADA, Sila beri tarikh mula..... <i>The establishment is operating? If YES, when's did it start date).....</i>				
b.	Pegawai Kawalan Mutu (QC). Jika ADA, Sila nyatakan bilangan pegawaiorang <i>Do you have QC personals, if YES please indicate no.....</i>				

BIL. (No.)	PERKARA (Subject)	ADA (Yes)	TIADA (No)	LENGKAP & DILAKSANAKAN (Complete & implemented)	TIDAK LENGKAP & TIDAK DILAKSANAKAN (Not Complete & not implemented)
c.	Perlaksanaan Program Kepastian Kualiti. (Implementation of Quality Assurance Program)				
d.	Dokumentasi QC (Quality Control Documentation)				
e.	Kawalan Pencemaran & Sisa (Waste & Pollution Control)				
f.	Kawalan Makhluk Perosak (Pest Control)				
g.	Profil Syarikat (Sila sertakan Brochure Jika ADA) Company Profile : (Please attach Company Broucher if available)				
Tandatangan Pemohon: (Applicant Signature) : Nama: (Name) : Jawatan: (Position)			Cop Rasmi Syarikat (Official Company Stamp)		

*** Catatkan dimana sesuai (Indicate where appropriate)**

UNTUK KEGUNAAN PEJABAT
(For Official Use)

	Perkhidmatan yang diberikan kepada pemohon (Services rendered to applicant)	Tindakan (Action)	Pegawai Bertindak (Assigned Officer)
a.	Rundingcara (Consultation services)		
b.	Hantar Borang Permohonan GMP (Send the GMP(Application Form)		
Disyorkan oleh: (Recommended by): Tandatangan : (Signature) : Nama Pegawai: (Officer's Name): Jawatan: (Position) : Cop Jabatan: (Department's Official Stamp): Tarikh: (Date) :			