

**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

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

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