
	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 s, 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

_____ _____ _____

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 carcasses /

organs : _____

E.4 Sanitation Standards Operating Procedures:

E.4.1 Brief description : _____

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. ne

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: _____

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 Chillers/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 :_____

None :_____

(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

Company Name and
Stamp

Date

(K) Witness to Signatory

Signature

Name and Designation

Company Name and
Stamp

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: _____

INFORMATION REQUIRED BY DVS FOR VHM ACCREDITATION SCHEME	ANNEX	TICK
(A) Particulars of Establishment		
(1)___(2)___(3)___(4)___(5)___(6)___(7)___(8)___(9)___(10)___(11)___.		
Copy of veterinary health certificate, which accompanied latest shipment to each importing country	Annex A10	
(B) Location and Layout of Establishment		
(1)___(2)___(3)___.		
Copy of location plan showing clearly the surroundings where the establishment is located	Annex B1	
Layout plans which indicate separate rooms for different operations	Annex B 2(i)	
Layout plans showing personnel/process flow in slaughter/processing plant	Annex B2 (ii)	
(C) Water Supply/Ice		
(1)___(2)___(3)___(4)___.		
(D) Manpower		
(1)___(2)___(3)___.		
List of number, qualifications and names of professional, technical, worker.	Annex D1	
(E) Slaughtering Premises (If applicable)		
(1)___(2)___(3)___(4)___(5)___(6)___(7)___(8)___(9)___(10)___(11)___(12)___.		
List of equipment used, the types, brand and manufacturer.	Annex E1	
Process flowcharts for slaughtering.	Annex E2	
Copy of QA/HACCP Programme.	Annex E3 (i)	
List of facilities and tests of samples, if done in-house.	Annex E3 (ii)	
Copy of SSOP Programme and the latest daily records of cleaning and sanitising treatment of facilities and equipment.	Annex E4	
Copy of meat inspection manual and criteria of judgement.	Annex E7 (i)	
Copy of the past condemnation record.	Annex E7 (ii)	
Copies of the latest records for storage of chemicals, disinfectant and other cleaning agents.	Annex E9	
(F) Processing/Canning Premises (If applicable)		
(1)___(2)___(3)___(4)___(5)___(6)___(7)___(8)___(9)___(10)___.		
List countries and establishment nos. of plants where meat is obtained for processing/canning.	Annex F1	
List of equipment (types, brand and manufacturer) used.	Annex F2	
Process flowcharts for processing / canning	Annex F3	
Copy of GMP/HACCP (QA) Programme.	Annex F4 (i)	
List of facilities and tests of samples, if done in-house.	Annex F4 (ii)	
Copy of SSOP Programme and the latest daily records of cleaning and sanitizing treatment of facilities and equipment.	Annex F5	
Copies of the latest records for storage of chemicals, disinfectant and other cleaning agents.	Annex F8	
(G) Welfare/Washing Facilities		
(H) Corporate Brochure/Annual Report of Establishment	Annex H	
(I) Photographs of processing flow of products/facilities	Annex I	

(J) Declaration by Establishment		
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