



DEPARTMENT OF VETERINARY SERVICES MALAYSIA

Ministry of Agriculture and Food Industries Malaysia

Wisma Tani, Podium Block,
Lot 4G1, Precinct 4
Federal Government Administration Centre
62630 PUTRAJAYA, MALAYSIA Tel:
603-88702000 ; Fax: 603-88885755

**APPLICATION FOR EXPORT
OF MEAT, POULTRY, MILK, EGG AND PRODUCTS TO MALAYSIA**

Note:

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

Please feel free to include any additional information and photographs to support your application

Inadequate/incomplete submissions may result in delays in processing. 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 _____

Faximali Number _____

(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 (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** 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.)*

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

Whether company's farms, contracts farms or imported.

Brief description of the livestock/poultry and products (meat, poultry, eggs and milk) 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/poultry 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, name of the authority that certified it.*)

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 carcasses/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 Throughout

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 (meat/poultry)

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

(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** 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.)*

(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 Throughout
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

*Veterinary Public Health Division
Department of Veterinary Services
Ministry of Agriculture 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*

CHECK LIST FOR APPLICATION:

You are kindly requested to check(✓) your application against this list before submission to DVS. If your information is inadequate / incomplete, it may result in delays in processing your application.

Name of Establishment : _____

Establishment No : _____

INFORMATION REQUIRED BY DVS FOR EXPORT OF MEAT ,POULTRY , MILK , EGG AND PRODUCTS TO MALAYSIA	ANNEX	TICK
(A) Particulars of Establishment		
(1)_(2)_(3)_(4)_(5)_(6)_(7)_(8)_(9)_(10)_(11)_(12)_(13)_. 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(v)	
Layout plans showing personnel/process flow in slaughter/processing plant	Annex B2 (iii,iv)	
(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./ HACCP Certificate	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 QA/HACCP 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 sanitising 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)	
(I) Photographs of processing flow of products/facilities	Annex H (ii)	
(J) Declaration by Establishment		
(K) Verification by Veterinary Authority		

[PDF to Word](#)