|  |  |  |  |
| --- | --- | --- | --- |
| **Veterinary Services: Veterinary Public Health**  Food safety@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-RM-02 | **Compiled by:** | HAS Committee |
| **Issue No:** | V3.04-02-2020 | **Approved by:** | National Executive Officer |
| **Effective Date:** | 10 February 2020 | **Number of pages** | 7 |

|  |  |  |
| --- | --- | --- |
| **Instrumentation:** | Thermometer Serial No |  |

RURAL ABATTOIR INSPECTION CHECKLIST:

RED MEAT ABATTOIRS

ABATTOIR: …………………………………………

INSPECTION DATE: …………………………………..

.

**ABATTOIR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REGISTRATION NO: \_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##### DAILY THROUGHPUT: C \_\_\_\_\_\_\_\_\_ H\_\_\_\_\_\_\_\_\_\_ P \_\_\_\_\_\_\_\_\_\_ S \_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# INSPECTION COMPONENT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **RANK** | **NAME** | **REGISTERED** | | **EMPLOYER** |
| **YES** | **NO** |
| **MEAT INSPECTORS** |  |  |  |  |
| **MEAT EXAMINERS** |  |  |  |  |
| **MEAT CLASSIFIER** |  |  |  |  |

**OWNER / MANAGER**

|  |  |  |
| --- | --- | --- |
| **NAME** | **CAPACITY** | **CONTACT No** |
|  |  |  |

**SCORE SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CATEGORY** | **CATEGORY SCORE/100** | WEIGHT | **WEIGHTED SCORE** | **PROVINCIAL INSPECTOR(S) WHO HAS CONDUCTED OR VERIFIED THE ASSESSMENT** |
| **A. STRUCTURE & PREMISES** |  | **.10** |  |
| B. TRANSPORT, LAIRAGING & WELFARE |  | **.07** |  | **Name:……………………………..…………………**  **Signature:…………………………………………..**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name:……………………………..…………………**  **Signature:…………………………………………..** |
| **C. SLAUGHTERING AND DRESSING** |  | **.14** |  |
| **D. MEAT INSPECTION / MARKING** |  | **.14** |  |
| E. CHILLING / DISPATCH |  | **.14** |  |
| **F. OFFAL PROCESSING** |  | **.04** |  |
| **G. SANITATION / PEST CONTROL** |  | **.10** |  |
| **H. PERSONNEL** |  | **.07** |  |
| **I. WASTE MANAGEMENT** |  | **.08** |  |
| **J. HYGIENE MANAGEMENT SYSTEM** |  | **.12** |  |
|  | **FINAL SCORE** | |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Category score** | 95  90  85  80  75  70  65  60  55  50  45  40  35  30  25  20  15  10  5  0 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **A** | **B** | **C** | **D** | **E** | **F** | **G** | **H** | **I** | **J** | **FINAL** |
| **0.10** | **0.07** | **0.14** | **0.14** | **0.14** | **0.04** | **0.10** | **0.07** | **0.08** | **0.12** | **SCORE** |

