

Pembrokeshire County Council



Application for Approval of a Food Business Establishment Subject to Approval under Regulation (EC) No. 853/2004

To be completed by the food business operator

Print a copy of this form and fill it in with a black pen in BLOCK CAPITALS.

Complete Parts 1 to 8 inclusive, and the specific sections of Part 9 that relate to the products of animal origin in respect of which you are applying for the approval of your establishment, then sign and date Part 10.

PART 1 - Establishment for which approval is sought

Trading name

Full postal
Address

Postcode:

PART 2 – Type(s) of product(s) of animal origin for which approval is sought

Indicate the product(s) of animal origin in respect of which you are applying for approval to use the establishment (tick all that apply)?

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Minced Meat |
| <input type="checkbox"/> | Meat Preparations |
| <input type="checkbox"/> | Mechanically Separated Meat |
| <input type="checkbox"/> | Meat Products |
| <input type="checkbox"/> | Live Bivalve Molluscs (Shellfish) |
| <input type="checkbox"/> | Fishery Products |
| <input type="checkbox"/> | Dairy Products |
| <input type="checkbox"/> | Eggs (not Primary Production) / Egg Products |
| <input type="checkbox"/> | Frogs' Legs / Snails |
| <input type="checkbox"/> | Rendered Animal Fats and Greaves |
| <input type="checkbox"/> | Treated Stomachs, Bladders and Intestines |
| <input type="checkbox"/> | Gelatine |
| <input type="checkbox"/> | Collagen |

PART 3 – Food business operator and management of the establishment

Name and full
Address of Food Business
Operator

Postcode:

Tel (Incl. Dialling code)

Fax (incl. Dialling code)

E-mail

Full names of managers
of the establishment

Job titles

Full Names of others
In control of the business

Job titles

PART 4 – Use of the establishment

Which of the following activities will be conducted in / from the establishment (tick all that apply)?

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Stand-alone cold store |
| <input type="checkbox"/> | Wholesale market |
| <input type="checkbox"/> | Manufacture |
| <input type="checkbox"/> | Other processing (please specify) |
| <input type="checkbox"/> | Packing |
| <input type="checkbox"/> | Storage |
| <input type="checkbox"/> | Distribution |
| <input type="checkbox"/> | Cash and carry / wholesale |
| <input type="checkbox"/> | Catering (preparation of food for consumption in the establishment) |
| <input type="checkbox"/> | Retail (direct sale to consumers or other customers) |
| <input type="checkbox"/> | Market stall or mobile vendor |
| <input type="checkbox"/> | Other (please specify) |

PART 5 – Transport of products from the establishment

How will products be transported from the establishment (tick all that apply)?

- Your own vehicle(s)
- Contract / Private Haulier
- Purchaser's own vehicle(s)
- Other (please specify)

PART 6 – Supply of products from the establishment to other establishments

Which of the following will be supplied with products from the establishment (tick all that apply)?

- Other businesses that manufacture or process food
- Wholesale packers
- Cold stores that are not part of the establishment to which this application relates
- Warehouses that are not part of the establishment to which this application relates
- Restaurants, hotels, canteens or similar catering businesses
- Take-away businesses
- Retail shops, supermarkets, stalls, or mobile vendors that you own
- Retail shops, supermarkets, stalls, or mobile vendors that you do not own
- Members of the public direct from the establishment to which this application relates
- Other (please specify)

PART 7 – Other activities on the same site

Will any of the following activities be conducted on the same site as, or within, the establishment to which this application for approval relates?

	YES	NO	APPROVAL CODE
Slaughter, including pigs, sheep, cattle, poultry, game etc:	<input type="checkbox"/>	<input type="checkbox"/>	
Cutting fresh (including chilled and frozen) meat, poultry meat or game:	<input type="checkbox"/>	<input type="checkbox"/>	
Storage of fresh (including chilled and frozen) meat, poultry or game:	<input type="checkbox"/>	<input type="checkbox"/>	

PART 8 – Information and documentation

The following information is required in order to process your application and should be sent with this application form if possible. Please indicate which information you are sending now (N.B. information that is not sent now will still be required before your application can be determined).

