



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

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**APPLICATION FORMS FOR RUMINANT SLAUGHTERHOUSE AND MEAT  
PROCESSING PLANT APPROVAL IN COUNTRY WISHING TO EXPORT MEAT  
AND MEAT PRODUCTS TO INDONESIA**

*Note:*

*This guideline sets out the information on establishment required by Directorate Veterinary Public Health, Directorate General of Livestock and Animal Health Services (DGLAHS), Ministry of Agriculture of Republic Indonesia for evaluation to export ruminant slaughterhouse and meat processing plant 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.*

Exporting Country: \_\_\_\_\_

**A. GENERAL INFORMATION**

1. Name of establishment : \_\_\_\_\_

2. Establishment No. : \_\_\_\_\_

3. Type of establishments : \_\_\_\_\_  
(Slaughterhouse, meat cutting plant, further processing plant, etc)

4. Address : City/Village: \_\_\_\_\_

District: \_\_\_\_\_

Province/State/Prefecture: \_\_\_\_\_

GPS coordinate: \_\_\_\_\_

Phone : \_\_\_\_\_

Facsimile : \_\_\_\_\_

E-mail : \_\_\_\_\_

5. Address of headquarters (if different from establishments address):

: City/Village: \_\_\_\_\_

District: \_\_\_\_\_

Province/State/Prefecture: \_\_\_\_\_

GPS coordinate: \_\_\_\_\_

Phone : \_\_\_\_\_

Facsimile : \_\_\_\_\_

E-mail : \_\_\_\_\_

6. Contact person at establishment :

\_\_\_\_\_

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Telephone : \_\_\_\_\_

Facsimile : \_\_\_\_\_

E-mail : \_\_\_\_\_

7. Date when establishment produced meat and/or meat products:  
\_\_\_\_\_ (dd/mm/yy)

8. Date when the last renovation of establishment was done:  
\_\_\_\_\_ (dd/mm/yy)

9. Type of meat and/or meat product that are produced in the establishment or company:

\_\_\_\_\_

10. Type of meat and/or meat products are going to be exported:

\_\_\_\_\_

11. Additional facilities found at establishment:

11.1. Production of meat products:

Yes  No

11.2. Separate unit for slaughter/cutting/store:

Yes  No

11.3. Separate quarantine stalls for sick and suspected animal:

Yes  No

11.4. Rendering plant:

- Yes  No

11.5. Storage room for meat, meat products, fish and milk products:

- Yes  No

12. For the slaughterhouse/abattoir, source of the animal:

12.1.Import (country, province/state):

12.2. Domestic:

12.1.1. Owned by the company (region, district):

12.1.2. Integrated farm/contract farm (region, district)

12.1.3. Others:

13. For the meat processing plant, source of carcass or meat:

13.1.Import (country, province/state, establishment number):

13.2.Domestic:

13.1.1. Owned by the company (establishment number):

13.1.2. Others (establishment number):

14. The produced products intended for:

- Export  
 Domestic  
 Both

15. The latest 3 years production of meat and/or meat products:

\_\_\_\_\_ : \_\_\_\_\_ MT/year

\_\_\_\_\_ : \_\_\_\_\_ MT/year

\_\_\_\_\_ : \_\_\_\_\_ MT/year

16. In case of part or all the produced products are intended for export

**16.1.**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 1.**

**16.2.**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 2.**

17. Layout Plan of Establishment

Please Attach layout plan 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: **Annex 3**

## B. Additional Information of Establishment

1. Staff information
  - 1.1 Total number of workers in plant:
  - 1.2 Number of workers for:
    - 1.2.1 Slaughter process:
    - 1.2.2 Cutting room/processing room:
    - 1.2.3 Packing:
    - 1.2.4 Storage:
  - 1.3 Does the establishment or company employ the veterinarian?  
 Yes  No  
If yes, number of employed veterinarians.
  - 1.4 Number of accredited or approved private veterinarians/ auxiliaries stationed in establishment (if any):
  - 1.5 What kind of trainings have been held by the company for staff related to food safety and quality assurance in the last 3 (three) years?
2. 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?  
 Yes  No
  - 3.2 Does the company have annual medical check up policy for the worker?  
 Yes  No
  - 3.3 Does medical records of each worker available?  
 Yes  No
  - 3.4 Is the medical examination done by external or internal doctor?  
 Yes  No

## C. Location and Facilities of Establishment

1. Location
  - 1.1 Establishment is located at industrial/agricultural/residential area:  
 Industrial  
 Agricultural  
 Residential area
  - 1.2 Access to roads and a rail serving plant (paved or rendered dustproof).  
 Private road  
 Access to highway road  
 Access to non-highway road  
 Large road
  - 1.3 Please attach satellite picture of surrounding area of the establishment and indicate the building or facilities related to the production of meat and/or meat products: **Annex 4**

