

## MINISTRY OF AGRICULTURE DIRECTORATE GENERAL OF LIVESTOCK AND ANIMAL HEALTH SERVICES DIRECTORATE VETERINARY PUBLIC HEALTH

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## APPLICATION FORMS FOR HONEY ESTABLISHMENT APPROVAL IN COUNTRY WISHING TO EXPORT HONEY PRODUCTS TO INDONESIA

Note: This guideline sets out the information on Honey establishment required by Directorate of Veterinary Public Health, Directorate General of Livestock and Animal Health Services (DGLAHS), Ministry of Agriculture of Republic of Indonesia for evaluation to export Honey products to Indonesia.  Please include any additional information and photographs to support your application.  Inadequate/incomplete submissions may result in delay in processing.  All information submitted must be in English and in hard copy and soft copy.				
Exp	oorting Country:			
A.	GENERAL INFORMATION			
1.	Name of establishment	<b>:</b>		
2.	Establishment No.	:		
3.	Address	: City/Village:		
		District :		
		Province/State/Prefecture:		
		GPS coordinate:		
	Phone	:		
	Facsimile	:		
	E-mail	÷		
4.	Address of headquarters (i	if different from establishments address):		
		: City/Village:		

		District :	
	Phone	Province/State/Prefecture: GPS coordinate:	
		:	
	Facsimile	:	
	E-mail	:	
5.	Contact person at establishment :		
	Name	:	
	Position	:	
	Telephone	:	
	Facsimile	:	
	E-mail	:	
6.	Date when esta	ablishment produced Honey products:(dd/mm/yy)	
7.		st renovation of establishment was done:(dd/mm/yy)	
8.	Type of Honey products the	hat are produced in the establishment or company:	
9.	Type of Honey products a	are going to be exported:	
10.	Additional facilities found a 10.1 Production of Honey     Yes 10.2 Storage room for Hor   Yes	products: □ No	
11.	Describe the raw material u	used in this establishments:	
12.	<ul><li>12.1 Import (country, farm</li><li>12.2 Domestic:</li></ul>	company (farm registration number)	

	12.2.3 Others (establishment number)
13.	The products intended for:
14.	List the latest 3 (three) years production of Honey products. Annex 1.
15.	<ul> <li>In case of part or all of the products are intended for export</li> <li>15.1.List the names of importing countries and date of approval, types of exported products, volume and the first year of export and name of importing country: Annex 2.</li> <li>15.2.Date of the last 6 (six) months export and name of importing country: Please attach a copy of veterinary health certificate that accompanied the last shipment to each country): Annex 3.</li> </ul>
16.	Layout of Plant Please Attach layout of plant showing properly labeled rooms for different operations, including the important equipment/facilities and to indicate the flow of the product and workers by colored arrows: <b>Annex 4.</b>
В.	Additional Information of Establishment
1. 2.	Staff information 1.1 Total number of workers in establishment: 1.2 Number of workers for: 1.2.1 Processing room: 1.2.2 Packing: 1.2.3 Storage: Working hours information: 2.1 Number of working hours per day: 2.2 Number of working days per week:
3.	Medical Examination and History:  3.1 Is medical examination being a compulsory requirement for recruiting new employees in company?

3.2 Does the company have annual medical checkup policy for the worker?

3.4 Is the medical examination done by external or internal doctor?

□ No 3.3 Does medical records of each worker available? □ No

□ No

□ Yes

□ Yes

## C. Location and Facilities of Establishment

1.	Location
	<ul> <li>1.1 Establishment is located at industrial/agricultural/residential area: <ul> <li>Industrial</li> <li>Agricultural</li> <li>Residential area</li> <li>Others:</li> </ul> </li> <li>1.2 Access to roads and a rail serving plant (paved or rendered dustproof). <ul> <li>Private road</li> <li>Access to highway road</li> <li>Access to non-highway road</li> <li>Large road</li> </ul> </li> <li>1.3 Please attach satellite picture of surrounding area of the establishment and indicate the building or facilities related to the production of Honey products <ul> <li>Annex 5</li> </ul> </li> </ul>
2.	Facilities of establishment  2.1 Source of Water  2.1.1 Source of water used in the production of Honey products:
	<ul><li>2.1.2 Is the water source examined regularly by the external accredited laboratories?</li><li>2.1.3 What kind of laboratory examinations subjected to the water?</li><li>2.1.4 Please attach the latest of laboratory examination result</li></ul>
	<ul> <li>2.2 Source of Electricity</li> <li>2.2.1 Describe the main source of electricity:</li> <li>2.2.2 Describe the backup source of electricity:</li> <li>3.2 Startage Englisher</li> </ul>
	2.3 Storage Facilities 2.3.1 For chemicals, disinfectants and other cleaning agents:  ☐ Yes ☐ No  Please attach list of chemicals, disinfectants and other cleaning agents used. <b>Annex 6</b>
	2.3.2 Chillers/refrigerators:  ☐ Yes ☐ No  If yes, the temperature°C and the relative humidity
	%, Capacity:ton  2.4 Waste treatment/disposal. 2.4.1 Describe the treatment of waste including disposal (method
	frequency, capacity) 2.4.2 If the disposal of waste using the third party, please attach the latest letter of contract. <b>Annex 7</b>
	2.5 Location of mouse/mice trap Attach copy of layout map of mouse/mice trap: <b>Annex 8</b>
	<ul> <li>2.6 Facilities for workers, attach information related to the quantity/room size/photo of: Annex 9</li> <li>Staff canteen(s)</li> <li>Toilets</li> <li>Lockers</li> </ul>

