**IMPORTANT – Please read this information carefully before you complete your application.**

**I. Submission Protocol:**

1. **Endorsement by the Competent Authority is a pre-requisite.** The completed application form must be submitted to the District/Provincial Competent Authority for verification and endorsement; followed by submission to the Central Competent Authority (CCA) for their recommendation before submission to SFA. Applications that are not endorsed accordingly will not be processed.
2. **Each establishment with a unique establishment code must submit an individual application.** For example, establishments belonging to the same parent company or establishments located within the same premise are still required to submit individual applications.

1. **The application must be submitted in English. The compatible formats accepted are Microsoft Office compatible formats (doc, ppt, xls), jpeg and pdf.** It is critical that information be provided in English to enable our officers to evaluate the application. It is especially important for layout plans to be of clear resolution and labelled in English. In the case of documents that serve as supporting evidence (e.g. laboratory results, SOP checklists), at least the headers should be translated.
2. **Soft copy submission is preferred and will facilitate the processing time.** The Competent Authority can forward the endorsed application to:

Risk Management & Surveillance Department / Joint Operations Division

Singapore Food Agency (SFA)

**II. Upon submission of application:**

1. **Acknowledgement and confidentiality.** We will provide an acknowledgement via email when we have received your information. The submitted information will be treated in confidence.
2. **Processing time.** We aim to process your application in a timely manner. Our response time is generally 12 weeks from our date of receipt. Actual processing times are dependent on a number of factors, as follows:

* Completeness of application, i.e. all required documents are provided and retrievable;
* Clarity of the submitted information;
* Transaction volume received by the department.
* Priority may be given to cases that meet strategic alignment with national and organisation needs.

1. **Outcome of processing.** All communication (e.g. request for information, enquiries) and outcome of the evaluation will be sent to the Competent Authority.

|  |  |
| --- | --- |
| **Date of Application** |  |
| **Country/Region** |  |

**Check box where applicable**

**Please use English and ensure all sections (A – K) are completed**

**(A) PARTICULARS OF ESTABLISHMENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Name of Establishment** | |  | | | | | | |
| **(2) Establishment Number** | |  | | | | | | |
| **(3) Address of Establishment** | | | | | | | | |
| Unit No. | |  | | | | | | |
| Street Name | |  | | | | | | |
| Post Code | |  | | | | | | |
| District/City | |  | | | | | | |
| State/Province | |  | | | | | | |
| GPS Coordinates  (In decimal degrees) | | Longitude | | |  | | | |
| Latitude | | |  | | | |
| **(4) Website address** | |  | | | | | | |
| **(5) Year Constructed** | | | | | | |  | |
| **(6) Year Renovated / Upgraded (if relevant)** | | | | | | |  | |
| **(7) Total Land Area (m2)** | | | | | | |  | |
| **(8) Total Built-up Area (m2)** | | | | | | |  | |
| **(9) All Types of Processed Egg Products Manufactured by the Establishment:** | | | | | | | | |
| Pasteurised liquid eggs | | | Egg powder | | | | | Hardboiled egg |
| Whole egg omelette | | | Others (please specify): | | | | | |
| **(10) Products intended for export to Singapore** | | | | | | | | |
| **Product name** | | | | **Species** | | **State (Chilled/Frozen/Retort)** | | |
| *e.g. Pasteurised liquid egg white* | | | | *Chicken* | | *Frozen* | | |
| *e.g. Hardboiled quail egg* | | | | *Quail* | | *Canned* | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
| **(11) Export History** | | | | | | | | |
| (i) Export history of products intended for export to Singapore | List products and state countries/regions exported to:  (i) *e.g. Frozen pasteurised liquid egg – Country/Region X*  (ii)  (iii) | | | | | | | |
| (ii) Proof of export | Provide the health certificate that accompanied the last export of the products to the importing country(s)/regions(s) as listed in A11(i).  Attach and label as “Annex - A11(ii)” | | | | | | | |
| (iii) Export inspection | Indicate if establishment has been inspected by a Foreign Competent Authority (e.g. EU, FSIS)  Yes.  Please specify the foreign Competent Authority and provide a  copy of the inspection report, label as “Annex – A11(iii):  No. | | | | | | | |

**(B) LOCATION AND LAYOUT OF THE ESTABLISHMENT**

|  |  |
| --- | --- |
| **(1) Location of Establishment:** | |
| (i) The establishment is located in a: | Industrial area  Residential  Agricultural area area  Others (please specify): |
| (ii) Type of operation performed in adjacent properties (if any): | Heavy industry  Food-processing industry  Others (please specify): |
| **(2) Layout Plan of Establishment:** | |
| Attach and label as “Annex - B2”  Note: All areas in the layout plan should be depicted, from the raw material reception to processing areas, storage facilities and finished products loading. The layout plan must be of clear resolution and labelled in English to demonstrate the following:   1. segregation of production areas and purpose of area 2. location of all workers entrances/exits into production areas 3. production flow and workers’ flow, as indicated by coloured arrows. | |

