

**APPLICATION FORMS FOR MILK PROCESSING PLANT APPROVAL IN
COUNTRY WISHING TO EXPORT MILK PRODUCTS TO INDONESIA**

Note :

This guideline sets out the information on milk establishment required by Directorate of Veterinary Public Health and Post Harvest, Directorate General of Livestock and Animal Health Services, Ministry of Agriculture of Republic of Indonesia for evaluation to export milk products to Indonesia.

Exporting Country:

A. GENERAL INFORMATION

1. Name of establishment :
2. Establishment No. :
3. Address :
Phone :
Facsimile :
E-mail :
5. Address of headquarters (if different from premises address):
Phone :
Facsimile :
E-mail :
6. Contact person at premise :
Name :
Position :
Telephone :
Facsimile :
E-mail :
7. Year constructed :
8. Date when last renovation was done:
9. Total land area :
10. Total built up area :

11. Type of products manufactured:
(e.g. full cream milk powder, skim milk powder, whey, cheese, etc)
12. Types of milk products intended for export to Indonesia:
(List the type of milk products intended for export to Indonesia and to provide product brochures/labels or photos of finished products for our information)

B. LOCATION AND LAYOUT OF THE ESTABLISHMENT

1. Location
 - a. State whether the establishment is located in an industrial, agricultural, or residential area
 - b. State whether the establishment is located in a reasonably free of objectionable pollutant (odor, smoke, and dust) from refineries, city dumps, chemical plants, sewage disposal plants, etc (if any)
 - c. List the type of industries and/or adjacent properties and the type operation performed (if any)
 - d. Attach location plan showing clearly the surrounding where the establishment is located
2. Layout Plan of Establishment
(Attach layout plan 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)
3. Material Used and Design
 - a. Main building
 - b. Floor
 - c. Interior walls
 - d. Ceilings and superstructures
 - e. Lighting
 - f. Ventilation system
 - g. Footbaths for entrance into processing rooms or areas

C. WATER SUPPLY/ICE

1. Source of Water
2. Chlorination (Yes/no)
(if yes, state the level of chlorine in ppm)
3. Bacteriological examination
 - a. Method used
 - b. Frequency
 - c. Records available (Yes/no)

D. HUMAN RESOURCE

1. Staff information
 - a. Total number of general workers employed in the establishment:
 - b. Total number of professional and technical workers including their qualification or expertise in food hygiene
2. Medical Examination and History:
 - a. Are employees medically examined and certified fit to work in a food preparation establishment prior to employment? (Yes/No)
 - b. Does the company have a policy for annual health check and records for workers? (Yes/No)
3. Uniforms/Attire
 - a. Uniforms (Yes/No)
 - b. Boots (Yes/No)
 - c. Gloves and facemasks (Yes/No)
 - d. Laundry *(in-plant or by contract)*

E. PROCESSING PREMISES

1. Source of raw material
 - a. State raw material used for processing
(e.g. fresh milk, full cream milk powder, skim milk powder, whey, cheese, etc)
 - b. State whether company's farm, contract farm, or name of country of origin in the case of import.

2. Equipment used to prevent food safety threats
(Provide a flowchart of the pasteurizer system identifying system components)
3. Processing Procedures
 - a. Brief description on the processing procedures of each product for export to Indonesia including time and temperature of pasteurization or cooking.
 - b. Attach process flowcharts for each type of milk products for export to Indonesia showing clearly the critical control points (CCP's).

F. FOOD SAFETY PROGRAM IN PREMISES

1. Food Safety Program implemented in the premise is based on HACCP concept or its equivalent (Yes/No).
(If yes, attach copy of the HACCP plan or quality manual for each product for export to Indonesia).
2. State whether laboratory testing is done in the premise or provided by an external accredited laboratory.
(If in-house, list laboratory facilities and types of test performed)
 - a. Sampling and testing procedures of raw materials, finished products, food contact surfaces, water used in the plant, etc.
 - b. Attach copy of recent laboratory test reports certified by a laboratory microbiologist.
 - c. Criteria for rejection or acceptance of raw materials and finished products.
3. Product recall and traceability system:
(Describe in detail the traceability system from raw material to finished products).
4. Sanitation Standard Operating Procedures (SSOP):
 - a. Brief description:
 - b. Name and designation of individuals implementing and maintaining SSOP activities:
 - c. Is the SSOP manual used in the milk processing establishment available at the plant for review (Yes/No)?.
 - d. Are copies of the latest daily records of cleaning and sanitizing treatment of facilities and equipment available at the plant for review (Yes/No)?

G. FACILITIES OF PREMISES

1. Operational Parameters:

a. Number of shifts:

Liters of milk received daily on average:

- <500,00
- 500,000 – 999,999
- 1,000,000-1,999,999
- 3,000,000-3,999,999
- >4,000,000

c. Number of working days per week:

2. Capacity:

State total of annual production of each product (in tones):

3. Storage facilities

a. Plant square footage:

b. *Warehouse square footage:*

c. *Production area square footage:*

d. *Receiving square footage:*

e. *Utility square footage:*

4. Chillers/freezers:

(Describe number, type (static, air blast, ammonia, Freon, etc) and capacity).

5. Waste treatment/disposal:

a. System of collection and disposal of inedible or condemned products.

b. System of effluent treatment and disposal of waste.

c. Designated disposal center.

d. Frequency of disposal of waste.

6. Pest control program

Brief description on the pest control program implemented *(Attach copy of layout map of pest control points and latest copy of pest control records).*

7. Welfare/Washing facilities:

a. Staff canteen(s):

b. Toilets:

- c. Lockers:
- d. Changing rooms:
- e. Shower facilities:
- f. Hands-free operated features for taps and toilet flush:
- g. Disposable towels and hand disinfectants

G. Declaration by Establishment:

I declare that information given above is true and correct.

----- Name, Signature* and Company Stamp	----- Date
<ul style="list-style-type: none"> - Name and designation of person who submitted the above information - Office address - Telephone and fax numbers - E-mail address (if any) 	

H. 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 Government Authority	----- Date
<ul style="list-style-type: none"> - Name and designation of veterinarian who verified the above information - Office address - Telephone and fax numbers - E-mail address (if any) 	

QUESTIONNAIRE

REVIEW OF

QUESTIONNAIRE FOR MILK PROCESSING PLANT EVALUATION IN COUNTRY WISHING TO EXPORT MILK PRODUCTS TO INDONESIA

**DIRECTORATE OF VETERINARY PUBLIC HEALTH AND POST HARVEST
DIRECTORATE GENERAL OF LIVESTOCK SERVICES AND ANIMAL HEALTH
MINISTRY OF AGRICULTURE OF THE REPUBLIC OF INDONESIA**