

APPLICATION FORM FOR PROCESSING / CANNING PLANT TO EXPORT MEAT PRODUCTS TO SINGAPORE

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) **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.
- 4) **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

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;
 - Priority may be given to cases that meet strategic alignment with national and organisation needs.
- 3) **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.

APPLICATION FORM FOR PROCESSING / CANNING PLANT TO EXPORT MEAT PRODUCTS TO SINGAPORE

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	<input type="checkbox"/> E	<input type="checkbox"/> W		°		'		"
		Latitude	<input type="checkbox"/> N	<input type="checkbox"/> S		°		'		"
(4) Website address										
(5) Year Constructed										
(6) Year Renovated / Upgraded (if relevant)										
(7) Total Land Area (m²)										
(8) Total Built-up Area (m²)										
(9) All Types of Meat Processed by the Establishment:										
<input type="checkbox"/> Beef/Veal <input type="checkbox"/> Mutton/Lamb <input type="checkbox"/> Pork <input type="checkbox"/> Suckling Pig <input type="checkbox"/> Small Pig <input type="checkbox"/> Others (please specify): _____			<input type="checkbox"/> Chicken <input type="checkbox"/> Duck <input type="checkbox"/> Goose <input type="checkbox"/> Turkey <input type="checkbox"/> Ostrich			<input type="checkbox"/> Emu <input type="checkbox"/> Quail <input type="checkbox"/> Kangaroo <input type="checkbox"/> Venison <input type="checkbox"/> Offal				
(10) Products Intended for Export to Singapore										
Product name	Species	Meat cut used	State (Chilled/Frozen/Retort)							
<i>e.g. Sausage</i>	<i>Pork and chicken</i>	<i>Muscle and fat</i>	<i>Frozen</i>							
<i>e.g. Braised pork ribs</i>	<i>Pork</i>	<i>Ribs</i>	<i>Canned</i>							

APPLICATION FORM FOR PROCESSING / CANNING PLANT TO EXPORT MEAT PRODUCTS TO SINGAPORE

(11) Export History			
(i) Export history of products intended for export to Singapore	List products and state country of source: (i) <i>e.g. Pork and chicken sausage – Country X</i> (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 A11(i). <input type="checkbox"/> Attach and label as “Annex - A11(ii)”		
(iii) Export inspection	Indicate if establishment has been inspected by a Foreign Competent Authority (e.g. EU, FSIS) <input type="checkbox"/> Yes. Please specify the foreign Competent Authority and provide a copy of the inspection report, label as “Annex – A11(iii): _____” <input type="checkbox"/> No.		

(B) LOCATION AND LAYOUT OF THE ESTABLISHMENT

(1) Location of Establishment:	
(i) The establishment is located in a:	<input type="checkbox"/> Industrial area <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural area <input type="checkbox"/> Others (please specify):
(ii) Type of operation performed in adjacent properties (if any):	<input type="checkbox"/> Heavy industry <input type="checkbox"/> Food-processing industry <input type="checkbox"/> Others (please specify):
(2) Layout Plan of Establishment:	
<input type="checkbox"/> 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 <u>clear resolution</u> and labelled in <u>English</u> to demonstrate the following: (i) segregation of production areas and purpose of area (ii) location of all workers entrances/exits into production areas	

(iii) production flow and workers' flow, as indicated by coloured <u>arrows</u> .

(C) WATER SUPPLY

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

(D) MANPOWER

(1) Staff Information:	
(i) Organisational chart of the establishment	<input type="checkbox"/> Attach and label as "Annex – D1(i)"
(ii) Total number of general workers employed in the establishment:	
(iii) Staff are trained in food safety quality assurance programmes (e.g. GMP, HACCP, ISO22000, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) Medical Examination and History:	
(i) Employees are medically examined and certified fit to work in a food preparation establishment prior to employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) Annual health checks are available for workers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) Uniforms/Attire:	
(i) Uniforms are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

(ii) Boots are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) Gloves and facemasks are provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iv) Laundry is provided	<input type="checkbox"/> In-plant <input type="checkbox"/> By contract

