

**2017 The Belgian Meat Plants Audit Program**  
**Basic Information of the Plant**  
**(Slaughterhouse, Cutting plant and Cold store)**

TFDA

Company name	
Description of the company	
Establishment name	
Establishment number	
Establishment address	
Description of the establishment	Year Established____, Reconstruction times____, years_____ Area: _____hectares /acres Factor buildings:_____ Copy of maps: (please provide as attachments)
Type of operation	<input type="checkbox"/> Slaughter, <input type="checkbox"/> fabrication, <input type="checkbox"/> Low temperature storage <input type="checkbox"/> further processing ( <input type="checkbox"/> canning, <input type="checkbox"/> heating, <input type="checkbox"/> drying, <input type="checkbox"/> smoked, <input type="checkbox"/> marinated, <input type="checkbox"/> others_____ )
Animals slaughtered ,processed and/or products stored in this establishment	<input type="checkbox"/> Bovine <input type="checkbox"/> Porcine <input type="checkbox"/> Ovine <input type="checkbox"/> Lamb, <input type="checkbox"/> Goat, <input type="checkbox"/> Others (_____) ) <input type="checkbox"/> Avian <input type="checkbox"/> Chicken, <input type="checkbox"/> Duck, <input type="checkbox"/> Goose, <input type="checkbox"/> Turkey, <input type="checkbox"/> Others (_____) ) <input type="checkbox"/> Others (_____) )
Source of animals / cleaned carcasses / meat	1. Domestic: (1) States: (2) Suppliers 2. Imported (1) Countries: (2) Suppliers:
Description meat product produced or products stored for food purpose in this establishment	<input type="checkbox"/> fresh/ chilled/ frozen meat products:_____ <input type="checkbox"/> ready to eat:_____ <input type="checkbox"/> further process meat products:_____ <input type="checkbox"/> products other than meat products:_____

(including by - products)	
Production or storage capacity and working mode (in meat factory)	<p>- Production capacity</p> <p>Maximum capacity per day: _____</p> <p>Maximum capacity per hour: _____</p> <p>Heads slaughtered per day: _____ heads</p> <p>Heads slaughtered per hour: _____ heads</p> <p>Working days per week : _____ days</p> <p>Shifts per working day: _____ shifts</p> <p>Working hours per shift: _____ hrs</p> <p>Other information:</p> <p>- Storage capacity</p> <p>Chilled warehouse : _____</p> <p>Frozen warehouse : _____</p> <p>Room temperature warehouse : _____</p>
Number of employees	<p>Total: _____ Slaughter: _____ Processing: _____</p> <p>Sanitation: _____ Administrative: _____</p>
On-site official personnel	<p>Total official veterinarians: _____.</p> <p>- From which agency/department : _____.</p> <p>Total official inspectors (veterinarian assistants) _____.</p> <p>- From which agency/department : _____.</p>
Meat products distribution	<p>Domestic sales: _____ %</p> <p>Export: _____ %</p> <p>- Exported to (countries): _____</p>
Animal receiving (for slaughterhouse)	<p>Received: _____ months/days (age), _____ kg/per animal</p> <p>Identification: <input type="checkbox"/> Farm <input type="checkbox"/> Ear Tag <input type="checkbox"/> RFID <input type="checkbox"/> Birth certificate <input type="checkbox"/> Other</p> <p>Verification:</p> <p>Records:</p> <p>Holding time: _____ hrs Observations and treatments:</p> <p>Traceability management: _____</p>
Ante-mortem inspection (for slaughterhouse)	<p>The number of</p> <p>- on line official veterinarians: _____ .</p> <p>- on line official inspectors: _____ .</p> <p>Checking points</p>

	<input type="checkbox"/> receiving <input type="checkbox"/> holding <input type="checkbox"/> going to slaughter area <input type="checkbox"/> others: ( _____ ) <input type="checkbox"/> Ante-mortem program and inspection records
Post-mortem inspection (for slaughterhouse)	The number of - on line official veterinarians: _____ . - on line official inspectors: _____ . Checking points <input type="checkbox"/> Sticking & bleeding, <input type="checkbox"/> Scalding & dehairing, <input type="checkbox"/> Evisceration, <input type="checkbox"/> Splitting, <input type="checkbox"/> Cooling, <input type="checkbox"/> Cutting, <input type="checkbox"/> Edible viscera/offal treatment, <input type="checkbox"/> others: ( _____ ) <input type="checkbox"/> Post-mortem program and inspection records
Stunning (for slaughterhouse)	Method and equipment : <input type="checkbox"/> CO <sub>2</sub> Suffocation, equipment: _____ <input type="checkbox"/> Electric shock, equipment: _____ <input type="checkbox"/> other : ( _____ )
Trichinella control (for pig slaughterhouse)	Sampling criteria: Sampling frequency: Control measures:
Cutting meat or meat raw materials receiving (for food processing establishment)	- Please list the cutting meat or meat raw materials used or stored in this plant and where the cutting meat or meat raw materials come from. - Please list the suppliers of the cutting meat or meat raw materials.
Any edible offal you collect for further food processing? (for slaughterhouse)	
Food safety and hygiene control during operation (SSOP Program)	On site officials and QA persons Total on-line officials who supervise per shift: _____, The supervisor/s is /are from _____(which agency / department) Total on-line QA persons per shift: _____, - How many checking points: <input type="checkbox"/> They are:

	<input type="checkbox"/> SSOP program and inspection records Audit: Internal audit: Frequency: The result of last audit:  External Audit: Frequency: ( By officials and / or 3 <sup>rd</sup> party ) The result of last audit:
Food safety monitoring programs	Microbiological monitoring programs including pathogen monitored, sampling frequency, test reports.  Chemical Residues monitoring Program or for animal drugs monitored, sampling frequency, test reports.
Food safety control for other risk factors	Please describe briefly the food safety control including other food ingredients and food additives used, other food contact materials (package materials and food detergents for examples), water and other environmental chemicals (pesticides used for pest control, chemicals used for equipment maintenance and other environment pollutants for examples) .  <input type="checkbox"/> Control program and inspection records
HACCP Program	How many CCPs?            They are:  The frequency of re-assessment: Audit: Internal audit: Frequency: The result of last audit:

	<p>External Audit: Frequency: ( By officials and / or 3<sup>rd</sup> party )</p> <p>The result of last audit:</p>
<p>Food safety of low-acid canned food (for processed meat plant and cold stores )</p>	<p>kind of low-acid canned food</p> <p>Sterilization conditions validation</p> <p><input type="checkbox"/> Control program and inspection records</p>
<p>Warehouse Management, identification of the storage product and the traceability system</p>	<p>Control program and inspection records</p> <p>Traceability System</p> <p>Recall System</p> <p>Transport</p> <ul style="list-style-type: none"> <li>- Containers <ul style="list-style-type: none"> <li><input type="checkbox"/> owned containers</li> <li><input type="checkbox"/> containers from clients</li> <li><input type="checkbox"/> containers from transport company</li> </ul> </li> <li>- Trunks/Vehicles <ul style="list-style-type: none"> <li><input type="checkbox"/> owned trunks</li> <li><input type="checkbox"/> trunks from contracted transport company</li> <li><input type="checkbox"/> trunks from clients</li> </ul> </li> </ul> <p>Mode of transport</p> <p><input type="checkbox"/> Road <input type="checkbox"/> Railway <input type="checkbox"/> Waterway</p>
<p>Consumer complaints</p>	<p>SOP</p> <p>Records</p>

*Please provide documents related to the above-mentioned basic information if available.*