

Application for Approval of Meat Establishment Subject to Approval under Regulation (EC) No. 853/2004

RESTRICTED COMMERCIAL WHEN COMPLETED

Please complete this form in black ink using BLOCK CAPITALS or complete on screen. The completed form should be submitted as detailed at the end of this form. A Veterinary Manager will be responsible for assessing the application and will make an appointment in due course to inspect the establishment in order to assess whether it may be granted approval or conditional approval. If you need help or advice about how to complete this form or about the products to which the Regulations relate, or the circumstances in which approval under the Regulations is required, please contact the MHS Veterinary & Technical helpline on 01904 456182 or email approvals@mhs.gov.uk

PART 1 – Establishment for which approval is sought

Approval name			
Trading name (if different to approval name)			
Full establishment address (inc. Postcode)		Telephone number	
		Fax number	
Email			

PART 2 – Type of establishment(s) and activities for which approval is sought

Establishment	Activities for which approval is sought	<i>(Please place a cross in the boxes for all that apply)</i>	Estimated average weekly throughput
Slaughterhouse	Slaughter of Domestic Ungulates:		
	• Cattle (Bovine)	<input type="checkbox"/>	
	• Calves (Bovine)	<input type="checkbox"/>	
	• Bison	<input type="checkbox"/>	
	• Water buffalo	<input type="checkbox"/>	
	• Sheep (Ovine)	<input type="checkbox"/>	
	• Goats (Caprine)	<input type="checkbox"/>	
	• Pigs (Porcine)	<input type="checkbox"/>	
	Slaughter of:		
	• Farmed Deer	<input type="checkbox"/>	
	• Farmed Wild Boar	<input type="checkbox"/>	
	• Domestic Soliped / Equidae (horses)	<input type="checkbox"/>	
	• Farmed land mammals (other than domestic ungulates)	<input type="checkbox"/>	
	Slaughter of Farmed Birds & Lagomorphs:		
	• Domestic Fowls (Chickens, hens & broilers)	<input type="checkbox"/>	
	• Turkey	<input type="checkbox"/>	
	• Duck	<input type="checkbox"/>	
	• Geese	<input type="checkbox"/>	
	• Guinea fowl	<input type="checkbox"/>	
	• Quail	<input type="checkbox"/>	
• Pigeon	<input type="checkbox"/>		
• Ratites (Ostrich, rhea & emu)	<input type="checkbox"/>		
• Lagomorphs (rabbits, hares and rodents)	<input type="checkbox"/>		

PART 2 – continued...

Establishment	Activities for which approval is sought <i>(Please place a cross in the boxes for all that apply)</i>	Estimated average weekly throughput
Game Handling establishment	Dressing & cutting of:	
	• Large wild game (e.g. wild deer & feral wild boar) <input type="checkbox"/>	
	• Small wild game in-feather (e.g. pheasants, pigeons & grouse) <input type="checkbox"/>	
Cutting Plant (Refer to Slaughterhouse and Game Handling establishment for definitions of species groups)	Cutting of meat for supply as cut meat from:	
	• Domestic ungulates (Red meat) <input type="checkbox"/>	
	• Farmed birds & lagomorphs (White meat) <input type="checkbox"/>	
	• Large wild game <input type="checkbox"/>	
	• Small wild game <input type="checkbox"/>	
On Farm Slaughter facilities	Slaughter at the place of origin of:	
	• Domestic Fowls (Chickens, hens & broilers) <input type="checkbox"/>	
	• Turkey <input type="checkbox"/>	
	• Duck <input type="checkbox"/>	
	• Geese <input type="checkbox"/>	
	• Guinea fowl <input type="checkbox"/>	
	• Quail <input type="checkbox"/>	
	• Ratites (Ostrich, rhea & emu) <input type="checkbox"/>	
	• Farmed Deer <input type="checkbox"/>	
	• Farmed Boar <input type="checkbox"/>	
• Bison <input type="checkbox"/>		
Where co-located with a slaughterhouse, cutting plant or game handling establishment (stand alone establishments may require approval by the Local Authority):		
Minced meat establishment	• Production of minced meat <input type="checkbox"/>	
Meat preparations establishment	• Production of meat preparations <input type="checkbox"/>	
Mechanically separated meat establishment	• Production of mechanically separated meat <input type="checkbox"/>	
Processing establishment	Processing of:	
	• Meat products <input type="checkbox"/>	
	• Minced meat, meat preparations and mechanically separated meat <input type="checkbox"/>	
	• Rendered animal fats and greaves <input type="checkbox"/>	
	• Treated stomach, bladders, intestines <input type="checkbox"/>	
	• Gelatine <input type="checkbox"/>	
	• Collagen <input type="checkbox"/>	
Cold Store	Storage of:	
	• Red meat <input type="checkbox"/>	
	• White meat <input type="checkbox"/>	
	• Game meat <input type="checkbox"/>	
	• Minced meat <input type="checkbox"/>	
	• Meat preparations <input type="checkbox"/>	
	• Meat products <input type="checkbox"/>	
Re-wrapping establishments	Re-wrapping of:	
	• Red meat <input type="checkbox"/>	
	• White meat <input type="checkbox"/>	
• Game meat <input type="checkbox"/>		

PART 3 – Food Business Operator (FBO) details and Business structure

Please indicate the type of business; Limited Company now complete 3a
(Please place a cross in only one box) Partnership now complete 3b
Sole trader now complete 3b

3a – Limited company details (as registration with Companies House)

Full Limited Company name

Registered office address
(inc. Postcode)

Company registration number

N.B. Please provide a copy of the Company Registration Certificate and a company letterhead / business card.