	□ Changing rooms □ Shower facilities		
	<ul><li>□ Hands-free operated features for taps and toilet flush</li><li>□ Disposable towels and hand disinfectants</li></ul>		
D.	Process of Production		
1.	Give detail flowchart on production/processing of honey (from acceptance of raw material until finish products, including the application of temperature, time, air pressure, relative humidity and mesh size (if any) <b>Annex 10</b>		
2.	Indicate the control process (CP) and Critical Control Point (CCP) and or Operational Prerequisite Program (OPrP) in the flowchart and give them in detail in table <b>Annex 11</b>		
E.	Food Safety and Quality Assurance		
1.	The assurance system of food safety and quality applied in the establishment (choose one or more of the following answer):  1.1 Good Manufacturing Practice/ Good Hygiene Practices:  Yes  No  If yes, please attach the valid certificate and the latest report of internal and/or external audit including the fulfillment of corrective actions.  Annex 12  12 Hazard Analysis Critical Control Point:  Yes  No  If yes, please attach the valid certificate and the latest report of internal and/or external audit including the fulfillment of corrective actions.  Annex 13  13 ISO 22000: 2018 Food Safety Management System  Yes  No  If yes, please attach the valid certificate and the latest report of internal and/or external audit including the fulfillment of corrective actions.  Annex 14  1.4 Food Safety System Certification (FSSC) 22000  Yes  No  If yes, please attach the valid certificate and the latest report of internal and/or external audit including the fulfillment of corrective actions.		
	Annex 15 15 Others: please attach the valid certificate and the latest report of internal audit including the fulfillment of corrective actions. Annex 16		
2.	Is there any food safety team in the establishment?  ☐ Yes ☐ No  If yes, please attach the name of members and education or training background (certified or not certified). <b>Annex 17</b>		
3.	Describe the criteria of Honey products which are rejected for consumption and how will the rejected Honey products be handled:  Annex 18		

4.	State whether laboratory testing is done in the establishment or provided by an external accredited laboratory:  In-house laboratory  Please describe the type of examination, and please attach the latest laboratory report for each product that will be exported. Annex 19	
	<ul> <li>External accredited laboratory</li> <li>Please attach the latest laboratory report for each product that will be exported. Annex 20</li> </ul>	
5.	State whether the calibration of measuring tools is done in the establishment or provided by an external accredited institution.  In-house  Please describe the type of measuring tools which are calibrated Is the person who carries out the calibration certified?  Yes  No  Please attach the certificate. Annex 21  External accredited institution  Please describe the type of measuring tools which are calibrated.  Annex 22	
6.	Product recall and traceability system: Please describe in detail product recall and the traceability system from ramaterial to finished products. <b>Annex 23</b>	
7.	Pest Control Program  7.1 Is the pest control program carried out by the management?  □ Yes □ No If yes, please describe the pest control program. Annex 24  72 If the pest control program carried out by the third party, Please attach the letter of contract and the latest report of visit.  Annex 25	
8.	<ul> <li>Cleaning and disinfection</li> <li>8.1 How is cleaning and disinfection performed on establishments?</li> <li>8.2 How is cleaning and disinfection performed on equipment which are contact with products?</li> <li>8.3 How is cleaning and disinfection on equipment in contact with the rejected products?</li> </ul>	
9.	Establishment monitoring program  9.1 Is there any regular control or supervision from government inspector of QC for the implementation of food safety program in the establishment?  □ Yes □ No  9.2 Number of scheduled monitoring inspection per year:  (By Government inspectors or QC of the company)	
10.	Halal Assurance  10.1 Does the establishment apply the halal assurance system?  □ Yes □ No	
	102 If yes, please mention the certification body that issues the halal	

F.	Declaration by Establishment:		
	I declare that information given above is true and correct.		
	Name, Signature* and Company Stamp Date		
	*) Name of designated veterinarian who submitted the above	information.	
<b>–</b> G.	G. Verification by Veterinary Authority:		
	I have verified the above information given by the company and certified that they are true and correct		
	Name, Signature* and Official Stamp Date		
	Of Veterinary Authority		
	*) Name of designated veterinarian who submitted the above	information.	