



DEPARTMENT OF VETERINARY SERVICES MALAYSIA
Ministry of Agriculture and Food Industries Malaysia

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APPLICATION FORM FOR EXPORT
PORK MEAT AND OFFAL INTO MALAYSIA

Note:

This guideline sets out the information on establishment for export of pork meat and offal required by Department of Veterinary Services (DVS) of Malaysia for evaluation to export of pork into Malaysia.

Please feel free to include any additional information and photograph to support your application.

Inadequate/incomplete submissions may result in delays or disqualification of application. All information submitted must be in English.

(A) Particular of Establishment *(Please attach Factory Profile)*

(1) Name of Establishment: _____

(2) Address: _____

Contact Person: _____

Contact Number: _____

E-mail Address: _____

(3) If premise is on lease, please provide a copy of the leasing agreement.

(4) Company/ establishment registration number: _____

(Please attach Company Profile)

(5) Year constructed: _____

(6) Total land area: _____

(7) Total built-in area: _____

(8) Source of raw material from approved pork abattoir by Malaysia's Authority
(Please attach Name & Establishment Number):

- (9) Daily throughput:
 Number of shifts: _____
 Production (tonnes) per shift: _____
 Number of working days per week: _____

- (10) Capacity:
 Total annual production (tonnes) of each product: _____

- (11) Processing Procedures
(Please attach process flowcharts of each product)
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- (12) State whether you have a Quality Assurance Programme: **YES/NO**

If **YES** please submit brief description and relevant latest records;

- a) **Premise;** Building Exterior, Building Interior (Design, Construction and Maintenance; Lighting, Ventilation, Waste Disposal, Inedible Areas);
- b) **Facilities;** Employee Facilities, Equipment Cleaning & Sanitising Facilities, Laundry;
- c) **Water Supply;** Steam, Ice Quality, Capacity & Supply;
- d) **Transportation;** Food Carriers, Temperature Control;
- e) **Storage;** Incoming Material Storage, Non-Food Chemical Receiving & Storage, Finished Product Storage;
- f) **Equipment;** Design & Installation, Maintenance & Calibration;
- g) **Personnel;** Training (Food Handling & HACCP), Hygiene & Health Requirements
- h) **Sanitation Program** *(Name and designation of individual implementing and maintaining SSOP activities)*
- i) **Sampling program**
- j) **Pest Control Program**
- k) **Recall Program**
- l) **Waste Treatment /Disposal**

- (13) Chiller/ Freezer
 Numbers, type (static, air blast, etc./ ammonia or Freon), capacity: _____
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(B) Location and Layout of Establishment

- (1) Description of the Area Where Establishment is located:
(e.g. industrial, agricultural, residential and neighboring factories etc.)
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- (2) Layout Plant of Establishment including *(Please attach layout in color)*;
- i. Location plan to be attached with application form showing the nearest town;
 - ii. Floor plan showing Machinery Layout;
 - iii. Floor plan showing flow process by arrows from raw materials to finished products;
 - iv. Floor plan showing workers entrance, movement into plant and processed areas and exiting;
 - v. Separate rooms for different operations.

(3) Materials Used and Design

Floor: _____

Walls: _____

Ceilings & Superstructures: _____

Lighting: _____

Ventilation System: _____

Footbaths for entrance into slaughter/processing rooms/areas: _____

(C) **Manpower**

(Please attach organization chart showing designation and names of holders)

(1) Staff information

(Please attach the list of number, qualifications and names of professional, technical, general workers, etc. employed by establishment)

(2) Medical examination & history

Are employees medically examined and certified fit to work in a food preparation establishment, prior to employment? **YES/NO**

Annual Health Check and Records for Workers: **YES/NO**

Medical records of employee available?: **YES/NO**

(3) Uniform/ Attire:

Uniforms:	YES/ NO
Boots:	YES/ NO
Gloves and face masks:	YES/ NO

(D) **Food Safety Programme**

(1) Food safety policy and objective: _____

(2) Whether based on HACCP concepts or equivalent: **YES/ NO**

(If yes, please attach the HACCP plan summary & validation of significant hazard)

- (3) State whether testing done in-house or provides by a service laboratory:
(Please provide relevant certificate if available)

If in-house, list facilities and tests:

Sampling and testing procedures *(Please attach a reference standards)*:

Criteria for rejection/ acceptance of products/ raw material:

- (E) **Photographs, brochures, annual reports, and other relevant information on the establishment:** *(To submit together with this application)*

- (F) **Declaration by Establishment**

I declare that the information given above are true and correct. The company under-takes to comply with all requirements of the approval authority of the importing country

Signature

Name and Designation

Date

Company Name and Stamp

Witness to signatory

Signature

Name and Designation

Date

Company Name and Stamp

(G) To be filled by the Veterinary/ Regulatory Authority of Exporting Country

Comments:

Name: _____

Designation of Veterinary / Regulatory Authority: _____

Signature and Official Stamp

Date

(H) For Official Use Only (DVS Malaysia)

Comments:

Name: _____

Designation of Veterinary / Regulatory Authority: _____

Signature and Official Stamp

Date