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## **WESTERN CAPE DEPARTMENT OF AGRICULTURE POPIA POLICY STATEMENT**

The department is committed to protecting the privacy of data subjects in accordance with the obligations imposed by POPIA. POPIA describes how organisations should collect, handle and store the personal information of data subjects.

These rules apply regardless of whether the information is stored electronically, on paper, or on other materials. To comply with the law, personal information should be collected fairly, stored safely and not disclosed unlawfully.

By signing this form, you are giving us consent to collect process and store your information to render a service to you as a citizen.

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**NAME & SURNAME**

**LEGAL ENTITY/ SOLE PROPRIETOR**

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**DATE**



## **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 covered during food handling.
4. Ensure cuts and abrasions on exposed areas are covered with a distinctively coloured waterproof dressing.
5. Always behave in an appropriate manner.
  - 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 cleanly and hygienically, and surfaces and utensils are clean.
9. Always apply clean-as-you-go principles.
10. Always maintain food at the correct temperature.
11. Jewelry and adornments may not be worn in the facility.

|                         |  |
|-------------------------|--|
| <b>Client Signature</b> |  |
|-------------------------|--|



**AGRI-PROCESSING SUPPORT: NEEDS ASSESSMENT QUESTIONNAIRE**

**BUSINESS INFORMATION**

Name of the business: .....

Registration number: .....

Address: .....

Nature of business: .....

Product range: .....

Legal entity: ☐ Yes ☐ No

.....

Legal structure:

☐ Sole proprietorship ☐ Private company ☐ Trust ☐ Co-operative

Structure of business and shareholding

| Beneficiaries names and surnames | Role in the business | Race | % of shareholding |
|----------------------------------|----------------------|------|-------------------|
|                                  |                      |      |                   |
|                                  |                      |      |                   |
|                                  |                      |      |                   |
|                                  |                      |      |                   |
|                                  |                      |      |                   |
|                                  |                      |      |                   |

BBBEE status.....



### BUSINESS OPERATIONS INFRASTRUCTURE AND MARKETS

**Production facilities:**

- ☐ Kitchen                      ☐ Own production facility                      ☐ Rented/leased facility
- ☐ Community facility

**Processing equipment:**

- ☐ Non-existent                      ☐ Not adequate                      ☐ Full equipment

**Condition:**

- ☐ Excellent                      ☐ Good                      ☐ Bad

**Delivery vehicle:**

- ☐ Yes                      ☐ No

**Markets:**

- ☐ Formal                      ☐ Informal                      ☐ Both

Industrial compliance/requirements/ norms and standards/ all acceptable certificates (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 of:

- Business plan                      ☐ Yes                      ☐ No
- Production records                      ☐ Yes                      ☐ No



|  |                              |                             |
|--|------------------------------|-----------------------------|
| Financial records                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tax clearance certificate                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EIA approvals                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee registration                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Proof of all market contracts/intent letters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### BUSINESS REQUIREMENTS AND FUTURE PLANS

Are you happy with the current performance of the business? ☐ Yes ☐ No

If no, please explain.

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What short and long-term goals do you have for your business?

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What immediate assistance do you require for your business?

☐ Need critical assistance in the following: (please list)

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☐ Require specific Agri-processing-related training (Please specify).

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☐ Want to grow or expand my business (Please specify).

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☐ Other (please specify)

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**AGRI-PROCESSING COMMODITY SUPPORT REQUIRED**

**Meat Processing**

Date when service required:

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☐ Meat processing    ☐ Red Meat    ☐ Poultry    ☐ Other .....



Has the meat passed all Ante mortem inspections through a registered abattoir according to *MEAT SAFETY ACT, 2000 (ACT No. 40 OF 2000)*

☐ Yes

☐ No

If not, please specify:

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**Production required:**

☐ Fresh Meat Products

☐ Processed meat products

Meat quantity in KG to be processed (Meat block).....

Product range required (Sausage, mince, hamburgers, fresh cuts, Vienna's, polonies, etc.)

Please specify:

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Packaging requirements:

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Other (please specify):

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