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| coar of Arms(No b (Converte | | Provincial logo and contact details | | |
| **Document No:** | RURAL-POUL-02 | | **Compiled by:** | HAS Committee |
| **Issue No:** | V2.04-02-2020 | | **Approved by:** | Director VPH |
| **Effective Date:** | 10 February 2020 | | **Number of pages** | 8 |

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| **Instrumentation:** | **Thermometer Serial No:** |  |

RURAL ABATTOIR INSPECTION CHECKLIST:

POULTRY ABATTOIRS

ABATTOIR: …………………………………………

INSPECTION DATE: …………………………………..

.

**ABATTOIR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### DAILY THROUGHPUT: CHICKENS \_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# INSPECTION COMPONENT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RANK** | **NAME** | **REGISTERED** | | **EMPLOYER** |
| **YES** | **NO** |
| **VETERINARIAN** |  |  |  |  |
| **POULTRY MEAT EXAMINER Level 2** |  |  |  |  |
| **POULTRY MEAT EXAMINER Level1** |  |  |  |  |

**OWNER / MANAGER**

|  |  |  |
| --- | --- | --- |
| **NAME** | **CAPACITY** | **CONTACT No** |
|  |  |  |

**SCORE SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **CATEGORY SCORE x 10** | **WEIGHT** | **WEIGHTED SCORE \*** | **PROVINCIAL VETERINARY OFFICIAL(S) WHO HAS CONDUCTED OR VERIFIED THE ASSESSMENT** |
| A. STRUCTURES & PREMISES |  | **.10** |  |
| **B. TRANSPORT, OFFLOADING, HOLDING & WELFARE** |  | **.05** |  | **Name:……………………………..…………………**  **Signature:…………………………………………..**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:……………………………..…………………**  **Signature:…………………………………………..** |
| **C. SLAUGHTERING AND PROCESSING** |  | **.12** |  |
| **D. MEAT INSPECTION / MARKING** |  | **.12** |  |
| E. CHILLING, PORTIONING & PACKAGING |  | **.10** |  |
| **F. COLD STORAGE & DISPATCH** |  | **.10** |  |
| **G. OFFAL PROCESSING** |  | **.06** |  |
| **H. SANITATION / PEST CONTROL** |  | **.10** |  |
| **I. PERSONNEL** |  | **.07** |  |
| **J. WASTE MANAGEMENT** |  | **.09** |  |
| **K. HYGIENE MANAGEMENT SYSTEM** |  | **.09** |  |
|  | **FINAL SCORE** | |  |

\*(Category score x 10) x Weight = Weighted score)

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| **Category score** | 95  90  85  80  75  70  65  60  55  50  45  40  35  30  25  20  15  10  5  0 |  |  |  |  |  |  |  |  |  |  |  |  |
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| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **K** | **FINAL** |
| **.10** | **.05** | **.12** | **.12** | **.10** | **.10** | **.06** | **.10** | **.07** | **.09** | **.09** | **SCORE** |

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| INSPECTION CHECKLIST: RURAL ABATTOIRS - POULTRY |

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| Regulation Reference | **\*Priority of NC’s:**  **mm = minor**  **M = major**  **C = critical** | Excellent | Good | Fair | Poor | **bad** |

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| **A. structure & premises** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Condition of fencing and gate. * Access to abattoir is controlled. * Premises kept neat and tidy; no health hazards. * Condition of offloading facility and pens (if available). * Maintenance of structures. * Maintenance of equipment. * Effectiveness of drainage system. * Water availability and quality. * Compliance with registration certificate. * Housekeeping on premises. * Facilities to store items needed in the daily slaughter process must be provided. | 4  8  9 - 15  17 |  |  | | | | | |

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| **B. TRANSPORT, OFFLOADING, HOLDING & WELFARE** | | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Humane handling during transport, offloading &holding (shade & ventilation). * Birds slaughtered within 4 hours after arrival. * Washing of crates. * Correct handling of DOA’s and injured birds. * Humane handling during stunning. | 19 - 20  62 - 64  66  74  89 |  |  | | | | | |

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| **C. SLAUGHTERING & PROCESSING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Correct stunning equipment & procedure. * Correct bleeding procedure followed. * Sterilizer @ 82°C & utilization. * Warm water, soap at wash basins & utilization. * Effective scalding procedures. * Effective de-feathering procedures * Rinsing process (before evisceration). * Correct & hygienic EV procedures. * Final wash of carcasses. * Housekeeping on slaughter floor including continuous cleaning. | 14 - 15  17  20 - 21  23  25  53  65 - 70  77  8 |  |  | | | | | |

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| **D. MEAT INSPECTION AND MARKING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Registered PME level I or II availability. * Ante mortem done by PME level I or II. * Primary meat inspection standard (refer to checklist). * Recovery done correctly. * Handling of detained/condemned material (security). * Adequate lighting at inspection points. * Approved stamp/labels on all outgoing products. | 18  22  53  72 - 89 |  |  | | | | | |