|  |
| --- |
| INSPECTION CHECKLIST: RURAL ABATTOIRS - RED MEAT |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Regulation Reference | **\*Priority of NC’s:**  **mm = minor**  **M = major**  **C = critical** | Excellent | Good | Fair | Poor | **bad** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | 4  9 - 15  17  30  31  39  40 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **B. TRANSPORT, LAIRAGING & WELFARE** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Humane handling during transport and offloading. * Supply of drinking water. * Feeding of animals (when required). * Cleanliness of lairages. * Correct handling of DOA’s & DIP’s. * Humane handling in crush and during stunning. | 64 - 71  82  107 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C. SLAUGHTERING, DRESSING, STUNNING & BLEEDING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Time period: stunning to bleeding - 60 sec. * Time period bleeding to dressing: cattle - 8min, calves - 6min, sheep/goats - 6 min, pigs - 6 min. * Correct stunning equipment & procedure. * Correct bleeding procedure followed. * Sterilizer @ 82°C & utilization. * Warm water, soap at wash basins & utilization. * Correct & hygienic dressing procedures. * Correlation between carcasses and offal. * Final wash of carcasses. * Housekeeping on slaughter floor (including continuous cleaning). | 14  17  55  72 - 77 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D. MEAT INSPECTION AND MARKING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Registered inspector availability. * Ante mortem done. * Primary meat inspection standard (acc. to checklist). * Secondary inspection. * Handling of detained/condemned material (security). * Measly carcass control. * Legibility of and control over passed stamp. * Adequate lighting at inspection points. | 11  76  80 – 81  84 – 105  106 – 109  112  115 - 117 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **E. CHILLING AND DISPATCH** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Spacing of carcasses. * Cold storage management / housekeeping. * Effective chilling. * Hygienic out loading procedures. * No mixing of warm and cold carcasses. * No mixing of rough offal with red offal and carcasses. | 39 – 41  43  45  48  59 |  |  | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Regulation Reference | **\*Priority of NC’s:**  **mm = minor**  **M = major**  **C = critical** | Excellent | Good | Fair | Poor | **bad** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F. OFFAL PROCESSING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Red offal handling & packaging. * Rough offal cleaning, handling & packaging. * Dispatch of offal. | 30 – 32  45  55  56  76 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **G. SANITATION AND PEST CONTROL:** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Effective pre and post slaughter sanitation. * Availability of detergents and sanitizers. * Effective vermin control. | 43  46 – 48  55 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **H. 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. | 13  55  56  58 - 63 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. WASTE MANAGEMENT:** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * All inedible and condemned material handled and disposed of as per approved protocol. * Areas where refuse is stored until it is removed – kept clean and tidy. * All containers must be enclosed or fitted with tight fitting lids. * Effluent disposal system effectively managed according to the SOP. * Solids / fat traps effective and cleaned continuously. * SOP for handling of blood prior to disposal followed. * Adequate facilities and procedures to effectively remove all ruminal and intestinal contents from the rough offal room / area continuously. | 18  55  119  123 |  |  | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **J. HMS AND RECORD KEEPING:** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Availability of HMPs, SOP’s and protocols. * HMS and protocols approved. * Daily records kept and available. * Personnel records. | 49 – 55  77  81  105 |  |  | | | | | |

**CONTROL LIST FOR PRIMARY MEAT INSPECTION**

**Section A**  Abattoir:…………………………… Date:………………………

Method of inspection:

