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|   **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 |

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| **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** |  |

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| **Category score** | 959085807570656055504540353025201510 5 0 |  |  |  |  |  |  |  |  |  |  |  |
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| **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** |

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| INSPECTION CHECKLIST: RURAL ABATTOIRS - RED MEAT |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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.
 | 49 - 151730313940 |  |  |

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| **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 - 7182107 |  |  |

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| **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).
 | 14175572 - 77 |  |  |

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| **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.
 | 117680 – 8184 – 105106 – 109112115 - 117 |  |  |

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| **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 – 4143454859 |  |  |

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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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| **F. OFFAL PROCESSING** |  | **\*** | **Comments** | **10** | **8** | **5** | **2** | **0** |
| * Red offal handling & packaging.
* Rough offal cleaning, handling & packaging.
* Dispatch of offal.
 | 30 – 3245555676 |  |  |

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| **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.
 | 4346 – 4855 |  |  |

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| **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.
 | 13555658 - 63 |  |  |

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| **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.
 | 1855119123 |  |  |

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| **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 – 557781105 |  |  |

**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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 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 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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**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:……………………………..