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| **E. CHILLING, PORTIONING AND PACKAGING** | | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Wrapped warm carcasses chilled immediately. * Hygienic portioning procedures (if done). * Handling of packing / wrapping material. * Cleanliness and housekeeping of area. | 26 - 27  31 - 40  53  71 |  |  | | | | | |

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| **F. COLD STORAGE AND DISPATCH** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Effective chilling (≤ 4°C before out loading). * Cold store management. * Handling of returns. * Unwarranted items in chillers and freezer. * Cleanliness and housekeeping of area. * Meat transport vehicles (suitability & cleanliness). * No mixing of rough offal with red offal and carcasses. | 26 - 27  31 - 40  53  71 |  |  | | | | | |

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| **G. OFFAL PROCESSING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Red offal handling & packaging. * Rough offal handling & packaging. * Effective cleaning of gizzard. * Handling of packing / wrapping material. * Dispatch of offal. | 29  30 |  |  | | | | | |

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| **H. SANITATION AND PEST CONTROL** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Effective pre and post slaughter sanitation. * Availability of detergents and sanitizers. * Effective vermin control. | 11  41  44 - 46  53 |  |  | | | | | |

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| **I. PERSONNEL** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Availability & condition of protective clothing. * Storage of protective clothing. * Availability & condition of ablution facilities & toilet. * Personal hygiene and health of workers. * Daily fitness checks. | 13  53  54 - 61 |  |  | | | | | |

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| **J. WASTE MANAGEMENT** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * All inedible and condemned material handled and disposed of as per approved protocol. * Adequate facilities to handle all categories of waste material. * Sufficient containers for general refuse and inedible material. * Areas where refuse is stored until it is removed – kept clean and tidy. * All containers must be enclosed or fitted with tight fitting lids. * Solids / fat / feather traps effective and cleaned continuously. * Effluent disposal system effectively managed according to the SOP. * SOP to be in place for the disposal of feathers. * Effective handling of feathers. | 18  21  53  68 (5 and 6)  89 - 90 |  |  | | | | | |

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| **K. HMS AND RECORD KEEPING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Availability of HMPs, SOPs and protocols. * HMS and protocols approved. * Daily records kept and available. * Traceability records. * Meat inspection records. * Temperature control records. * Personnel records. | 45  47 - 50  53  72 - 79  90 |  |  | | | | | |

**CONTROL LIST FOR PRIMARY MEAT INSPECTION**

CRITERIA FOR ROUTINE INSPECTION

## Abattoir: ……………………………Date: ……….………

Assessing officer: ………………………………………….

**Section A & B:**

*Method of inspection:*

**O** = Observation

# A. First carcass inspection point:

|  |  |  |
| --- | --- | --- |
|  |  | Comments |
| Carcass overall appearance | O |  |
| Heads | **O** |  |
| Feet | **O** |  |
| State of nutrition | **O** |  |
| Efficiency of bleeding | **O** |  |
| Efficiency of de-feathering | **O** |  |
| Trauma | **O** |  |
| Evidence of disease | **O** |  |
| Abnormal conditions | **O** |  |
| Colour | **O** |  |
| Odour | **O** |  |
| Conformation / symmetry | **O** |  |
| Any other abnormalities | **O** |  |

# B Second carcass inspection point:

|  |  |  |
| --- | --- | --- |
|  |  | **Comments** |
| Back of carcass | **O** |  |
| Hock joints | **O** |  |
| Skin surfaces | **O** |  |
| Wings | **O** |  |
| Legs | **O** |  |
| Thighs | **O** |  |
| Breasts | **O** |  |
| Body cavity | **O** |  |
| Air sacs | **O** |  |
| Lungs | **O** |  |
| Heart | **O** |  |
| Liver | **O** |  |
| Spleen | **O** |  |
| Gizzard | **O** |  |
| Intestines | **O** |  |
| Cloaca | **O** |  |
| Bursa | **O** |  |

**NON-CONFORMANCE AND CLEARANCE REPORT**

**Evaluating official/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Abattoir\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Category** | **Regulation Ref** | **Details of non-conformance** | **Priority** | **Proposed Date of completion** | **Verified by Prov. Inspector** | **Comments** |
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Non-conformities should be prioritized and proposed dates of completion set accordingly (Only **critical and major** non-conformances have to be listed; listing **minor** non-conformances are optional).

Name of owner / manager: …………………………………….. Signature: …………………………………….. Date:……………………………..

**NON-CONFORMANCE AND CLEARANCE REPORT**

**Evaluating official/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Abattoir\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Category** | **Regulation Ref** | **Details of non-conformance** | **Priority** | **Proposed Date of completion** | **Verified by Prov. Inspector** | **Comments** |
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Non-conformities should be prioritized and proposed dates of completion set accordingly (Only **critical and major** non-conformances have to be listed; listing **minor** non-conformances are optional).

Name of owner / manager: …………………………………….. Signature: …………………………………….. Date:……………………………..