2. Facilities of establishment

2.1 Source of Water

2.1.1 Source of water used in the production of meat and/or meat products:

2.1.2 Is the water source examined regularly by the external accredited laboratories?

2.1.3 What kind of laboratory examinations subjected to the water?

2.1.4 Please attach the latest of examination result

2.2 Source of Electricity

2.2.1 Describe the main source of electricity:

2.2.2 Describe the backup source of electricity:

2.3 Is the quarantine or isolating pen available?

Yes  No

2.4 Storage Facilities

2.4.1 For dry ingredients:

Yes  No

If yes, the temperature \_\_\_\_\_°C and the relative humidity \_\_\_\_\_%

2.4.2 For chemicals, disinfectants and other cleaning agents:

Yes  No

Please attach list of chemicals, disinfectants and other cleaning agents used. **Annex 5**

2.4.3 Chillers/refrigerators:

Yes  No

If yes, the temperature \_\_\_\_\_°C and the relative humidity \_\_\_\_\_%, Capacity: \_\_\_\_\_ton

2.4.4 Type of freezer:

Air blast freezers: the temperature \_\_\_\_\_°C  
Capacity: \_\_\_\_\_ton

Individual Quick Freezers: the temperature \_\_\_\_\_°C  
Capacity: \_\_\_\_\_ton

Others: ....., the temperature ..... °C  
Capacity: \_\_\_\_\_ton

2.4.5 Cold storage:

Yes  No

If yes, the temperature \_\_\_\_\_°C and the relative humidity \_\_\_\_\_%, Capacity: \_\_\_\_\_ton

2.5 Waste treatment/disposal.

2.5.1 Describe the treatment of liquid waste including disposal (method, frequency, capacity)

2.5.2 Describe the treatment of solid waste including disposal (method, frequency, capacity)

2.5.3 If the disposal of waste using the third party, please attach the latest letter of contract.

2.6 Location of mouse/mice trap

Attach copy of layout map of mouse/mice trap: **Annex 6**

2.7 Facilities for Workers Attach information related to the quantity/room size/photo of : **Annex 7**

- Staff canteen(s)
- Toilets
- Lockers
- Changing rooms
- Shower facilities
- Hands-free operated features for taps and toilet flush
- Disposable towels and hand disinfectants

#### **D. Procces of Production**

1. Give detail flowchart on production/processing of meat and meat product (from acceptance of raw material until finish products, including the application of temperature, time, air pressure, relative humidity and mesh size (if any) **Annex 8**
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 **Annex 9**

#### **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 10**
  - 1.2 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 11**
  - 1.3 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 12**
  - 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 13**
  - 1.5 Others: ..... please attach the valid certificate and the latest report of internal audit including the fulfillment of corrective actions. **Annex 14**
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).

3. The halal assurance system applied in the establishment:  
 Yes                       No  
If yes, please attach the valid certificate. **Annex 15**
4. Ante Mortem Inspection  
Who conducts the ante mortem inspection:  
 Accredited or approved private veterinarian  
 Veterinarian employed in establishment  
 Others: .....
5. Describe the criteria of animals which are rejected for slaughter and how will the rejected (suspected, sick, and dead) animals be treated:  
**Annex 16**
6. Post Mortem Inspection  
Who conducts the ante mortem inspection:  
 Accredited or approved private veterinarian  
 Veterinarian employed in establishment  
 Others: .....
7. Describe the criteria of carcass and offal which are condemned and how will the condemned carcass and offal be disposed: **Annex 17**
8. 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. **Annex 18**  
 External accredited laboratory  
Please attach the latest laboratory report for each product. **Annex 19**
9. 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 20**  
 External accredited institution  
Please describe the type of measuring tools which are calibrated.  
**Annex 21**
10. Product recall and traceability system:  
Please describe in detail product recall and the traceability system from raw material to finished products. **Annex 22**

