|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application form for the authorisation of the use of alternative systems for the disinfection of cutting tools in abattoirs and game handling establishments** | | | | | | | | | foodgovlogo | | | |
| Regulation (EC) 853/2004, Annex III, Sections, I, II & IV. | | | | | | | | |
| **PART 1 – Establishment for which authorisation is sought** | | | | | | | | | | | | |
| Approval number | | |  | |  | | | | | | | |
|  | | | | | | | | | | | | |
| Establishment approval name | | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Full establishment address  (inc. Postcode) | |  | | | | Telephone  number |  | | | | | |
|  | | | | | | |
| Fax number |  | | | | | |
|  | | | | | | | | | | | | |
| Email |  | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | |  | | | |  | |  |
| **PART 2 – Information and documentation** | | | | | | | | | | | | |
| The following information is required in order to process your application and should be made available to the plant Field Veterinary Leader/Field Veterinary Coordinator. | | | | | | | | | | | |
| * A description of the trial protocol, including * Details of the trial proposal protocol * Details of the trial procedures * Details of the trial sampling procedures * Details of the verification procedures post-implementation | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Name in BLOCK LETTERS | | | | |  | | | | Date | |  |
|  | | | | | | | | | | | |
| Signature  (not required if emailed) | | | | |  | | | | | | |