**APPLICATION FOR ESTABLISHMENT AND REGISTRATION OF A NEW ABATTOIR OR THE NEW OWNERSHIP OF AN ABATTOIR IN TERMS OF THE MEAT SAFETY ACT, 2000 (ACT No.40 OF 2000)**

[Please ensure to consult with a VPH official before completing this document]

**1. APPLICANT INFORMATION**

COMPANY NAME (where

applicable) …………………………………………………………………………

OWNER/RESPONSIBLE PERSON :

Surname ………………………………………………………. Initials ………………..

CONTACT DETAILS :

Postal address : ……………………………………………..

……………………………………………..

…………………………………………….. Code ……………..

Telephone number/s : ……………………………………………..

……………………………………………..

Email address(es) : …………………………………………………………………………………

………………………………………………………………………………….

**2. ABATTOIR INFORMATION**

**a) Existing abattoir**

Current name of abattoir : ……………………………………………………………………

Magisterial district : ……………………………………………………………………

Current registration number of abattoir : …………………………………………………..

Previous owner : ……………………………………………………………………

Last year of registration : ……………………………………………………………………

**b) New abattoir**

Physical address : …………………………………………………………………………….

…………………………………………………………………………….

Nearest Town : …………………………………………………………………………….

Magisterial District : …………………………………………………………………………….

Local Municipality : …………………………………………………………………………….

District Municipality : ……………………………………………………………………………

GPS Co-ordinates : Metric : …………………………………………………………………

DMS : …………………………..S …………………………….E

**c) Other information required**

**1. What species do you intend to slaughter**

|  |  |
| --- | --- |
|  | Ostriches |

**(a)**

**(b)** Red Meat abattoir

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Cattle |  | Calves |  | Sheep/Goats |
|  | Pigs |  | Game |  |  |

**(c)** Poultry abattoir

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Chickens |  | Ducks |  | Geese |
|  | Turkeys |  | Quails |  | Rabbits |

**2. What is the initial intended number of animals to be slaughtered daily per species? ………………………………………………………………………………**

**During what working hours will slaughter take place?**

**From ……………………………a.m to …………………………….p.m**

**3. Have plans been submitted for approval by Veterinary Public Health?**

|  |  |  |  |
| --- | --- | --- | --- |
| **NO** |  | **YES** |  |

If YES, Date of submission: ………………………………………………………

Abattoir plan reference number: ……………………………………

**4. Have plans and rezoning (where necessary) been approved by the relevant municipal authority?**

Please attach written proof of approval or consent

**5. Has this intended activity been sanctioned by the provincial environmental authority?**

Please attach written proof of approval or permission

**6. What is the water source?**

***Guideline: Red meat abattoir – 900 litre/slaughter unit; poultry abattoir – 15 litre/unit***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Municipal water |  | Borehole |  |  | River or dam | | |  |
|  | Combination |  | **Tested** | YES |  | NO |  |

If YES, please attach a copy of the latest laboratory test results.

**7. How will effluent water and stormwater be managed?**

…………………………………………………………………………………………………

…………………………………………………………………………………………………

**8. Nature and scope of activities taking place in and on adjacent properties:**

…………………………………………………………………………………………………..

…………………………………………………………………………………………………..

**9. Is a sufficient supply of electricity available?**

What sources are available? ……………………………………………………………

Alternative arrangements or back-up source of electricity? …………………….

**10. Waste disposal**

How do you intend to dispose of the following types of waste?

|  |  |
| --- | --- |
| General waste |  |
| Kraal/lairage waste |  |
| Blood |  |
| Stomach/intestinal contents |  |
| Feathers |  |
| Abattoir waste |  |
| Condemned waste |  |

**11. Arrangements in terms of Meat Inspection**

Approved Service Provider : …………………………………………………………….

Private Veterinarian : Name and Contact details: …………………………………

………………………………………………………………………………………………....

Number of meat inspection personnel to be provided:

Meat Inspectors: ……………… Meat Examiners: ……………………..

Poultry Meat Examiners: ……………………………

**3. DECLARATION BY APPLICANT/OWNER OF THE ABATTOIR**

I, ………………………………………………………………….. (full name and surname), as owner/manager of the above-mentioned abattoir, hereby agree to comply with all the requirements set out by all relevant and applicable legislation, including the Meat Safety Act, 2000 (Act No. 40 of 2000), and agree to co-operate with the veterinary officials in this regard.

I am aware of and understand my responsibilities as abattoir owner in terms of the Meat Safety Act, 2000 (Act No. 40 of 2000) and the Animal Diseases Act, 1984 (Act No. 35 of 1984).

Signed at …………………………….. (place) on ………………………………… (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of owner/applicant

*Please initial each page of this application*

………………………………………………………………………………………………………………………

**FOR OFFICE USE ONLY**

Date Application received: ………………………………………………………………………

Application recommended by : ………………………............. Rank …………… Date …………….

Application approved by: ………………………………………. Rank …………… Date …………….

**Allotted Abattoir File Reference No**. : …………………………………………………………………….

Following documents attached to application:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Approved abattoir plans

Municipal approval or consent

Environmental Authority approval or permission

Water laboratory test results

Municipal approval for effluent water and stormwater

Waste disposal approvals

Meat Inspection service provision or application for exemption (where applicable)