Company Director/s

Title (Mr, Mrs, Ms, Miss, Dr) Forename(s) Surname

Title (Mr, Mrs, Ms, Miss, Dr) Forename(s) Surname

Title (Mr, Mrs, Ms, Miss, Dr) Forename(s) Surname

(Provide full details for all Company Directors - If required continue on separate sheet and attach)

3b – Food Business Operator(s) (FBO) (complete only if Partnership / Sole trader)

Title (Mr, Mrs, MS, Miss, Dr) Forename(s) Surname

Telephone number Fax number Mobile number

Home address
(inc. Postcode)

Email

Title (Mr, Mrs, MS, Miss, Dr) Forename(s) Surname

Telephone number Fax number Mobile number

Home address
(inc. Postcode)

Email

Title (Mr, Mrs, MS, Miss, Dr) Forename(s) Surname

Telephone number Fax number Mobile number

Home address
(inc. Postcode)

Email

(Provide full details for all Partners - If required continue on separate sheet and attach)

PART 4 – Establishment managers and contacts

Duly authorised representative of the Food Business Operator (FBO)

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Health & Safety Contact (if different from above)

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Finance / Invoicing Contact

Approved premises are subject to veterinary supervision by the Meat Hygiene Service (MHS) for which charges apply. Please give details of the contact person, address and email address the MHS should use for sending financial information including invoices and statements.

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Invoicing address (inc. Postcode)	<input type="text"/>				
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Throughput queries contact (if different from above)

Title (Mr, Mrs, Ms, Miss, Dr)	<input type="checkbox"/>	Forename(s)	<input type="text"/>	Surname	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>				

Out of Hours Emergency Contact information (Optional)

The FSA or MHS may require to contact the FBO should there be an emergency and for contingency planning purposes (e.g. foot & mouth outbreak). This information is voluntary and is not specifically collected as part of legislation. The FBO, at any time, can request the FSA / MHS remove these details or requests any data to be amended to reflect changes in their contact details. The information will be treated as confidential and only limited members of the organisation will have access.

Contact Name	<input type="text"/>		
Telephone number (Out of hours)	<input type="text"/>	Mobile number	<input type="text"/>
Email	<input type="text"/>		

PART 5 – Seasonal pattern

Do you intend to operate a pattern of seasonal slaughtering / processing? YES NO

If **YES**, please place a cross in the box beside the expected month(s) of operation

January <input type="checkbox"/>	April <input type="checkbox"/>	July <input type="checkbox"/>	October <input type="checkbox"/>
February <input type="checkbox"/>	May <input type="checkbox"/>	August <input type="checkbox"/>	November <input type="checkbox"/>
March <input type="checkbox"/>	June <input type="checkbox"/>	September <input type="checkbox"/>	December <input type="checkbox"/>

PART 6 – Information and documentation

The following information is required in order to process your application and should be made available at the plant to the Veterinary Manager (VM) carrying out the approval assessment visit. The VM will contact you if he/she requires any of this information to be sent to him/her in advance of his/her visit.

- A site plan and a buildings plan
- A description of the (proposed) method of operation
- A description of the (proposed) equipment maintenance arrangements
- A description of the (proposed) equipment and transport cleaning arrangements
- A description of the (proposed) waste collection and disposal arrangements.....
- A description of the (proposed) water supply quality testing arrangements
- A description of the (proposed) arrangements for product testing.....
- A description of the (proposed) pest control arrangements
- A description of the (proposed) monitoring arrangements for staff health
- A description of the (proposed) staff hygiene training arrangements
- A description of the (proposed) arrangements for record keeping
- A description of the (proposed) arrangements for applying identification mark to product packaging & wrapping .

PART 7 – Application

N.B. If you fail to complete all parts of this form your application for approval will not be processed.

I hereby apply, on behalf of the business described in Part 2, for approval to use premises at the address specified in Part 2 for the purpose of handling products to which Regulation (EC) No. 853/2004 applies.

Name in BLOCK LETTERS

Date

Signature

(not required if emailed)

Please submit the completed form by email to approvals@mhs.gov.uk or print off and post or fax to:

**MHS Approvals Team
Veterinary & Technical Directorate
Room 112
Foss House
Peasholme Green
York YO1 7PR
Fax: 01904 455420**