(E) PROCESSING/CANNING PREMISES

(1) Source of Raw Meat:			
Species	Country of Origin	Establishment name	Establishment number
(2) Production Throughput:			
(i) Number of shifts:			
(ii) Number of working days per week:			
(iii) Production per shift (in tonnes):			
(iv) Annual production capacity (tonnes):			
(3) Chillers/Freezers:			
Indicate if refrigerated rooms suitable for effective cooling and storage of meat and meat products are present.			
<input type="checkbox"/> Yes, Number of chillers available:_____			
Number of freezers available:_____			
<input type="checkbox"/> No			
(4) Sanitary Measures:			
(i) There is a system of collection and disposal of inedible or condemned products.	<input type="checkbox"/> Yes, <input type="checkbox"/> Attach description of the system and label as “Annex – E4(i)”		
	<input type="checkbox"/> No		
(ii) Indicate if there is a system of effluent treatment and disposal of waste.	<input type="checkbox"/> Yes, <input type="checkbox"/> Attach description of the system and label as “Annex – E4(ii)”		
	<input type="checkbox"/> No		
(iii) There is a pest control system in place.	<input type="checkbox"/> Yes, implemented by: <input type="checkbox"/> In-house staff <input type="checkbox"/> Contract staff		
	<input type="checkbox"/> Attach layout map of pest control points and label as “Annex – E4(iii)” <input type="checkbox"/> No		
(iv) Pest control records are kept and maintained.			<input type="checkbox"/> Yes

APPLICATION FORM FOR PROCESSING / CANNING PLANT TO EXPORT MEAT PRODUCTS TO SINGAPORE

	<input type="checkbox"/> No
(v) Hands-free operated features for taps and toilet flushes are available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vi) Disposable paper towels and hand disinfectant are available.	<input type="checkbox"/> Yes <input type="checkbox"/> No
(vii) Dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials are available.	<input type="checkbox"/> Yes <input type="checkbox"/> No

(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE

(1) Food Safety Programmes and Production Procedure:			
(i) Flow of production			
Provide flowchart of the production process, showing clearly the critical control points (CCP's), details of manufacturing process, temperature and duration of heat treatment. <input type="checkbox"/> Attach and label as "Annex – F1(i)"			
(ii) Processes are based on HACCP principles or its equivalent.			
<input type="checkbox"/> Yes, Provide copy of <u>HACCP certification</u> or its equivalent and <u>HACCP Summary Table</u> stating each CCPs identified and its critical limits, monitoring and verification activities <input type="checkbox"/> Attach and label as "Annex – F1(ii)"			
<input type="checkbox"/> No			
(iii) Core temperature and duration at which core temperature is maintained of <u>each</u> product listed in Section A10			
Product	Temperature (°C)	Time (minutes)	
(iv) <u>For retort/canned products</u> , indicate the sterilization temperature and time, and Fo value achieved for <u>each</u> product listed in Section A10			
Product	Sterilization Temperature (°C)	Sterilization Time (minutes)	Fo value achieved
(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	
<i>E.g. Contact surface</i>	<i>E.g. Microbiology</i>	<i>E.g. Once a month</i>	

(ii) Laboratory testing is performed by:	<input type="checkbox"/> In house laboratory <input type="checkbox"/> External laboratory accredited by the competent authority of your country <input type="checkbox"/> Others (please specify): _____	
(iii) Copies of recent laboratory test reports certified by a laboratory microbiologist.	<input type="checkbox"/> Attach and label as "Annex – F2(iii)"	
(3) Product Recall & Traceability System		
Indicate if traceability system from raw material to finished products is in place.		
<input type="checkbox"/> Yes, <input type="checkbox"/> Attach description of traceability system from raw material to finished products as Annex and label as "Annex –F3" <input type="checkbox"/> No		
(4) Sanitation Standard Operating Procedure (SSOP)		
(i) Indicate if a SSOP is in place for the facilities and equipment.		
<input type="checkbox"/> Yes, implemented by <input type="checkbox"/> In-house staff <input type="checkbox"/> Contract staff <input type="checkbox"/> No		
(ii) Description of SSOP	<input type="checkbox"/> Attach as Annex and label as "Annex –F4(ii)"	
(iii) Records of cleaning and sanitising of facilities and equipment are maintained	<input type="checkbox"/> Yes <input type="checkbox"/> No	

