

QUESTIONNAIRE

**APPLICATION FORMS FOR
RENDERING PLANT APPROVAL
IN COUNTRY WISHING TO EXPORT ANIMAL BY PRODUCT ORIGIN FROM POULTRY
OR RUMINANT FOR FEED INTO INDONESIA**

**DIRECTORATE GENERAL OF LIVESTOCK AND ANIMAL HEALTH SERVICES
MINISTRY OF AGRICULTURE OF
THE REPUBLIC OF INDONESIA
2021**

I. Identity and location of the rendering plant

A. Name of rendering facilities :

B. Government Approval number :

C. Address :

Phone :

Facsimile :

E-mail :

D. Address of headquarters (if different from facilities address):

Phone :

Facsimile :

E-mail :

E. Contact person:

1. Name :

2. Position :

3. Telephone :

4. Facsimile :

5. E-mail :

F. Organization Structure (Please provide a company chart)

G. Type of Company:

Integrated with (Slaughterhouse/Meat processing plant)

Nonintegrated

H. Type of products:

Meat and Bone Meal

Meat Meal Ruminant

Bone Meal Ruminant

Blood Meal Ruminant

Poultry by Product Meal

Poultry Meal

Poultry Meat Meal

Poultry Feather Meal

Hydrolyzed Feather Meal

Blood Meal Poultry

Bone Meal Poultry

Plasma Meal Poultry

Meat Meal Poultry

Others (please specify)

I. Slaughterhouse registered number :

J. Source/origin of animals :

Integrated farm

Other source (List of Farm)

Both

K. Average production capacity/month:

Meat and Bone Meal	.....	ton/month
Meat Meal Ruminant	.....	ton/month
Bone Meal Ruminant	.....	ton/month
Blood Meal Ruminant	.....	ton/month
Poultry by Product Meal	.....	ton/month
Poultry Meal	.....	ton/month
Poultry Meat Meal	.....	ton/month
Poultry Feather Meal	.....	ton/month
Hydrolyzed Feather Meal	.....	ton/month
Blood Meal Poultry	.....	ton/month
Bone Meal Poultry	.....	ton/month
Plasma Meal Poultry	.....	ton/month
Meat Meal Poultry	.....	ton/month
Others (please specify .....	.....	ton/month

L. Distribution :

1. Domestic

Yes No

2. Exported to countries (Last 10 years):

Asia (please list all)
 Europe (please list all)
 Others (please list all

M. Logistic Chain

Direct

Through Third Party (Packer, Transloader, etc.)

N. If through third party, please provide list name of third party used including their Establishment Number Approval and MoU document.

II. Facilities

A. Water Supply

1. Does the plant have an adequate water supply, and be supplied with sufficient steam and steam hose or other equipment approved by the department of agriculture to clean the floors of the plant and its trucks? (Please describe)

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2. Source of water supply:

Ground water
 City water supply

2. Does the plant have an adequate drainage as determined by the department?
(Please describe)

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- I. Please describe pest control management

.....

- J. Facilities for worker

- Toilet
- Shower room
- Canteen
- Dressing room
- Personal uniform
- etc.....

III. Sanitation

- A. Building

1. Is the plant located in an industrial/agricultural/residential area*?
 Yes No
2. Is the plant located in a reasonably free of objectionable pollutant (odor, smoke, and dust) from refineries, city dumps, chemical plants, sewage disposal plants, etc.?
 Yes No
3. Does the plant have access to roads and a rail serving plant (paved or rendered dustproof)?
 Yes No
4. Does the plant provided with floors constructed of concrete or some other non-absorbent materials? (Please describe)
5. is the connection between floor and wall have a curved (U) shape ?
 Yes No
6. Is the building plant constructed with suitable impervious material and acid resistant?
 Yes No

7. Does the surface floor non-skid?

- Yes No

8. No cracks, depressions or lower areas on floor surface, which lead to moisture accumulation?

- Yes No

9. Does the plant maintain in a good state of repair? (please describe)

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B. Procedure of Sanitation

1. Cleaning and Disinfection :

- Regular (.....)
 Eventually (.....)

2. Type/method of cleaning and disinfection in rendering plant area (Please describe)

- Dry Wet Gas/Spray UV Light

3. Please describe and/or provide procedure for waste management (including use of bioindicator)

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4. Describe procedure to manage the accumulation of useless materials (e.g. rusty truck bodies, scrap metal and lumber and discarded equipment)

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C. Biosafety

1. Does employees in rendering plant wear Personal Protective Equipment (PPE)?

- Yes No

2. If yes, please provide Standard Operating Procedure compulsory employees wear Personal Protective Equipment (PPE)

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3. Medical Examination and History:

a. Is medical examination being a compulsory requirement for recruiting new employees in company?

- Yes No

b. Does the company have annual medical check up policy for the worker?

- Yes No

c. Does medical records of each worker available?

- Yes No

d. Is the medical examination done by external or internal doctor?