11. Pest Control Program
- 11.1 Is the pest control program carried out by the management?  
 Yes  No  
 If yes, please describe the pest control program. **Annex 23**
- 11.2 If the pest control program carried out by the third party,  
 Please attach the letter of contract and the latest report of visit.  
**Annex 24**
12. Animal welfare
- 12.1 Describe the implementation of animal welfare in the establishment since the reception of animals until slaughter
- 12.2 Describe the person/division who is responsible for the implementation of animal welfare in the establishment
- 12.3 Is there any approval letter or certification of animal welfare implementation from external institution or third bodies.  
 Yes  No  
 If yes, please attach the latest certificate. **Annex 25**
13. Cleaning and disinfection
- 13.1 How is cleaning and disinfection performed on floors and walls?
- 13.2 How is cleaning and disinfection performed on equipment (equipment which are contact with meat and / or meat products)?
- 13.3 How is cleaning and disinfection on equipment in contact with the condemn
14. Biosecurity
- 14.1 Is there any disinfection of the animal transport vehicle when entering the establishment?
- 14.2 Is cleaning and disinfection done on transport vehicle after unloading animals?
15. Protected Designation of Origin (PDO), Protected Geographical Indication (PGI), Traditional Specialty Guaranteed (TSG)  
 For the specific meat product, is the product certified by one of above certification?  
 Yes  No  
 If yes, what kind of meat products are certified? Please attach the certificate.  
**Annex 26**
16. Establishment monitoring program
- 16.1 Is there any regular control or supervision from government inspector or QC for the implementation of food safety program in the establishment?  
 Yes  No
- 16.2 Number of scheduled monitoring inspection per year: \_\_\_\_\_  
 (*By Government inspectors or QC of the company*)



17. Halal Assurance

17.1 Does the establishment apply the halal assurance system?

- Yes  No

17.2 If yes, please mention the certification body that issues the halal certificate. Please attach the certificate. **Annex 27**

## **Additional Questionnaire for Country not free from FMD**

1. Please attach regulations and its operational documents stating that the entire consignment of meat comes from animals which have remained, for at least three months prior to slaughter, in a zone of the exporting country where cattle and water buffaloes are regularly vaccinated against FMD and where an official control program is in operation; (Annex:\_\_\_\_\_)
2. Please attach regulations and its operational documents stating that the entire consignment of meat comes from animals which have been vaccinated at least twice with the last vaccination not more than six months, unless protective immunity has been demonstrated for more than six months, and not last than one month prior to slaughter (Annex:\_\_\_\_\_)
3. Please attach regulations and its operational documents stating that the entire consignment of meat comes from animals which were kept for the past 30 days in an establishment, and that FMD has not occurred within a 10 kilometre radius of the establishment during that period or the establishment is a quarantine station;
4. Please attach regulations and its operational documents stating that the entire consignment of meat comes from animals which have been transported, in a vehicle which has cleansed and disinfected before the cattle and water buffaloes were loaded, directly from the establishment of origin or quarantine station to the approved slaughterhouse/abattoir without coming into contact with other animals which do not fulfill the required conditions for export (Annex:\_\_\_\_\_)
5. Please attach regulations and its operational documents stating that entire consignment of meat comes from animals which have been slaughtered in an approved slaughterhouse/abattoir: which is officially designated for export; (Annex:\_\_\_\_\_)
6. Please attach regulations and its operational documents stating that entire consignment of meat comes from animals which in which no FMD has been detected during the period between the last disinfection carried out before slaughter and the shipment for export has been dispatched; (Annex:\_\_\_\_\_)
7. Please attach regulations and its operational documents stating that the entire consignment of meat comes from animals which have been subjected to ante- and post-mortem inspections within 24 hours before and after slaughter with no evidence of FMD (Annex:\_\_\_\_\_)
8. Please attach regulations and its operational documents stating stated that the entire consignment of meat comes from deboned carcasses from which the major lymphatic nodes have been removed (Annex:\_\_\_\_\_)
9. Please attach regulations and its operational documents starting stated that the entire consignment of meat comes from deboned and deglanded carcasses

which, prior to deboning, have been submitted to maturation at a temperature greater than +2°C for a minimum period of 24 hours following slaughter and in which the pH value is than 6.0 when tested in the middle of both the *longissimus dorsi* muscle (Annex:\_\_\_\_\_)

**Transportation Process**

1. Standard Operating Procedure of packing and labeling of meat
2. Standard Operating Procedure the quarantine actions taken from the Origin Country before being loaded into the carrier (Annex:\_\_\_\_\_)
3. Standard Operating Procedure process of transporting Halal-certified animal products (Annex:\_\_\_\_\_)

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**F. Declaration by Establishment:**

I declare that information given above is true and correct.

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Name, Signature\* and Company Stamp

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Date

\*) *Name of designated veterinarian who submitted the above information.*

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**G. Verification by Veterinary Authority:**

I have verified the above information given by the company and certified that they are true and correct

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Name, Signature\* and Official Stamp  
Of Veterinary Authority

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Date

\*) *Name of designated veterinarian who submitted the above information.*