(G) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT

Provide the following video / photographs	
(1) <u>Labelled</u> photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials, processing to packaging and storage of finished products, <u>in operation</u> .	<input type="checkbox"/> Attach and label as "Annex –G1"
(2) The external view of the establishment (front, sides and back) and its surroundings.	<input type="checkbox"/> Attach and label as "Annex –G2"
(3) Every product intended for export to Singapore, with and without its final packaging.	<input type="checkbox"/> Attach and label as "Annex –G3"

(H) SINGAPORE IMPORTER INFORMATION

Indicate if contact with Singapore importers has been established	
<input type="checkbox"/> Yes, please provide the following information. <input type="checkbox"/> 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	
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(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	

APPLICATION FORM FOR PROCESSING / CANNING PLANT TO EXPORT MEAT PRODUCTS TO SINGAPORE

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			<input type="checkbox"/>
A. PARTICULARS OF ESTABLISHMENT			
1. Name of establishment	<input type="checkbox"/>	7. Total land area	<input type="checkbox"/>
2. Establishment number	<input type="checkbox"/>	8. Total built-up area	<input type="checkbox"/>
3. Address of establishment	<input type="checkbox"/>	9. All types of meat processed by the establishment	<input type="checkbox"/>
4. Website	<input type="checkbox"/>	10. Meat products intended for export	<input type="checkbox"/>
5. Year constructed	<input type="checkbox"/>	11(i). Export history of the products, including Annex A11 (ii) - Veterinary health certificates	<input type="checkbox"/>
6. Year Renovated/Upgraded	<input type="checkbox"/>	11(iii). Inspection by a foreign Competent Authority including Annex A11(iii) – Inspection report	<input type="checkbox"/>
B. LOCATION AND LAYOUT OF THE ESTABLISHMENT			
1. Location of the establishment	<input type="checkbox"/>	2. Annex B2 - Layout plan of establishment	<input type="checkbox"/>
C. WATER SUPPLY			
1. Source of water	<input type="checkbox"/>	4. Chemical/Bacteriological examination of water, including Annex C4- Copy of the latest test results	<input type="checkbox"/>
2. Water treatment	<input type="checkbox"/>	5. Ice Making/Storage Facilities	<input type="checkbox"/>
3. Chlorination	<input type="checkbox"/>		
D. MANPOWER			
1. Staff information, including Annex D1(i) – Organization chart	<input type="checkbox"/>	2. Medical examination and history	<input type="checkbox"/>
		3. Uniforms/Attire	<input type="checkbox"/>
(E) PROCESSING/CANNING PREMISES			
1. Source of raw meat	<input type="checkbox"/>	4. Sanitary measures, including Annex E4(i), (ii) and (iii) – description of collection and disposal of inedible and effluent waste and pest control map	<input type="checkbox"/>
2. Production Throughput	<input type="checkbox"/>		
3. Chillers/Freezers	<input type="checkbox"/>		
(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE			
1(i). Annex F1(i) - Flowchart of the production process and CCP's	<input type="checkbox"/>	2. Lab analysis, including Annex F2 (iii) – recent laboratory test reports	<input type="checkbox"/>
1(ii). Annex F1(ii) - copy of the certificate of HACCP or its equivalent and the HACCP Summary Table	<input type="checkbox"/>	3. Product recall and traceability system, including Annex F3 – description of system	<input type="checkbox"/>
1(iii)/(iv) – Heat treatment condition	<input type="checkbox"/>	4. Sanitation Standard Operating Procedure including Annex F4(ii) – description of SSOP	<input type="checkbox"/>
(G) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT			
Annex G1-3 - Labelled photographs or video of processing facilities, products photographs			<input type="checkbox"/>
(H) SINGAPORE IMPORTER INFORMATION			
			<input type="checkbox"/>
(I) SALES CONTACT INFORMATION			
			<input type="checkbox"/>
(J) DECLARATION BY ESTABLISHMENT			
			<input type="checkbox"/>
(K) VERIFICATION BY COMPETENT VETERINARY AUTHORITY			
			<input type="checkbox"/>