**O** = Observation Inspector:……………………………………………

**P** = Palpation

**I** = Incision Assessing Officer:…………………………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CATTLE** | | | **SHEEP** | | | | **PIGS** | | | **HORSES** | | | | **COMMENTS:** |
| **HIND-QUARTER:** | | | | | | | | | | | | | | | |
| Parietal peritonium | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Diaphragm |  |  | **I** |  |  | | **O** |  |  | **I** |  |  | |  |  |
| Lnn. Iliaci |  |  | **I** | **O** |  | |  |  |  | **I** |  |  | | **I** |  |
| Lnn. subiliacus |  |  | **I** |  | **P** | |  |  |  |  |  |  | | **I** |  |
| Lnn inguinales superficiales |  |  | **I** |  | **P** | |  | **O** |  | **I** |  |  | |  |  |
| Lnn. analis |  |  |  |  | **P** | |  |  |  |  |  |  | |  |  |
| Kidneys |  |  | **I\*** | **O** | **P** | |  |  |  | **I\*** |  |  | | **I\*** | \* By exposure and if necessary, incise |
| Lnn. renalis |  |  | **I\*** |  | **P** | |  |  |  | **I\*** |  |  | | **I\*** | \* If necessary |
| Lnn. popliteus |  |  |  |  | **P** | |  |  |  |  |  |  | |  |  |
| Feet | **O** |  |  | **O** |  | |  | **O** |  |  |  |  | |  |  |
| Vertebrae & spinal cord if split | **O** |  |  |  |  | |  | **O** |  |  | **O** |  | |  |  |
| **FORE-QUARTER:** | | | | | | | | | | | | | | | |
| Parietal Pleura | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Lnn. cervicales superficiales |  | **P** |  |  | **P** | |  |  |  |  |  | **P** | |  |  |
| M triceps brachii |  |  | **I** |  |  | |  |  |  | **I\*** |  |  | |  | \*Except baconers 54 – 92 kg |
| Feet | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Sternum, ribs, vertebrae if split | **O** |  |  |  |  | |  | **O** |  |  | **O** |  | |  |  |
| **HEAD:** | | | | | | | | | | | | | | | |
| Tongue | **O** | **P** |  | **O\*** | |  |  | **O** |  |  |  | **P** | |  | \*Only if necessary |
| Hard / soft palate | **O** |  |  | **O\*** | |  |  | **O** |  |  | **O** |  | |  | \*Only if necessary |
| Skin / lips / gums | **O** |  |  | **O** | |  |  | **O** |  |  | **O** |  | |  |  |
| Eyes / nostrils | **O** |  |  | **O** | |  |  | **O** |  |  | **O** |  | |  |  |
| Lnn. Mandibulares |  |  | **I** | **O\*** | |  |  |  |  | **I** |  |  | |  | \*Only if necessary; can also be incised |
| Lnn. Parotidei |  |  | **I** | **O\*** | |  |  |  |  | **I** |  |  | |  | \*Only if necessary; can also be incised |
| Lnn. Retropharyngialis |  |  | **I** | **O\*** | |  |  |  |  |  |  |  | |  | \*Only if necessary; can also be incised |
| M. masseter muscle X 2 |  |  | **I** |  | |  |  |  |  | **I** |  |  | |  |  |
| M pterygoideus muscle X1 |  |  | **I** |  | |  |  |  |  | **I** |  |  | |  |  |
| Tonsils removed after inspection | **O** |  |  |  | |  |  |  |  |  |  |  | |  |  |
| **RED OFFAL:** | | | | | | | | | | | | |  | | |
| Visceral pleura | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Liver |  | **P** | **I** |  | **P** | | **I** |  | **P** | **I** |  | **P** | | **I** |  |
| Lnn. hepaticus |  |  | **I** |  |  | | **I** |  |  | **I** |  |  | | **I** |  |
| Trachea |  |  | **I** | **O** | **P** | | **I** |  |  | **I** | **O** | **P** | | **I** |  |
| Oesophagus | **O** |  |  | **O** | **P** | |  | **O** |  |  | **O** | **P** | |  |  |
| Lungs |  | **P** | **I** | **O** | **P** | |  |  | **P** | **I** | **O** | **P** | |  |  |
| Lnn. mediastinales |  |  | **I** |  | **P** | |  |  |  | **I** |  |  | |  |  |
| Lnn. bronchiales |  |  | **I** |  | **P** | |  |  |  | **I** |  |  | |  |  |
| Pericardium |  |  | **I** |  |  | | **I** |  |  | **I** |  |  | | **I** |  |
| Heart |  |  | **I** |  |  | | **I** |  |  | **I** |  |  | | **I** |  |
| Spleen | **O** |  | **I\*** | **O** |  | |  | **O** |  | **I\*** | **O** | **P\*** | |  | \* Only if necessary |
| Tail | **O** |  |  |  |  | |  | **O** |  |  | **O** |  | |  |  |
| Thyroid gland | **O** |  |  |  |  | |  |  |  |  |  |  | |  |  |
| Diaphragm (visceral) | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Testes | **o** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| **ROUGH OFFAL:** | | | | | | | | | | | | | | | |
| Visceral peritoneum | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Outer surface of stomach, int | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |
| Inner surface of stomach, int intestines |  |  | **I\*** |  |  | | **I\*** |  |  | **I\*** |  |  | |  | \*If necessary, only in offal room or DFI |
| Lnn. gastrici | **O** |  |  | **O** |  | |  | **O** |  |  |  |  | |  |  |
| Lnn.mesenterici (cran & caud) | **O** |  |  | **O** |  | |  | **O** |  | **I\*** |  |  | |  | \*Only if necessary |
| Omentum | **O** |  |  | **O** |  | |  | **O** |  |  | **O** |  | |  |  |

(49) (45) (45) (35) (*Mark negatively and subtract from totals)*

**Section B** With above inspection the following must be considered:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | C |  | P |  | S |  | H |  |  | | C |  | P |  | S |  | H |
| State of nutrition |  |  |  |  |  | Injection marks | |  |  |  |  |
| Colour |  |  |  |  |  | Bruising & Injuries | |  |  |  |  |
| Odour |  |  |  |  |  | Any abnormalities | |  |  |  |  |
| Symmetry |  |  |  |  |  | Age & sex of animal | |  |  |  |  |
| Efficiency of bleeding |  |  |  |  |  |  |  |  |  |  |  |
| Contamination |  |  |  |  |  |  | (12) |  |  |  |  |
| Pathological conditions |  |  |  |  |  |  |  |  |  |  |  |
| Parasitic infestation |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |  |  |
|  |  | | | | | | | | |  |  |  |  |

**NON-CONFORMANCE AND CLEARANCE REPORT**

**Evaluating official/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Abattoir\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Regulation Ref** | **Details of non-conformance** | **Priority** | **Proposed Date of completion** | **Verified by Prov. Inspector** | **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Category** | **Regulation Ref** | **Details of non-conformance** | **Priority** | **Proposed Date of completion** | **Verified by Prov. Inspector** | **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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:……………………………..