Application for Approval of an Establishment Subject to Approval under Regulation (EC) No. 853/2004



PROTECT COMMERCIAL WHEN COMPLETED

Please complete this form with a black pen in BLOCK CAPITALS. If completed on screen, please print off a copy, sign, date and either post or submit a scanned copy by email to:

Contact Name: FSA in NI

Address: 10A-C Clarendon Road

Belfast BT1 3BG

Telephone: 028 9041 7700 **Fax:** 028 9041 7726

E-mail: niapprovals@foodstandards.gsi.gov.uk

The DARD officer responsible for assessing the application will make an appointment in due course to inspect the establishment. This will be followed by an inspection by FSA in order to assess whether it may be granted approval.

If you need any help of advice about how to complete this form or about the products to which the Regulations relate, or the circumstances in which approval under the Regulations is required, please contact FSA in NI.

PART 1 – Establishment for w	nich approval is so	ught		
Trading name (if applicable)		singer ather then their		
(Trading name is the name under which approval name)	someone carnes on bus	siness other than their	own i.e. the	7
Full establishment address	Telep numb	phone per		
(inc. Postcode)	Fax numb	Fax number		
Email	<u> </u>			
Please select one of the following thr	ee options:			
1. New approval	2. Additional Activities	Approval no:	UK/	/EC
3. Change to Business Ownership	Date of change:	Approval no:	UK/	/EC
PART 2 – Food Business Oper Please indicate the type of business; (Please place a cross in only one box) (* - Other business types will be treated person required to be compliant with for	Incorporation	now complete 2a now complete 2b now complete 2b provide details on a attach* to identify the natural	ı separate s person or l	

2a - Incorporation details (as registered with Companies House or equivalent)

Full company r	name					
Registered officinc. Postcode)	ce address					
Company regis	stration number					
Company Di	rector/s					
Title (Mr, Mrs, Ms, Miss, Dr)	Forename(s)			Surname		
Title (Mr, Mrs, Ms, Miss, Dr)	Forename(s)			Surname		
Title (Mr, Mrs, Ms, Miss, Dr)	Forename(s)			Surname		
(Provide full de	etails for all Compan	y Directors - If	required co	ntinue on s	eparate she	eet and attach)
2b – Food Bu	usiness Operator	(s) (FBO) (cd	omplete on	ly if Partn	ership / S	ole trader)
Title (Mr, Mrs, Ms, Miss, Dr)	Forename(s)			Surname		
Telephone number		Fax number			Mobile number	
Home address (inc. Postcode)						
Email						
Title (Mr, Mrs, MS, Miss, Dr)	Forename(s)			Surname		
Telephone number		Fax number			Mobile number	
Home addres (inc. Postcode)	S					
Email						
Title (Mr, Mrs, MS, Miss, Dr)	Forename(s)			Surname		
Telephone number		Fax number			Mobile number	
Home address (inc. Postcode)						
Email						
(Provide full de	etails for all Partners	- If required c	ontinue on s	eparate sh	eet and atta	ch)

PART 3 – Establishment managers and contacts

Duly autilo	iiseu i	epresentati	ve or the ro	ou busine	ss Operati	or (FBO)	
Title (Mr, Mrs, Ms, Miss, Dr)	F	orename(s)			Surname		
Telephone number			Fax number			Mobile number	
Email							
Finance / Ir	nvoicin	q Contact ¹					
Approved me Please give of	eat estab details d	olishments are		ress and en			which charges apply. ould use for sending
Title (Mr, Mrs, Ms, Miss, Dr)	F	forename(s)			Surname		
Invoicing addre (inc. Postcode							
Telephone number			Fax number			Mobile number	
Email							
Preferred meth box)	nod of co	ommunication:	Post	Fax	Email	(Please pla	ce a cross in only one
Throughpu	t queri	es contact	(if different	from abov	e)		
Title (Mr, Mrs, Ms, Miss, Dr)	F	orename(s)			Surname		
Telephone number			Fax number			Mobile number	
Email							
Preferred meth box)	nod of co	ommunication:	Post	Fax	Email	(Please pla	ce a cross in only one
Out of Hou	rs Eme	ergency Coi	ntact inform	ation (Opt	ional)		
foot & mouth o any time, can	utbreak). request	. This information the FSA remove.	on is voluntary a re these details	and is not spe or requests	ecifically collect any data to be	cted as part of e amended to	planning purposes (e.g. legislation. The FBO, at reflect changes in their e organisation will have
Contact Name	:						
Telephone nur (Out of hours)	mber			Mobi	le number		
Email							
PART 4 -	Seaso	nal patter	n				
Do you intend	d to ope	erate a pattern	of seasonal s	slaughtering	/ processing	g?	YES 🗌

¹ not currently applicable for approved dairy and egg establishments

If YE	NO If YES , please place a cross in the box beside the expected month(s) of operation							
	January		April		July		October	
	February		May		August		November	
	March		June		September		December	

PART 5 – Establishment for which approval is sought

(Please tick all that apply)

