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|  **Veterinary Services: Veterinary Public Health** Foodsafety@elsenburg.com tel: +27 21 808 5273 Private Bag X1, Elsenburg, 7607 [www.elsenburg.com](http://www.elsenburg.com/) [www.capegateway.gov.za](http://www.capegateway.gov.za) |
| **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: …………………………………..

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**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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| **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.
 | 489 - 1517 |  |  |

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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 - 2062 - 6466 7489 |  |  |

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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 - 151720 - 2123255365 - 70778 |  |  |

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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.
 | 18225372 - 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 - 2731 - 405371 |  |  |

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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 - 2731 - 405371 |  |  |

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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.
 | 2930 |  |  |

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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.
 | 114144 - 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.
 | 135354 - 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.
 | 18215368 (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.
 | 4547 - 505372 - 7990 |  |  |

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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:……………………………..