**IMPORTANT – Please read this information carefully before you complete your application.**

**I. Submission Protocol:**

1. **Endorsement by the Competent Authority is a pre-requisite.** The completed application form must be submitted to the District/Provincial Competent Authority of the exporting country for verification and endorsement; followed by submission to the Central Competent Authority (CCA) for their recommendation before submission to SFA. Applications that are not endorsed accordingly will not be processed.
2. **Each establishment with a unique establishment code must submit an individual application.** For example, establishments belonging to the same parent company or establishments located within the same premise are still required to submit individual applications.
3. **This application process will grant approval for meat. Approval to export offal is granted separately, provided the country has been granted approval to export offal.** If the establishment is interested to export offal, please indicate clearly in Section A (11) and provide the information in Section G(2) for offal.
4. **The application must be submitted in English. The compatible formats accepted are Microsoft Office compatible formats (doc, ppt, xls), jpeg and pdf.** It is critical that information be provided in English to enable our officers to evaluate the application. It is especially important for layout plans to be of clear resolution and labelled in English. In the case of documents that serve as supporting evidence (e.g. laboratory results, SOP checklists), at least the headers should be translated.
5. **Completed and endorsed applications can be submitted by the following means. Soft copy submission is preferred and will facilitate the processing time.**

* **Postal transmission:** Please post soft copy submissions (in CD / DVD / USB drive) to

Food Regulatory Management Division

Singapore Food Agency (SFA)

52 Jurong Gateway Road #14-01 Singapore 608550

* **Electronic transmission:** Please email soft copy submissions to

[accreditation\_applications@sfa.gov.sg](file:///C:\Users\Almudena\AppData\Local\Packages\Microsoft.MicrosoftEdge_8wekyb3d8bbwe\TempState\Downloads\accreditation_applications@sfa.gov.sg)

**II. Upon submission of application:**

1. **Acknowledgement and confidentiality.** We will provide an acknowledgement via email when we have received your information. The submitted information will be treated in confidence.
2. **Processing time.** We aim to process your application in a timely manner. Our response time is generally 12 weeks from our date of receipt. Actual processing times are dependent on a number of factors, as follows.

* Completeness of application, i.e. all required documents are provided and retrievable;
* Clarity of the submitted information;
* Transaction volume received by the department.

1. **Outcome of processing.** The outcome of the evaluation will be sent to the Competent Authority. In the event further assessment is required to complete the evaluation, the enquiries will be likewise communicated.

|  |  |
| --- | --- |
| **Date of Application** |  |
| **Country** |  |

**Check box where applicable**

**Please use English and ensure all sections (A – K) are completed**

**(A) PARTICULARS OF ESTABLISHMENT**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Name of Establishment** | | | |  | | | | | | | | | |
| **(2) Establishment Number** | | | |  | | | | | | | | | |
| **(3) Address of Establishment** | | | | | | | | | | | | | |
| Unit No. | | | |  | | | | | | | | | |
| Street Name | | | |  | | | | | | | | | |
| Post Code | | | |  | | | | | | | | | |
| District/City | | | |  | | | | | | | | | |
| State/Province | | | |  | | | | | | | | | |
| GPS Coordinates  (degrees, minutes, seconds) | | | | Longitude | E  W | |  | | ° |  | ′ |  | ″ |
| Latitude | N  S | |  | | ° |  | ′ |  | ″ |
| **(4) Website address** | | | |  | | | | | | | | | |
| **(5) Type of Establishment** | | | | | | | | | | | | | |
| Slaughterhouse  Slaughterhouse with cutting plant | | | | | | | | | | | | | |
| Cutting plant\*  Name and establishment number of the slaughterhouse(s) from which raw meat is obtained for cutting:  (i)  (ii)  (iii) | | | | | | | | | | | | | |
| Others (please specify):  *\*Note: Raw meat must be sourced from SFA-approved slaughterhouses. Separate application(s) from the slaughterhouse(s) is/are required if not from SFA-approved establishments.* | | | | | | | | | | | | | |
| **(6) Year Constructed** | | | | | |  | | | | | | | |
| **(7) Year Renovated / Upgraded (if relevant)** | | | | | |  | | | | | | | |
| **(8) Total Land Area (m2)** | | | | | |  | | | | | | | |
| **(9) Total Built-up Area (m2)** | | | | | |  | | | | | | | |
| **(10) All Types of Meat Processed by the Establishment:** | | | | | | | | | | | | | |
| Beef/Veal  Mutton/Lamb  Pork  Suckling Pig  Small Pig | | | Chicken  Duck  Goose  Turkey  Ostrich | | | | | Emu  Quail  Kangaroo  Venison  Offal | | | | | |
| Others (please specify): | | | | | | | | | | | | | |
| **(11) Products Intended for Export to Singapore** | | | | | | | | | | | | | |
| **Meat cuts** | List products and state form*\** (chilled/frozen):  (i) *e.g. whole chicken with giblets (frozen) / beef cuts (frozen/ chilled)*  (ii)  (iii)  *Note: Chilled poultry is not allowed for export. Chilled pork is only allowed from approved countries.* | | | | | | | | | | | | |
| **Offal** | List products and state form\* (chilled/frozen):  (i) *e.g. pig heart (frozen)*  (ii)  (iii)  *Note: Offal may only be exported from approved countries* | | | | | | | | | | | | |
| **(12) Export History** | | | | | | | | | | | | | |
| (i) Export history of products intended for export to Singapore | | List products and state country of source:  (i) *e.g. whole chicken with giblets (frozen) – Country X*  (ii)  (iii) | | | | | | | | | | | |
| (ii) Proof of export | | Provide the health certificate that accompanied the last export of the products to the importing country/countries as listed in 12 (i).  Attach and label as “Annex - A12(ii)” | | | | | | | | | | | |
| (iii) Export inspection | | Indicate if establishment has been inspected by a Foreign Competent Authority (e.g. EU, FSIS)  Yes.  Please specify the foreign Competent Authority and provide a  copy of the inspection report, label as “Annex – A12(iii):  No. | | | | | | | | | | | |

