

**Application for authorisation to remove SRM vertebral column from bovine carcases under:**

**Schedule 7 (13) The TSE (England) Regulations 2010
Schedule 6 (13) The TSE (Scotland) Regulations 2010\*
Schedule 7 (12) The TSE (Wales) Regulations 2008\***

\*Delete as applicable

**Protect when completed**

You should discuss this application with the OV for your establishment and you must obtain the appropriate declaration set out at the end of this form.

|  |  |
| --- | --- |
| Establishment Name | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approval number** | Enter number | **Date** | Enter date |

## Part 1: Details of business

**Details of business**

|  |  |
| --- | --- |
| Applicant name | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Business name | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Contact name(if different) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Position | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Telephone number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address including Postcode | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Local authority | Click or tap here to enter text.  |

### OV for your premises

|  |  |
| --- | --- |
| Name (in block letters) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address including Postcode | Click or tap here to enter text. |

### FVC for your premises

|  |  |
| --- | --- |
| Name (in block letters) | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Address including Postcode | Click or tap here to enter text. |

Is this application in respect of premises already approved under the Hygiene legislation?

Yes [ ]  No [ ]

|  |  |
| --- | --- |
| If yes, give the approval number | Click or tap here to enter text. |

## Part 2: Details of current cutting operations

Please note: only approved cutting plants can obtain an authorisation.

Indicate as accurately as possible:

The type of carcase you are most likely to be processing (please tick box as appropriate):

|  |  |
| --- | --- |
| [ ]  | **Domestic over 30 months** |
| [ ]  | **Imported over 30 months (either as carcase meat or live animal slaughtered in UK)** |

|  |  |
| --- | --- |
| State likely average monthly throughput in each category (carcase numbers or tonnage | Enter number. |

|  |  |
| --- | --- |
| If throughput is seasonal or occasional please give details | Click or tap here to enter text. |

## Part 3: Additional requirements

Please attach a Required Method of Operation (RMOP) for your premises for dealing with carcases containing vertebral column SRM which must have been signed by you and the OV.

Please confirm that you have an up-to-date training programme for all plant operatives in place. Yes [ ]  No [ ]

What facilities are currently available for removal, staining, and disposal of bovine vertebral column and what is your current capacity?

| Click or tap here to enter text. |
| --- |

List any proposed extra accommodation, equipment or other facilities required for the removal, handling and disposal of SRM bovine vertebral column:

| Click or tap here to enter text. |
| --- |

Please confirm that you have made arrangements for despatch of SRM to an approved premise. Yes [ ]  No [ ]

### Declaration

I wish to apply for the licence of the above premises for the removal of SRM bovine vertebral column. I declare to the best of my knowledge the information I have given above is correct.

|  |  |
| --- | --- |
| Name in BLOCK LETTERS | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

#### Signature



**Pass this form to the OV named in Section 1, for them to complete Section 4 below**

## Part 4: OV Declaration

To be completed by the **Official Veterinarian named in Section 1**.

I am satisfied that the above premises has suitable facilities for the removal, staining and safe disposal of SRM bovine vertebral column, and that the applicant is fully aware of the legal requirements in respect of such material. I have agreed the RMOP with the operator.

|  |  |
| --- | --- |
| Name in BLOCK LETTERS | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

#### Signature



Please send the completed application from to:

**Food Standards Agency, Approvals Team
Room 112, Kings Pool
Peasholme Green
York
YO1 7PR**

Alternatively complete and submit to: approvals@food.gov.uk

If you require any further advice, please call the Approvals team on: 01904 232080

Retain copy of completed form at plant for 1 year and then destroy.

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