- Yes No

IV. Raw Material

A. Raw materials containing derived materials

- Poultry Ruminant

B. Does the facility have an identification records of livestock and animal origin so that traceable?

- Yes No

(Please describe)

C. Does the facility maintain data and records of all materials sources (e.g. name of suppliers, type of raw material, date and amount received) for tracing back to the raw materials?

- Yes No

(Please describe and attach document sample).....

D. Does rendering plant conducting audit of supplier (Slaughterhouse/meat cutting plant) source of raw material?

- Yes No

(Please describe and provide evidence)

E. If raw material coming from domestic source (please provide information on volume, area/states of origin, species composition, source of raw materials and type of raw materials) refer to point A-D please fill in the following table

Year	Volume (ton)	Area/ states of origin	Species composition	Source of raw materials (farm, auction, slaughter house)	Type of raw materials*
Year 1					

Year 2					
Year 3					
Year 4					
Year 5					
Year 6					
Year 7					
Year 8					
Year 9					
Year 10					

* (meat, bone, offal, hydrolize feather, etc)

F. What are specification of raw material that can be approved (Kind of free disease required, specification material, quality) and please attach MoU Document with supplier

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V. Processing

A. Type of production

- Process only ruminant (bovine, ovine, cervine, caprine)
- Process only non-ruminant (poultry)
- both

B. Species for ruminants raw materials processed in rendering plants

- Bovine
- Ovine
- Caprine
- Cervine
- Others.....

C. List all raw ingredients for all products produced at this plant

D. Is the facility dedicated to one species only?

- Yes
- No

If yes, indicate which species

E. Is the facility has dedicated lines or a separation/flushing protocol to ensure that origin meals are not contaminated with poultry, bovine, ovine/caprine, and/or cervine?

- Yes No N/A

F. Have the processing of rendered product conform to the Standard Operational Procedure?

- Yes No

(Please describe).....

G. Please describe SOP for receiving raw materials used in rendered product production

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H. Does the raw material directly sent for processing or there are waiting time before processing?

(Please describe)

I. Please describe the definition and disposal of specified risk materials. If any

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J. Please describe the rendering process used to produce rendered product and attach flow chart, explanation of their each steps of processing and specification (Equipment, Temperature, Time, and Pressure)

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K. Please describe packaging and labelling system

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L. Please describe monitoring and enforcement of each step above

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VI. Quality Assurance

A. Quality System

1. Please give the name of the competent authorities which monitor operation of the system and conduct system review.

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2. Please provide information on nonconformity if any, and measure for corrective action.

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3. Is there any regular control or supervision from government official for the implementation of the standard operational procedures of processing rendered product?

- Yes No

(If yes, how many period)

4. Does the plant implement a preventive control plan (such as ISO/HACCP, GMP)?

- Yes No

5. If yes, what are the Critical Control Point (CCP) in the preventive control plan of the plant? (please list them, described, and provide flow chart for each CCP)

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6. What are the mitigation measures used to control of these CCP?

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7. Does the plant have a traceability program and recall plan in place?

- Yes No

8. Feed safety monitoring program (please describe)

a. Number of scheduled monitoring inspection per year:

b. Number of scheduled review inspection per year:

c. Feed inspection procedures and criteria of judgement (Please attach a copy of Feed Inspection Manual/Guideline)

9. Is a sampling program undertaken in the premise to monitor effectiveness of Feed Safety Program and currently implemented?

- Yes No

10. Does the facility maintain records on production dates for product intended for export to Indonesia?

- Yes No

B. Feed Safety

1. Please describe procedure for product control

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2. Please describe for identification and traceability the final product

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3. Are the handling and storage facilities adequate to prevent cross-contamination of the products?

- Yes No N/A

4. Is processed product handled and stored in a manner to prevent recontamination?

- Yes No

If yes, please explain the method used

VII. Transportation

A. Vehicle designated for raw material with adequate facility

- 1. Closed Container
- 2. Waterproof
- 3. With Draining system for cleaning and disinfection

B. Vehicle designated for final product with adequate facility

- 1. Closed Container to prevent recontamination and maintain humidity
- 2. Waterproof
- 3. With Draining system for cleaning and disinfection

C. Regular and eventually Proper Cleaning & Disinfecting for internal and external part of vehicle (please describe)

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VIII. Additional Information of Rendering Plant

A. Working hours information

- a. Number of working hours per day :
- b. Number of working days per week :

B. Staff information

- a. Total number of workers in plant :
- b. Number of workers for :
 - 1. Receiving room :
 - 2. Processing room :
 - 3. Packing room :
 - 4. Storage room :

c. Number of Veterinary Inspectors stationed in premise (if any) :

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d. Describe related trainings have been attended by Veterinary Inspectors (if any) :

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IX. Declaration by Plant :

I declare that information given above is true and correct

Signature* and Company Stamp

Date

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

X. Verification by Veterinary Government Authority

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

Signature* and Company Stamp
Of Veterinary Government Authority

Date

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