**(B) LOCATION AND LAYOUT OF THE ESTABLISHMENT**

|  |  |
| --- | --- |
| **(1) Location of Establishment:** | |
| (i) The establishment is located in a: | Industrial area  Residential  Agricultural area area  Others (please specify): |
| (ii) Type of operation performed in adjacent properties (if any): | Heavy industry  Food-processing industry  Others (please specify): |
| **(2) Layout Plan of Establishment:** | |
| Attach and label as “Annex - B2”  Note: All areas should be depicted, from the processing areas and including storage facilities. The layout plan must be of clear resolution and labelled in English to demonstrate the following:   1. segregation of production areas and purpose of area 2. location of all workers entrances/exits into production areas 3. production flow and workers’ flow, as indicated by coloured arrows. | |

**(C) WATER SUPPLY**

|  |  |  |
| --- | --- | --- |
| **(1) Source of**  **Water** | Well water  River  Town water  Others (please specify): | |
| **(2) Water**  **treatment** | Indicate if water treatment is performed.  Yes, provide a brief description of water treatment:  No | |
| **(3) Chlorination** | Indicate if chlorination of water is performed.  Yes, please state the level in ppm:  No | |
| **4) Chemical / Bacteriological Examination** | Indicate if water is tested in  In-house laboratory; please state frequency of testing:  External laboratory; please state frequency of testing:  Provide copy of the latest test results, with method of testing indicated.  Attach and label as “Annex – C4” | |
| **(5) Ice Making/ Storage Facilities:** | | |
| 1. Ice-making machines are available in the premise | | Yes  No |
| 1. Ice-storage rooms are available in the premise | | Yes  No |

**(D) MANPOWER**

|  |  |
| --- | --- |
| 1. **Staff Information:** | |
| 1. Organisational chart of the establishment | Attach and label as “Annex – D1” |
| 1. Total number of general workers employed in the establishment: |  |
| 1. Staff are trained in food safety quality assurance programmes (e.g. GMP, HACCP, ISO22000, etc) | Yes  No |
| **(2) Medical Examination and History:** | |
| 1. Employees are medically examined and certified fit to work in a food preparation establishment prior to employment | Yes  No |
| 1. Annual health checks are available for workers? | Yes  No |
| 1. **Uniforms/Attire:** | |
| (i) Uniforms are provided | Yes  No |
| (ii) Boots are provided | Yes  No |
| (iii) Gloves and facemasks are provided | Yes  No |
| (iv) Laundry is provided | In-plant  By contract |

