



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

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**APPLICATION FORMS FOR EGG PRODUCTS PROCESSING PLANT  
APPROVAL IN COUNTRY WISHING TO EXPORT EGG PRODUCTS TO  
INDONESIA**

*Note:*

*This guideline sets out the information on egg products 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 egg 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.*

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

**A. GENERAL INFORMATION**

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

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

3. Type of egg products produced by the establishment :

\_\_\_\_\_

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 the establishment produces egg products:  
\_\_\_\_\_ (dd/mm/yy)

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

9. Type of egg products are going to be exported \_\_\_\_\_

10. Additional facilities found at establishment:

10.1. Processing of egg

Yes  No

10.2. Storage room for egg products:

Yes  No

11. Source of fresh eggs:

11.1. Import (country):

11.2. Domestic:

11.2.1. Owned by the company (establishment number)

11.2.2. Integrated/contracted (establishment number)

11.2.3. Others (establishment number)

12. Is the establishment of taking fresh eggs from the farm layer which is declared AI-free compartment without vaccination or by vaccination?

Yes  No

If yes, who states, if not how can the layer farm guarantee AI-free\_\_\_\_\_

13. Does the establishment take fresh eggs from the layer farm that are declared free of Salmonella, especially Salmonella Enteritidis and Salmonella Typhimurium?

Yes  No

If yes, who states, if not how can the layer farm guarantee Salmonella-free\_\_\_\_\_

14. The produced products intended for:  Export  
 Domestic  
 Both

15. The latest 3 years production of egg products based on type of products

16. In case of part or all of 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 establishment:

1.2 Number of workers for:

1.2.1 Processing:

1.2.2 Packaging:

1.2.3 Storage:

1.3 Does the company employ the veterinarian?  Yes  No

If yes, number of employed veterinarian.

- 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 checkup 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 establishment related to the production of egg products: **Annex 4**
- 2. Facilities of establishment
  - 2.1 Source of Water
    - 2.1.1 Source of water used in the production of egg 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 laboratory 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 Storage Facilities
    - 2.3.1 For dry ingredients:
      - Yes
      - No

- If yes, the temperature \_\_\_\_\_°C and the relative humidity \_\_\_\_\_%
- 2.3.2 For chemicals, disinfectants and other cleaning agents:  Yes  No  
Please attach list of chemicals, disinfectants and other cleaning agents used. **Annex 5**
- 2.3.3 If the products are frozen, describe the method of freezing:  
 Air blast freezers: the temperature \_\_\_\_\_°C  
Capacity: \_\_\_\_\_ton  
 Individual Quick Freezers: the temperature \_\_\_\_\_°C  
Capacity: \_\_\_\_\_ton  
 Others: ....., the temperature \_\_\_\_\_°C  
Capacity: \_\_\_\_\_ton
- 2.3.4 Storage room for type of egg products:  
the temperature \_\_\_\_\_°C and the relative humidity \_\_\_\_\_%, Capacity: \_\_\_\_\_ton
- 2.4 Waste treatment/disposal.
- 2.4.1 Describe the treatment of liquid waste including disposal (method, frequency, capacity)
- 2.4.2 Describe the treatment of solid waste including disposal (method, frequency, capacity)
- 2.4.3 If the disposal of waste using the third party, please attach the latest letter of contract.
- 2.5 Location of mouse/mice trap  
Attach copy of layout map of mouse/mice trap: **Annex 6**
- 2.6 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 egg products (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 Farming/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**

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 11**

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 12**

14 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**

15 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. 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 15**

- External accredited laboratory

Please attach the latest laboratory report for each product. **Annex 16**

4. 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 17**

- External accredited institution

Please describe the type of measuring tools which are calibrated. **Annex 18**

5. Product recall and traceability system:

Please describe in detail product recall and the traceability system from raw material to finished products. **Annex 19**

6. Pest Control Program
- 61 Is the pest control program carried out by the management?  
 Yes  No  
If yes, please describe the pest control program. **Annex 20**
- 62 If the pest control program carried out by the third party,  
Please attach the letter of contract and the latest report of visit.  
**Annex 21**
7. Animal welfare
- Does the company take fresh eggs from the layer farm that has implemented animal welfare  
 Yes  No  
If yes, who will validate:  
 company,  
 second party,  
 external institution or third bodies  
please attach the latest certificate. **Annex 22**
8. Cleaning and disinfection
- 81 How is cleaning and disinfection performed on floors and walls?  
82 How is cleaning and disinfection performed on equipment (equipment which are contact with eggs and egg products)?
9. Establishment monitoring program
- 91 Is there any regular control or supervision from government inspector or QC for the implementation of food safety program in the establishment?  
 Yes  No  
92 Number of scheduled monitoring inspection per year: \_\_\_\_\_  
(By Government inspectors or QC of the company)
10. Halal Assurance
- 101 Does the establishment apply the halal assurance system?  
 Yes  No  
102 If yes, please mention the certification body that issues the halal certificate. Please attach the certificate. **Annex 23**

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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.*