

Western Cape Government

WESTERN DEPARTMENT OF AGRICULTURE POPI ACT COMPLIANCE NOTICE

The Western Cape Department of Agriculture (WCDoA) as a public service institution is required to collect process and store information from members of the public for the purpose of rendering of services to the citizens of this province. The POPI Act, Act 4 of 2013 regulates and controls the processing, use and storage of personal information. In order to be compliant with POPI ACT, Act 4 of 2013, the WCDoA commit not to share your information with any third party outside Provincial & National Departments of Agriculture, implementing agencies, co-workers and associates / partners as per our business approval and evaluation processes. We at the Western Cape Department of Agriculture respect your privacy and will always continue to do so. By signing this form, you are giving us a consent to collect process and store your

information for the purpose of rendering a service to you as a citizen.

NAME & SURNAME:

LEGAL ENTITY/ SOLE PROPRIETOR:

DATE:



CLIENTS QUESTIONNAIRE					
		ompleted by all clients prior to	o entering the Agro-	Processing on wh	neels
Produc	tion Facility				
Surnam	е		Name		
Contac	t no.		Company Name		
Date			Accompanied		
Pogson	for optoring	food preparation area	By:		
		<u> </u>			
Please	mark the foll	lowing Questions as Yes/No			YES/NO
	lave you nov omiting?	v, or have you over the last sev	en days, suffered from	diarrhea and/or	
2. A	At present, are	e you suffering from skin trouble	affecting hands, arms	or face?	
3. A	3. At present, are you suffering from boils, styes or septic fingers?				
4. 4	At present, are	e you suffering from discharge fr	om eyes, ears or gums	s/mouth	
5. [5. Do you suffer from recurring skin or ear trouble?				
6. [6. Do you suffer from a Recurring bowel disorder?				
7. H	7. Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid?				
8. In the last 21 days have you been in contact with anyone, at home or abroad, who					
may have been suffering from typhoid or paratyphoid? 9. No visitor may enter any section of the restricted area unless accompanied by a					
c	designated employee of the department.				
-		must wear the appropriate prote must be worn and it must cover		ired.	
		over must be used to cover bed			
_		potwear must be worn.	ii (45.		
-		es or jewelry allowed in the proc	duction facility.		
-		or drinking allowed in preparati			
-		only permitted in designated a			
-	 No cell phones allowed in the production areas. 				
No glass objects may be taken into the production areas.					
Declaration					
I declare that all statements on this form are true and correct to the best of my knowledge. I recognize				ecognize	
Western Cape Department of Agriculture Agro-Processing on wheels' hygiene code of conduct and				ct and	
will abide by it. Should my standard of health not be acceptable, I understand that the Departme				rtment	
has the right to refuse access to the preparation areas and I enter the area at my own risk.					
Signature					
Manager Signature					



CODE OF CONDUCT

GOOD PRACTICE FOR PEOPLE WORKING IN AREAS WHERE FOOD IS HANDLED:

- 1. Wear clean departmental issued protective clothing, including appropriate hair covering.
- 2. Wash, dry and sanitize your hands, gloves and boots at appropriate times and intervals and when entering the facility.
- 3. Report any illness to the management.
 - Do not work if you are suffering from diarrhoea and/or vomiting.
 - Do not handle food if you have scaly, weeping or infected skin, which cannot be totally covered during food handling.
- 4. Ensure cuts and abrasions on exposed areas are totally covered with a distinctively coloured waterproof dressing.
- 5. Always behave in an appropriate manor.
 - Do not spit in food handling areas.
 - Do not smoke in food handling areas.
 - Do not eat or chew gum in food handling areas
 - Or any other action that may compromise the safety of the products.
- 6. Safety clothing and equipment may not be removed from the premises.
- 7. Gloves and aprons may not be removed from the processing area.
- 8. Ensure work areas are maintained in clean and hygienic manner and surfaces and utensils are clean.
- 9. Always apply clean as you go principals.
- 10. Always maintain food at the correct temperature.
- 11. Jewelry and adornments may not be worn in the facility.

Client Signature	



Agri-processing Support: Needs assessment questionnaire

	BUSINESS INFORMATION		
Name of the business			
Registration number			
Address			
Line of business			
Product range			
Legal entity: □Yes □No			
Legal structure: □Sole proprie	torship \square Private company	∕ □Trust	□со-
operative			
Structure of business and shareho	olding		
Beneficiaries name and	Role in the business	Race	% of
surname			shareholding
BBBEE status			
BUSINESS OP	ERATIONS INFRASTRUCTURE AND	MARKETS	
Production facilities: ☐Kitchen	Own production facility	□Rented/I	eased facility
□Community facility			
Processing equipment: Non-e	xistent Not adequate [TFull equipme	•nt



Condition: □Excellent □Good □Bad			
Delivery vehicle: Yes No			
Markets: □Formal □Informal □Both			
Industrial compliance/requirements/ norms and standards/ all ad	cceptable c	ertificates	
(based on market requirements): COA HACCP FSSC 2200 BRC GFSI			
Other			
BUSINESS GENERAL CHECKLIST			
Does your business have the following if yes please provide a copy			
Business plan	□Yes	□No	
Production records	□Yes	□No	
Financial records	□Yes	□No	
Tax clearance certificate	□Yes	□No	
EIA approvals	□Yes	□No	
Employee registration	□Yes	□No	
Proof of all market contracts/intent letters	□Yes	□No	



BUSINESS REQUIREMENTS AND FUTURE PLANS
Are you happy with the current performance of the business? Yes No
If no please explain
What short and long-term goals do you have for your business?
What immediate assistance you require in your business?
☐ Need critical assistance in the following: (please list)
☐ Require specific agro-processing related training. (Please mention)



☐ Want to grow or e	expand my busin	ess (Please ex	olain how)	
	•••••			
☐ Other (please spe	cify)			
A	AGRO-PROCESSIN	NG COMMODI	TY SUPPORT REQUIR	ED
		Meat Process	sing	
Date of service requ	uired:			
☐Meat processing	□Red Meat	□Poultry	□Other	
Has meat passed a according to MEAT		-		ed abattoir
	SAILII ACI, ZU	-		
□Yes		□No		
□Yes If not, reasons:		□No		



Production required:	
□Fresh Meat Products	□ Processed meat products
Meat quantity in KG to be processed (Mea	t block)
Product range required (Sausage, mince, ho	amburgers, fresh cuts, Vienna's, polonies, etc.)
Please specify	
Packaging requirements:	
Other please specify:	