**(E) SLAUGHTERING/CUTTING PREMISES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Mode of operation** | | | Service abattoir  Exclusive abattoir used by the company only | | | | |
| **(2) Source of Livestock** | | | | | | | |
| Species | | Province/State of Origin | | | | Name of farm  (Contract farm / company farm) | |
|  | |  | | | |  | |
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|  | |  | | | |  | |
|  | |  | | | |  | |
| 1. **Production Throughput:** | | | | | | | |
| 1. Number of shifts: | | | | | |  | |
| 1. Number of working days per week: | | | | | |  | |
| 1. Line speed (number of animals / hour): | | | | | |  | |
| 1. Production per shift (in heads): | | | | | |  | |
| 1. Total annual slaughter capacity (tonnes): | | | | | |  | |
| 1. **Boning and cutting room:** | | | | | | | |
| 1. Temperature of room (°C): | | | | | |  | |
| 1. Daily production capacity (tonnes): | | | | | |  | |
| 1. **Chillers/Freezers:** | | | | | | | |
| Indicate if refrigerated rooms suitable for effective cooling and storage of meat are present. | | | | | | | |
| Yes, | Number of chillers available:  Number of freezers available: | | | | | | |
| No |  | | | | | | |
| 1. **Offal Handling and Cooling Procedures:** | | | | | | | |
| Indicate if offal are removed from the carcasses immediately after evisceration and handled in a separate room and in a manner that will prevent contamination of the carcasses.  Yes  No | | | | | | | |
| **(7) Sanitary Measures:** | | | | | | | |
| * + 1. There is a system of collection and disposal of inedible or condemned products. | | | | Yes, | Attach description of the system and label as “Annex – E6(i)” | | |
| No |  | | |
| * + 1. Indicate if there is a system of effluent treatment and disposal of waste. | | | | Yes, | Attach description of the system and label as “Annex – E6(ii)” | | |
| No |  | | |
| * + 1. There is a pest control system in place. | | | | Yes, | implemented by:  In-house staff  Contract staff  Attach layout map of pest control points and label as “Annex – E6(iii)” | | |
| No |  | | |
| * + 1. Pest control records are kept and maintained. | | | | | | | Yes  No |
| * + 1. Hands-free operated features for taps and toilet flushes are available. | | | | | | | Yes  No |
| * + 1. Disposable paper towels and hand disinfectant are available. | | | | | | | Yes  No |
| * + 1. Dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials are available. | | | | | | | Yes  No |

**(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Food Safety Programmes and Slaughtering Procedure:** | | | | | | | |
| (i) Flow of production | | | | | | | |
| Provide flowchart of the slaughtering/offal harvesting/cutting process, showing clearly the critical control points (CCP’s).  Attach and label as “Annex – F1(i)” | | | | | | | |
| (ii) Processes are based on HACCP principles or its equivalent. | | | | | | | |
| Yes, | | Provide copy of HACCP certification or its equivalent and HACCP Summary Table stating each CCPs identified and its critical limits, monitoring and verification activities  Attach and label as “Annex – F1(ii)” | | | | | |
| No | |  | | | | | |
| **(2) Laboratory analysis:** | | | | | | | |
| (i) For sampling and testing procedures of finished products, food contact surfaces, indicate in the table below the type of tests performed and the frequency tested. | | | | | | | |
| **Purpose** | | | | **Test performed** | | | **Frequency** |
| *E.g. Contact surface* | | | | *E.g. Microbiology* | | | *E.g. Once a month* |
|  | | | |  | | |  |
|  | | | |  | | |  |
|  | | | |  | | |  |
|  | | | |  | | |  |
|  | | | |  | | |  |
| (ii) Laboratory testing is performed by: | | | | In house laboratory  External laboratory accredited by the competent authority of your country  Others *(please specify)*: | | | |
| (iii) Copies of recent laboratory test reports certified by a laboratory microbiologist. | | | | Attach and label as “Annex – F2(iii)” | | | |
| **(3) Meat inspection:** | | | | | | | |
| (i) Ante-mortem and post-mortem inspection are done by: | | | | | | Government inspectors  Company’s QC staff  Others *(please specify)*: | |
| (ii) Number of meat inspectors per shift: | | | | | |  | |
| (iii) Ante-mortem and condemnation records including reasons for condemnation kept and maintained. | | | | | | Yes  No | |
| **(4) Product Recall & Traceability System** | | | | | | | |
| Indicate if traceability system from raw material to finished products is in place. | | | | | | | |
| Yes, | Attach description of traceability system from raw material to finished products as Annex and label as “Annex –F(4)” | | | | | | |
| No |  | | | | | | |
| **(5) Sanitation Standard Operating Procedure (SSOP)** | | | | | | | |
| (i) Indicate if a SSOP is in place for the facilities and equipment. | | | | | | | |
| Yes, implemented by | | | In-house staff  Contract staff | | | | |
| No | | | | | | | |
| (ii) Description of SSOP | | | | | Attach as Annex and label as “Annex –F(5)(ii)” | | |
| (iii) Records of cleaning and sanitising of facilities and equipment are maintained | | | | | Yes  No | | |

**(G) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT**

|  |  |
| --- | --- |
| **Provide the following video / photographs** | |
| 1. Labelled photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials to packaging and storage of finished products, *in operation*. | Attach and label as “Annex –G1” |
| 1. If the establishment wishes to export offal products, please include photographs or video of offal processing, from harvesting to cleaning, chilling and packaging, *in operation*. | Attach and label as “Annex –G2” |
| 1. The external view of the establishment (front, sides and back) and its surroundings. | Attach and label as “Annex –G3” |
| 1. Every product intended for export to Singapore, with and without its final packaging. | Attach and label as “Annex –G4” |