Establishment	Activities for which approval is sought (Please place cross in the boxes for all that apply)	Estimated average weekly throughput				
Classalatanlassa	Slaughter of demostic ungulates:					
Slaughterhouse (NB: a slaughterhouse may	Slaughter of domestic ungulates: Cattle (including Bubalus and Bison species)					
be approved without	Pigs					
slaughter facilities if its	Sheep & Goats					
activities are limited to the	Domestic solipeds (horses)	\vdash				
dressing of carcases of	Slaughter of:	, —				
farmed or large wild game.)	Farmed game mammals (deer, wild boar)	П				
	Ratites	Ī				
	Dressing of:					
	 Farmed deer, wild boar, bison and ratites slaughtered at the place of production 					
	 Large wild game (if also approved as Game Handling Establishment). 					
	Slaughter of:					
	Poultry	Щ				
	Lagomorphs (rabbits, hares and rodents)	Щ				
	Farmed game birds (including ratites)	Ш				
	Dressing of:					
	Delayed eviscerated poultry					
	Geese and ducks reared for foie gras					
	 Ratites (ostriches) slaughtered at the place of production 					
	 Wild game birds and lagomorphs (if also approved as a Game Handling Establishment) 					
O a mara I I a madifi a	Dressing of:					
Game Handling Establishment	Wild game (large: deer) (small: game birds,					
Establishinent	lagomorphs)					
	Cutting of:	Į.				
	Wild game					
Approved Farm	Slaughter at the place of origin of:					
Slaughter Facilities	• Poultry					
	 Farmed deer and wild boar 	\sqcup				

Establishment	Activities for which approval is sought (Please place cross in the boxes for all that apply)	Estimated average weekly throughput	
	Bison (when necessary)		
	Farmed ratites		
Red meat cutting plant	Meat from domestic ungulates for supply as cut meat (may be approved for cutting of different animal species- please specify if required).		
Poultry cutting plant	Cutting of :	1	
	 Meat from poultry and lagomorphs for supply as cut meat (may be approved for cutting of different animal species- please specify if required). 		
Where co-located or integ (otherwise approved by the	grated with a slaughterhouse, cutting plant or Game District Council):	e Han	
	Production of:		Please specify species below
Minced Meat/ Meat	Minced meat.	ПП	Delow
Preparation /Mechanically	Meat Preparations	H	
Separated Meat	Mechanically Separated Meat	H	
establishment	moonamount copulation moun		
	Meat Products (approved in accordance with		
Processing Plant	Annex III, Section		
	 Rendered animal fats and greaves Treated stomachs bladders and intestines 		
Intermediate Storage Plant	 Intermediate storage of rendered animal fats and greaves 		
	Gelatine		
Collection Centre / Tannery	Collagen		
Cold Store (Does not refer to cold storage of product manufactured at the establishment – only product which is brought into the establishment for distribution)	Storage of meat (fresh or processed)		
Re-wrapping establishment	Re-wrapping of meat (fresh or processed)		
RAW MILK AND DAIRY			Please specify species below

Establishment	Activities for which approval is sought (Please place cross in the boxes for all that apply)	e a	Estimated average weekly throughput
Standalone liquid milk Processing Establishment	Pasteurisation of liquid milk (i.e. processing of raw milk to which no ingredients have been added e.g. cream, buttermilk,)		
Collection Centre	Collection & temporary storage of raw liquid milk		
Coldstore (Does not refer to cold storage of product manufactured at the establishment – only liquid milk products which are brought into the establishment for distribution)	Storage of liquid milk products		
Where co-located or inte District Council):	grated with a liquid milk processing establishment (otherv	vise approved by the
Processing Plant	Dairy products		
EGGS AND EGG PRODU	ICTS	1	
Egg Packing centre	Packing and grading of eggs by quality and weight		
Where co-located or inte	grated with a egg packing centre (otherwise approv	ed by	the District Council):
Processing plant	Egg products		
	Production of liquid egg		
•	handles or intends to handle products of animal orig 004 (other than identified above) state those operati	-	. •

PART 6 - Information and documentation

A site and building plan MUST accompany this application form.

The following information is required in order to process your application and should be made available at the establishment to the officer carrying out the assessment visit. The officer will contact you if he/she requires any further information to be sent to him/her in advance of the visit.

•	A site plan and a buildings plan	
•	A description of the proposed method of operation	
•	A description of the proposed equipment maintenance arrangements	

A description	on of the pro	posed	l equipment and transport cleaning arrangemen	nts		
A description animals if a		opose	d arrangements for the acceptance of raw ma	aterials	including live	
A description	on of the pro	posed	waste collection and disposal arrangements			
A description	on of the pro	posed	l water supply			
A description	on of the pro	posed	I water quality testing arrangements			
A description	on of the pro	posed	arrangements for product testing			
A description	on of the pro	posed	l pest control arrangements			
A description	on of the pro	posed	I monitoring arrangements for staff health			
A description	on of the pro	posed	I staff hygiene training arrangements			
A description	on of the pro	posed	arrangements for record keeping			
	on of the por wrapping		ed arrangements for applying the identificati	on ma	rk to product	
PART 7 – A	pplication					
Name of a	applicant					
Position in I	business					
N.						1
name o	f contact					
Position in I	ousiness					
Tel (incl. Dialli	ng code)					
Fax (incl. Dialling	ng code)					
	E-mail					
Please note the obligation you	hat the grant u may have; the change o	ting of to app of use	arts of this form your application for approval will FSA approval under the hygiene legislation in by for planning permission / building control for of any building, within the approved establishmate.	no way any bu	removes any ilding works yo	
specified in P	art 2 for the	purpo	business described in Part 1, for approval to us se of handling products to which both Regulat oply, to be approved under Regulation (EC) No	ion (EC) No 852/2004	
Name in BL0	OCK LETTE	RS		Date		
Signature						
			IMPORTANT			

Activities that require approval must not be undertaken until the appropriate approval is granted. Once approved Article 6(2) of Regulation (EC) No 852/2004 states the FBO is to "ensure that the competent authority always has up-to-date information on establishments, including by notifying, any significant change in activities and any closure of an existing establishment". Not complying with this requirement is an offence under the Food Hygiene Regulations (Northern Ireland) 2006.