# MEAT PLANT INSPECTION FORMAT

**Name of the Unit:**

**Date of Inspection:**

*Evaluate on 5 Point Hedonic Scale*

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<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Extremely Poor</td>
<td>Poor</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Very Good</td>
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</tbody>
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## A. General Hygiene & Sanitation

1. Factory gate
2. Foot bath
3. Arrival of Goods
4. Processing Area
5. Chiller Area
6. Deboning
7. Packing Area
8. Freezing Area
9. Blast Freezer
10. Plate Freezer
11. Cold Storage
12. Despatch Room
13. Workers Change Room
14) Wash Basin with Disinfectant
15) Toilets
16) Bone/Waste Room
17) Trucks used in transportation
   a) Refi. Trucks
   b) Non-Refi. Trucks
18) Condition of Roads
   a) Inside road
   b) Approach road
19) Condition of walls
   a) Surrounding walls
   b) Walls in meat processing area
20) Drainage status (Outside/inside)
21) Condition/location of fly /mosquito catcher
22) Condition of floor
   a) Processing Hall
   b) Blast Freezer
   c) Cold Storage
   d) Freezing Area
   e) Packaging Area
23) Tiling of the walls
24) Double closing device at the door
25) Condition of the door

26) Condition of railing
   a) Chiller
   b) De-boning Hall

27) Equipments
   a) Processing Tables
   b) Trays/trolleys
   c) Railing hooks

28) Availability of water

B- Personal Hygiene of Workers

1. Packing Staff
2. Butchers
3. Freezing Labour
4. De-boning labour
5. Supervisory Staff

TOTAL :

Please specify
   i) Whether examination of meat workers is being done by a qualified doctor. If so,
      a) The date of last examination
      b) Frequency of examination

   ii) Availability of hot water (82° C) Yes / No.

   iii) Whether workers are using proper dress Yes / No.
iv) Disinfection of equipment
   a) Frequency
   b) Process by-chemical / by heat treatment

v) Is there any obnoxious smell
   i) Inside the plant Yes / No.
   ii) Outside the plant Yes / No.

vi) Whether antiseptic/disinfectant
    Foot wash provided Yes / No

vii) Whether sign board light "do not spit/smoke" is on wall Yes / No.

viii) Whether adequate light at processing /packing area
      been provided Yes / No.

ix) Availability of exhaust fan as per requirement Yes / No.

x) Whether well equipped quality control laboratory,
    to conduct the routine test provided Yes / No.

xi) In cold storage
    a) Bags are stacked properly Yes / No
    b) Proper space for air circulation Yes / No
    c) Condition of the General Stores Yes / No

C. Condition of Processing & Packing Equipments
   Temperature and capacity

   Temperature I degree (o) Capacity (MT)

   1. Chiller :
      a) Chiller No. 1
      b) Chiller No. 2
      c) Chiller No. 3
      d) Chiller No. 4
      e) Chiller No. 5
II  Cold storage:
   Cold Storage No. 1
   Cold Storage No. 2
   Cold Storage No. 3
   Cold Storage No. 4
   Cold Storage No. 5

III  Blast Freezer
   Blast Freezer No. 1
   Blast Freezer No. 2
   Blast Freezer No. 3
   Blast Freezer No. 4
   Blast Freezer No. 5

<table>
<thead>
<tr>
<th>Temperature (°C)</th>
<th>Capacity (MT)</th>
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<tbody>
<tr>
<td>0</td>
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</table>

IV  Plate Freezer
   Plate Freezer No. 1
   Plate Freezer No. 2
   Plate Freezer No. 3
   Plate Freezer No. 4
   Plate Freezer No. 5
   Plate Freezer No. 6

- Temperature in processing hall °C
- Temperature in packing hall °C

Slaughtering capacity of the unit
a. Large animals (buffaloes)
b. Small animals (sheep and goats)
Whether following records are being maintained

a. Laboratory records – Test
b. Working sheet in the laboratory along with the test result records
c. Provision for pest control measures

G. In case pest control services are outsourced, measures and cross checking the same with internal arrangements.

H. Is halal slaughtering done under the supervision of representative of Islamic body. Keeping record of Halal slaughter of animal by the representatives of Islamic body

I. Whether the unit has provision for in house calibration of equipments / temperature control devices

J. Whether regular training is being given to the workers, supervisors, Lab Technician on handling of meat, equipments, etc.
If answer to the above is yes, frequency of the training and date of last training should be mentioned.

K. Whether packing material including cartons etc. is properly covered with plastic sheet to avoid contamination by dust etc.

L. Whether Halal method for slaughter of animal practiced properly especially in areas like stunning of animals etc.

M. Whether the unit has rendering plant in working condition
   ➢ If answer to the above is yes, products manufactured in the rendering plant
   ➢ If answer to the above is no, method for disposal of solid waste.

N. Whether the unit has effluent treatment plant (ETP) in working condition
   ➢ If answer to the above is “yes” state
     (i) BOD level –
     (ii) COD level –
     (iii) Capacity of ETP –
If answer to the above is "no" state method for disposal of liquid waste.

O. Whether the unit has complied with the observations made during last visit  Yes / No

P. Whether unit is HACCP certified, ISO 22000, etc.  Yes / No

Q. Whether the plant is maintaining the export records on monthly basis  Yes / No

R. Whether the plant has been submitting the records of export to APEDA in hard copies or through online  Yes / No

S. No. of qualified Veterinarians working in the plant:
   a. State Government
   b. Own Employed

T. Please indicate the source of raw material
   a. Name of APEDA approved slaughter houses
   b. Capacity of slaughter
      (i) Buffalo
      (ii) Sheep & Goat
   c. Other processing plants being sourced by this slaughter house.

U. Observations state whether Major / Minor
   Recommended for approval -  Yes / No

SIGNATURES OF INSPECTING OFFICER
WITH DESIGNATION

Dated: ..........................

Document No.: APEDA/MPD/Registration/