- | | |
|--------------------------|---|
| <input type="checkbox"/> | A detailed scale plan of the (proposed) establishment showing the location of rooms and other areas to be used for the storage and processing of raw materials, product and waste, and the layout of facilities and equipment |
| <input type="checkbox"/> | A description of the (proposed) food safety management system based on HACCP principles |
| <input type="checkbox"/> | A description of the (proposed) establishment and equipment maintenance arrangements |
| <input type="checkbox"/> | A description of the (proposed) establishment, equipment, and transport cleaning arrangements |
| <input type="checkbox"/> | A description of the (proposed) waste collection and disposal arrangements |
| <input type="checkbox"/> | A description of the (proposed) water supply |
| <input type="checkbox"/> | A description of the (proposed) water supply quality testing arrangements |
| <input type="checkbox"/> | A description of the (proposed) arrangements for product testing |
| <input type="checkbox"/> | A description of the (proposed) pest control arrangements |
| <input type="checkbox"/> | A description of the (proposed) monitoring arrangements for staff health |
| <input type="checkbox"/> | A description of the (proposed) staff hygiene training arrangements |
| <input type="checkbox"/> | A description of the (proposed) arrangements for record keeping |
| <input type="checkbox"/> | A description of the (proposed) arrangements for applying the identification mark to product packaging or wrapping |

PART 9 - Products to be handled in the establishment / activities

Which of the following activities will be conducted in the establishment? Indicate by giving the approximate quantities to be handled in kilograms or litres per week (tick all that apply).

PART 9(1) – Minced Meat and Meat Preparations

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Handling minced meat |
| <input type="checkbox"/> | Handling meat preparations |

Full details of activities and specific products handled

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How many tonnes of minced meat in total will be handled in the establishment per week on average?	
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How many tonnes of meat preparations in total will be handled in the establishment per week on average?	
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PART 9(2) – Mechanically Separated Meat

Full details of activities and specific products handled

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How many tonnes of mechanically separated meat in total will be handled in the establishment per week on average?	
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PART 9(3) – Meat Products

Full details of activities and specific products handled

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How many tonnes of meat products will be handled in the establishment per week on average?	
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PART 9(4) – Live Bivalve Molluscs (Shellfish) / Fishery Products

Full details of activities and specific products handled

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How many tonnes of Live Bivalve Molluscs (Shellfish) / Fishery Products will be handled in the establishment per week on average?	
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PART 9(5) – Raw Milk / Dairy Products

Raw Milk

Dairy Products

Full details of activities and specific products handled

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How many litres of Raw Milk will be handled in the establishment per week on average?	
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How many litres / tonnes of Dairy Products will be handled in the establishment per week on average?	
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PART 9(6) – Eggs (not Primary Production) / Egg Products

Full details of activities and specific products handled

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How many tonnes of Eggs will be packed in the establishment per week on average?	
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How many litres of Egg Products will be handled in the establishment per week on average?	
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PART 9(7) – Frogs' Legs and Snails

	Frogs' Legs
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	Snails
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Full details of activities and specific products handled

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How many tonnes of frogs' legs in total will be handled in the establishment per week on average?	
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How many tonnes of snails in total will be handled in the establishment per week on average?	
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PART 9(8) – Rendered Animal Fats and Greaves

	Rendered Animal Fats
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	Greaves
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Full details of activities and specific products handled

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How many tonnes of rendered animal fats will be handled in the establishment per week on average?	
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How many tonnes of greaves will be handled in the establishment per week on average?	
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PART 9(9) – Treated Stomachs, Bladders and Intestines

	Treated Stomachs
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	Treated Bladders
	Treated Intestines

Full details of activities and specific products handled

How many tonnes of treated stomachs in total will be handled in the establishment per week on average?	
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How many tonnes of treated bladders in total will be handled in the establishment per week on average?	
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How many tonnes of treated intestines in total will be handled in the establishment per week on average?	
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PART 9(10) – Gelatine

Full Details of Activities

How many tonnes of gelatine in total will be handled in the establishment per week on average?	
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PART 9(11) – Collagen

Full Details of Activities

How many tonnes of collagen in total will be handled in the establishment per week on average?	
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PART 9(12) – Stand-alone Cold Store

Full details of activities and specific products handled

How many tonnes of product will be handled in the establishment per week on average?	
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PART 10 – APPLICATION

I hereby apply, as food business operator of the establishment detailed in Part 1, for approval to use that establishment for the purposes of handling products of animal origin for which Regulation (EC) No. 853/2004 lays down requirements, as set out in the relevant Parts of this document.

Signature of Food
Business Operator

Date

Name in
BLOCK LETTERS

If you need any help or advice about how to complete this form, or about the products to which the Regulation relates, or the circumstances in which approval under the Regulation is required, please contact the officer named below.

When you have completed this form and collected the other information required, please send it to:

Food Safety Section
Public Protection Division
Pembrokeshire County Council
County Hall
Haverfordwest
Pembrokeshire
SA61 1TP

Contact Name:

Telephone:

Fax:

E-mail:

IMPORTANT

Please notify any changes to the details you have given on this form, in writing to the Food Authority at the address shown.