

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

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

Veto (DG prod Plea Inad	s guideline sets out the informa erinary Public Health, Director GLAHS), Ministry of Agriculture of ducts to Indonesia. All the docun ase include any additional info dequate/incomplete submissions	nation on gelatine establishment required by Directorate of trate General of Livestock and Animal Health Services of Republic of Indonesia for evaluation to export gelatine ments submitted must be in English. To be a compared to support your application. In any result in delay in processing. English and in hard copy and soft copy.
Ехр	porting Country:	
A.	GENERAL INFORMATION	
1.	Name of establishment	;
2.	Establishment No.	:
3.	Address	: City/Village: District :
		Province/State/Prefecture:
		GPS coordinate:
	Phone	:
	Facsimile	:
	E-mail	:
4.	Address of headquarters (if	different from establishments address):
		: City/Village:

		District :	
	Phone	Province/State/Prefecture: GPS coordinate: :	
	Facsimile	:	
	E-mail	:	
5.	Contact person at establishm	nent :	
	Name		
	Position	:	
		:	
	Telephone	:	
	Facsimile	:	
	E-mail	: <u></u>	
6.	Is the establishment (processing building) for production of collagen integrated with slaughterhouse: $\hfill\Box$ Yes \hfill No		
7.	Date when establis	hment produced gelatine products: (dd/mm/yy)	
8.	Date when the last	renovation of establishment was done:(dd/mm/yy)	
9.	Type of gelatine products that	at are produced in the establishment or company:	
10.	Purpose of gelatine products □ Food □ Cosmetics □ Pharmaceuticals □ Others:	are going to be exported:	
11.	Additional facilities found at elements 10.1 Production of gelatine production of gelatine production of gelatine production and the second se	oroducts: No ne products:	
12.	Describe the raw material us ☐ Bones ☐ Skin and Hides	ed in this establishments:	

□ Others:

13.	 Source of raw material from: Ruminants (cattle, goat, sheep, etc) Pigs Others: 	
14.	Describe the source of the raw material: 13.1 Import (country, establishment number of slaughterhouse): 13.2 Domestic: 13.2.1 Owned by the company (establishment number of slaughterhouse) 13.2.2 Others (establishment number of slaughterhouse)	
15.	The products intended for:	
16.	6. List the latest 3 (three) years production of gelatine products Annex 1 .	
17.	 7. In case of part or all of the 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 2. 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 3. 	
18.	 Describe location of gelatine establishment in slaughterhouse area or outside of slaughterhouse area 	
19.	Description 2. Layout of Establishment Please Attach layout of establishment 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 4.	
В.	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 room: 1.2.2 Packing: 1.2.3 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 exam	nation being a compulsory requirement for recruiting ne
	employees in co	mpany?
	□ Yes	□ No
3.2	Does the compa	ny have annual medical checkup policy for the worker?
	□ Yes	□ No
3.3	Does medical re-	cords of each worker available?
	□ Yes	□ No
3.4	Is the medical ex	amination done by external or internal doctor?
	□ Yes	□ No

C. Location and Facilities of Establishment

1. I	Location

1.1 Establishment is located at industrial/agricultural.	residerilia	aıca.
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- Industrial
- Agricultural
- □ Residential area
- □ Others:
- 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 gelatin products:

Annex 5

2. Facilities of establishment

- 2.1 Source of Water
 - 2.1.1 Source of water used in the production of gelatin 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	3 Storage Facilities		
	2.3.1 For dry ingredients:		
		□ Yes □ No	
		If yes, the temperatureoC 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 6	
	2.3.3	Chillers/refrigerators:	
		□ Yes □ No	
		If yes, the temperatureoC and the relative humidity	
	224	%, Capacity: ton	
	2.3.4	Cold storage: □ Yes □ No	
		If yes, the temperature°C and the relative humidity	
		%, Capacity: ton	
2.4	4 Waste treatment/disposal.		
		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. Annex 7	
2.5		on of mouse/mice trap	
	Attach copy of layout map of mouse/mice trap: Annex 8		
2.6	.6 Facilities for workers, attach information related to the quantity/room		
	size/photo of: Annex 9		
	□ Staff canteen(s)		
	□ Toilets □ Lockers		
		nging rooms	
		wer facilities	
		ds-free operated features for taps and toilet flush	
		posable towels and hand disinfectants	
	_ 5.06	seasie terrore and riana distributante	
Dra	2000	of Droduction	

