**REGISTRATION QUESTIONNAIRE FOR OVERSEAS MANUFACTURERS OF EDIBLE GRAINS**

**Application for Registration of Overseas Manufacturers of Edible Grains**

**1. Basic information**

1.1 Enterprise Overview:

Application for: [ ]  Register [ ]  Verification [ ]  Modification [ ]  Renovation

|  |  |
| --- | --- |
| Enterprise name: | Approval No.[[1]](#footnote-1): |
| Name of the national approval competent authority: MINISTRY OF HEALTH |
| Name of regional competent authority of the country (region): |
| Address of manufacturing facility: |
| Name of legal representative: | Position: |
| Contact person (name): |
| Contact phone number: | Email: |
| Registration number in China (only for those already authorized): |
| Date of reconstruction and expansion: Description of reconstruction and expansion: |

Products to be registered/added:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nº** | **Product** | **HS/CIQ code** | **Latin name** | **Design capacity** | **Process capacity** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Whether exported to China in recent 2 years: [ ]  Yes [ ]  No

In affirmative case:

|  |  |  |  |
| --- | --- | --- | --- |
| **Nº** | **Product name** | **Time of last export to China** | **Export quantity** |
|  |  |  |  |
|  |  |  |  |

Export trade history in recent 2 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nº** | **Product name** | **Year** | **Country** | **Export quantity** |
|  |  |  |  |  |
|  |  |  |  |  |

Raw material/ingredient information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nº** | **Product name** | **Raw material** | **Material type** | **Country** | **Proportion** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Use of pesticides: [ ]  Yes [ ]  No

Production correspondence:

|  |  |  |  |
| --- | --- | --- | --- |
| **Nº** | **Specific products** | **Name of affiliated company** | **Registration number** |
|  |  |  |  |
|  |  |  |  |

Whether water is used: [ ]  Yes [ ]  No

Human resources:

|  |
| --- |
| Total number of employees: Number of management and technical personnel: |
| Number of official inspection and quarantine personnel in the factory:Accredited agency:  |

1.2 Management system:

1.3 Management organization:

**2. Enterprise Location and Workshop Layout**

2.1 Site Selection and Plant Environment

2.2 Workshop Layout

**3. Facility and Equipment**

3.1 Production and Processing Equipment

3.2 Storage Facility

**4. Water/Ice/Steam**

4.1 Water/ice/steam for production and processing (if applicable)

**5. Raw and Auxiliary Materials and Packaging Materials**

5.1 Acceptance and control of Raw materials and Excipients

5.2 Source of Raw Materials

5.3 Food additives (If applicable)

5.4. Packaging Materials

**6. Production and Processing Control**

6.1 Establishment and Operation of HACCP System

6.2 Mycotoxins control

6.3 Use of food additives and nutritional fortification substances (if applicable)

**7. Cleaning and Disinfection**

7.1. Cleaning and Disinfection

**8. Control of Chemicals, Waste and Damage by Insects and Rats**

8.1 Control of Chemicals

8.2 Management of Physical Contamination

8.3 Control of Damage by Insects and Rats

8.4 Waste Management

**9. Product Traceability**

9.1 Traceability and Recall

9.2 Warehouse - in and out Management

**10. Personnel Management and Training**

10.1 Personnel Health and Hygiene Management

10.2 Personnel Training

10.3 Requirements for management personnel

**11. Self-inspection and Self-control**

11 Finished Product Inspection

**12. Pest Control**

12.1 Prevention and control of quarantine pests of concern to China

12.2 Identification of Pests

12.3 Pest control

12.4 Fumigation treatment (if necessary)

**13. Statement**

13.1 Declaration by Establishment

**I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name and designation of person who submitted above information

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Signature of the owner and Company Stamp

13.2 Verification by Sanitary Authority

**THROUGH INSPECTION AND VERIFICATION, IT IS CERTIFIED THAT THE ABOVE INFORMATION PRESENTED BY THE ESTABLISHMENT ARE IDENTICAL AND CORRECT. THE ESTABLISHMENT HAS COMPLIED WITH THE SANITARY REQUIREMENTS OF CHINA AND SPAIN.**

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Name and designation of inspector who verified above information

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Date Signature and official stamp of Competent Authority

1. Registration number approved by local competent authority [↑](#footnote-ref-1)