1. **SINGAPORE IMPORTER INFORMATION**

|  |  |
| --- | --- |
| **Indicate if contact with Singapore importers has been established** | |
| Yes, please provide the following information.  No | |
| Name of importing company in Singapore |  |
| Name and designation of correspondent |  |
| Business Address |  |
| Telephone / Mobile |  |
| Email address |  |

**(I) SALES CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Please provide the contact details of the Sales Department. This contact point would be provided to interested Singapore importers.** | |
| Name and designation of sales contact person |  |
| Office address (if different from the establishment address) |  |
| E-mail address |  |
| Telephone / Mobile |  |

**(J) DECLARATION BY ESTABLISHMENT**

|  |  |
| --- | --- |
| **I declare that the information given above is true and correct.** | |
| Name and designation of person who submitted the above information |  |
| Office address |  |
| E-mail address |  |
| Telephone / Mobile |  |
| Signature and Company Stamp |  |
| Date |  |

**(K) VERIFICATION BY COMPETENT VETERINARY AUTHORITY**

|  |  |
| --- | --- |
| **I have verified the above information given by the company and certified that they are true and correct.** | |
| Name and designation of veterinarian who verified the above information |  |
| Office address |  |
| E-mail address |  |
| Telephone / Mobile |  |
| Signature and Official Stamp of Veterinary Service: |  |
| Date |  |

**You are reminded to check your application against this checklist before submission. Inadequate/incomplete submission may result in delays in processing.**

**Name of Establishment and Establishment No:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION REQUIRED BY SFA FOR ACCREDITATION (Tick ✓ if information or Annex provided)** | | | | | | | |
| **All information must be submitted in English** | | | | | | |  |
| **A. PARTICULARS OF ESTABLISHMENT** | | | | | | | |
| 1. Name of establishment |  | | 8. Total land area | | | |  |
| 2. Establishment number |  | | 9. Total built-up area | | | |  |
| 3. Address of establishment |  | | 10. Types of meat processed by the establishment | | | |  |
| 4. Website |  | | 11. Meat products (cuts/offal) intended for export | | | |  |
| 5. Type of establishment |  | | 12i. Export history of the products, including Annex A12 (ii) - Veterinary health certificates | | | |  |
| 6. Year constructed |  | | 12iii. Inspection by a foreign Competent Authority including  Annex A12(iii) – Inspection report | | | |  |
| 7. Year Renovated/Upgraded |  | |
|  | | | | | | | |
| **B. LOCATION AND LAYOUT OF THE ESTABLISHMENT** | | | | | | | |
| 1. Location of the establishment | | | | |  | 2. Annex B2 - Layout plan of establishment |  |
|  | | | | | | | |
| **C. WATER SUPPLY** | | | | | | | |
| 1. Source of water | |  | | 4. Chemical/Bacteriological examination of water, including Annex C4- Copy of the latest test results | | |  |
| 2. Water treatment | |  | |
| 3. Chlorination | |  | | 5. Ice Making/Storage Facilities | | |  |
|  | | | | | | | |
| **D. MANPOWER** | | | | | | | |
| 1. Staff information, including Annex D1 (i) – Organization chart | | | | |  | 2. Medical examination and history |  |
| 3. Uniforms/Attire |  |
|  | | | | | | | |
| **(E) SLAUGHTERING PREMISES** | | | | | | | |
| * + - 1. Mode of operation | | | | |  | 5. Chillers/Freezers |  |
| 2. Source of livestock | | | | |  | 6. Offal handling and cooling procedures |  |
| 3. Production Throughput | | | | |  | 7. Sanitary measures, including Annex E7(i), (ii) and (iii) – description of collection and disposal of inedible and effluent waste and pest control map |  |
| 4. Boning/Cutting room | | | | |  |
|  | | | | |  |
|  | | | | | | | |
| **(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE** | | | | | | | |
| Annex F1 (i) - Flowchart of the slaughtering/cutting process and CCP’s | | | | |  | 3. Meat inspection |  |
| Annex F1 (ii) - copy of the certificate of HACCP or its equivalent and the HACCP Summary Table | | | | |  | 4. Product recall and traceability system, including Annex F4 – description of system |  |
| 2. Lab analysis, including Annex F2 (iii) – recent laboratory test reports | | | | |  | 5. Sanitation Standard Operating Procedure including Annex F5(ii) – description of SSOP |  |
|  | | | | | | | |
| **(G) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT** | | | | | | | |
| Annex G1-4 - Labelled photographs or video of processing facilities, products photographs | | | | | | |  |
|  | | | | | | | |
| **(H) SINGAPORE IMPORTER INFORMATION** | | | | | | |  |
| **(I) SALES CONTACT INFORMATION** | | | | | | |  |
| **(J) DECLARATION BY ESTABLISHMENT** | | | | | | |  |
| **(K) VERIFICATION BY COMPETENT VETERINARY AUTHORITY** | | | | | | |  |