

**Application for authorisation of SRM control under:**

**Schedule 7 (8) The TSE (England) Regulations 2018  
Schedule 7 (13) The TSE (Wales) Regulations 2018\***

\*Delete as applicable

**Protect when completed**

|  |  |
| --- | --- |
| 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  (if different) | 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 process for which you require authorisation (please tick box as appropriate):

|  |  |
| --- | --- |
|  | **Cutting of UK bovine carcases over 30 months** |
|  | **Cutting of imported bovine carcases over 30 months (either as carcase meat or live animal slaughtered in UK)** |
|  | **Harvesting of head meat from bovine animals** |
|  | **Removal SRM spinal cord adult small ruminants (sheep & goats)** |

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

## Part 3: Additional requirements

Please attach a Standard Operational Procedure for your premises for dealing with carcases or part of carcases (bovine heads) containing SRM.

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

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

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

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

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

Please confirm that you made arrangements for despatch of SRM to an approved rendering plant. Yes  No

### Please confirm there are HACCP based procedures for separation of different categories of Animal By-Products. Yes No

Please confirm that you are aware adequate arrangements are needed for FSA supervision of removal of SRM (vertebral column and spinal cord). Yes  No

### Please, confirm that you are aware of and comply with extra requirements for harvesting of

### head meat from bovine animals explained under Annex V, Point 9 of (EC) 999/2001. Yes No N/A

### Declaration

I wish to apply for the authorisation of the above premises for the removal of SRM bovine vertebral column or/and harvesting of head meat from bovine animals or/and removal of SRM spinal cord in small ruminants\*. I declare to the best of my knowledge the information I have given above is correct. \*Delete as applicable

|  |  |
| --- | --- |
| 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: FSA Declaration (OV/FVC/FVL)

I am satisfied that the above premises has suitable facilities for the removal, staining and safe disposal of SRM bovine vertebral column or/and harvesting of head meat from bovine animals\*, and that the applicant is fully aware of the legal requirements in respect of such material. I have agreed the SOP 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 form to:

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

Alternatively complete and submit to: [approvals@food.gov.uk](mailto:approvals@food.gov.uk)

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

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