D. Proces of Production

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

 Annex 10
- 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 11**

E. Food Safety and Quality Assurance (applicable for gelatine intended for food, cosmetics, and pharmaceuticals)

1.	. The assurance system of food safety and quality applied in the establishmer (choose one or more of the following answer):	
		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
	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 13
	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 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
	1.5	Others: please attach the valid certificate and the latest report of internal audit including the fulfillment of corrective actions. Annex 16
2.	Is th □ Ye	ere any food safety team in the establishment?
	If ye	s, please attach the name of members and education or training aground (certified or not certified). Annex 17
3.		cribe the criteria of gelatine products which are rejected for consumption how will the rejected gelatine products be handled: Annex 18
4.	 State whether laboratory testing is done in the establishment or provided by a external accredited laboratory: In-house laboratory 	
	Plea	ratory report for each product that will be exported. Annex 19
	Plea	xternal accredited laboratory se attach the latest laboratory report for each product that will be orted. Annex 20
5.	or pi	e whether the calibration of measuring tools is done in the establishment rovided by an external accredited institution.

	Is th □ Ye Plea □ I	ise describe the type of measuring tools which are calibrated e person who carries out the calibration certified? I No is a seattach the certificate. Annex 21 External accredited institution is edescribe 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 raw material to finished products. Annex 23	
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 7.2 If the pest control program carried out by the third party, Please attach the letter of contract and the latest report of visit. Annex 25	
8.	8.1 8.2	Aning and disinfection How is cleaning and disinfection performed on floors and walls? How is cleaning and disinfection performed on equipment which are contact with products? How is cleaning and disinfection on equipment in contact with the rejected products?
9.	Esta 9.1 9.2	Is there any regular control or supervision from government inspector or QC for the implementation of food safety program in the establishment? Yes □ No Number of scheduled monitoring inspection per year: (By Government inspectors or QC of the company)
10.	1	al Assurance 0.1 Does the establishment apply the halal assurance system? □ Yes □ No 0.2 If yes, please mention the certification body that issues the halal certificate. Please attach the certificate. Annex 26
F.		ality Assurance (applicable for gelatine not intended for human sumption)
1.		quality assurance system applied in the establishments: (choose one of the following answer): Good Manufacturing Practice: 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

	1.2 Others:please attach the valid certificate a of internal audit including the fulfillment of corrective	•
2.	Describe the criteria of gelatine products which are reject and how will the rejected gelatine products be handled: Ar	
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 that will be exported. Annex 15 External accredited laboratory Please attach the latest laboratory report for each product that will be exported. 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 material to finished products. Annex 19	system from raw
6.	6.1 Is the pest control program carried out by the manager □ Yes □ No If yes, please describe the pest control program. An	nex 20
	6.2 If the pest control program carried out by the third particle. Please attach the letter of contract and the latest reparticle. 21	• .
7.	 Cleaning and disinfection 7.1 How is cleaning and disinfection performed on floors 7.2 How is cleaning and disinfection performed on equipocontact with products? 7.3 How is cleaning and disinfection on equipment in corejected products? 	oment which are
8.	 Establishment monitoring program 8.1 Is there any regular control or supervision from gove QC for the implementation of quality assurance in the 	

	8.2 Number of scheduled monitoring inspection per year: (By Government inspectors or QC of the company)
9.	Halal Assurance 9.1 Does the establishment apply the halal assurance system? □ Yes □ No 9.2 If yes, please mention the certification body that issues the halal
	certificate. Please attach the certificate. Annex 22
G.	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.
н.	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 of Veterinary Authority Date
	*) Name of designated veterinarian who submitted the above information.

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