**(C) WATER SUPPLY**

|  |  |
| --- | --- |
| **(1) Access to potable water** | Yes  No, provide a brief description of the type of water used for production:\_\_\_\_\_ |
| **(2) Chemical / Bacteriological Examination** | Indicate if water is tested in  In-house laboratory; please state frequency of testing:  External laboratory; please state frequency of testing:  Provide copy of the latest test results, with method of testing indicated.  Attach and label as “Annex – C2” |

**(D) MANPOWER**

|  |  |
| --- | --- |
| 1. **Staff Information:** | |
| 1. Organisational chart of the establishment | Attach and label as “Annex – D1(i)” |
| 1. Total number of general workers employed in the establishment: |  |
| 1. Staff are trained in food safety quality assurance programmes (e.g. GMP, HACCP, ISO22000, etc) | Yes  No |
| **(2) Medical Examination and History:** | |
| 1. Employees are medically examined and certified fit to work in a food preparation establishment prior to employment | Yes  No |
| 1. Annual health checks are available for workers? | Yes  No |
| 1. **Uniforms/Attire:** | |
| (i) Uniforms are provided | Yes  No |
| (ii) Boots are provided | Yes  No |
| (iii) Gloves and facemasks are provided | Yes  No |
| (iv) Laundry is provided | In-plant  By contract |

**(E) PROCESSING/CANNING PREMISES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Source of shell eggs:** | | | | | | | |
| Province/District of Origin | | Farm name | | | | Company/Contract Farm | |
|  | |  | | | |  | |
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|  | |  | | | |  | |
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|  | |  | | | |  | |
| 1. **Production Throughput:** | | | | | | | |
| 1. Number of shifts: | | | | |  | | |
| 1. Number of working days per week: | | | | |  | | |
| 1. Production per shift (in tonnes): | | | | |  | | |
| 1. Annual production capacity (tonnes): | | | | |  | | |
| 1. **Chillers/Freezers:** | | | | | | | |
| Indicate if refrigerated rooms suitable for effective cooling and storage of egg and egg products are present. | | | | | | | |
| Yes, | Number of chillers available:  Number of freezers available: | | | | | | |
| No |  | | | | | | |
| 1. **Sanitary Measures:** | | | | | | | |
| * + 1. There is a system of collection and disposal of inedible or condemned products. | | | Yes, | Attach description of the system and label as “Annex – E4(i)” | | | |
| No |  | | | |
| * + 1. Indicate if there is a system of effluent treatment and disposal of waste. | | | Yes, | Attach description of the system and label as “Annex – E4(ii)” | | | |
| No |  | | | |
| * + 1. There is a pest control system in place. | | | Yes, | implemented by:  In-house staff  Contract staff  Attach layout map of pest control points and label as “Annex – E4(iii)” | | | |
| No |  | | | |
| * + 1. Pest control records are kept and maintained. | | | | | | | Yes  No |
| * + 1. Hands-free operated features for taps and toilet flushes are available. | | | | | | | Yes  No |
| * + 1. Disposable paper towels and hand disinfectant are available. | | | | | | | Yes  No |
| * + 1. Dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials are available. | | | | | | | Yes  No |

**(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Food Safety Programmes and Production Procedure:** | | | | | | | | | | | |
| (i) Flow of production | | | | | | | | | | | |
| Provide flowchart of the production process, showing clearly the critical control points (CCP’s), details of manufacturing process, temperature and duration of heat treatment.  Attach and label as “Annex – F1(i)” | | | | | | | | | | | |
| (ii) Processes are based on HACCP principles or its equivalent. | | | | | | | | | | | |
| Yes, | | Provide copy of HACCP certification or its equivalent and HACCP Summary Table stating each CCPs identified and its critical limits, monitoring and verification activities  Attach and label as “Annex – F1(ii)” | | | | | | | | | |
| No | |  | | | | | | | | | |
| 1. Core temperature and duration at which core temperature is maintained of each product listed in Section A10 | | | | | | | | | | | |
| **Product** | | | | | | | **Temperature (°C)** | | | **Time (minutes)** | |
|  | | | | | | |  | | |  | |
|  | | | | | | |  | | |  | |
|  | | | | | | |  | | |  | |
|  | | | | | | |  | | |  | |
| 1. **For retort/canned products,** indicate the sterilization temperature and time, and Fo value achieved for each product listed in Section A10 | | | | | | | | | | | |
| **Product** | | | | | | **Sterilization Temperature (°C)** | | | **Sterilization Time (minutes)** | | **Fo value achieved** |
|  | | | | | |  | | |  | |  |
|  | | | | | |  | | |  | |  |
|  | | | | | |  | | |  | |  |
|  | | | | | |  | | |  | |  |
| **(v) For retort/canned products, to provide:**   1. Fo value determination and validation report   Attach and label as “Annex – F1 (v1)”   1. Copy of the sterilization record or circular chart showing the penetration curves or heat penetration data during production run for each product intended for export to Singapore, as listed in Section A10   Attach and label as “Annex – F1 (v2)”   1. Brief description of can/retort seam evaluation procedure and a copy of the latest can/retort seam evaluation report   Attach and label as “Annex – F1 (v3)”   1. Procedure of incubation tests and a copy of the latest test results obtained   Attach and label as “Annex – F1 (v4)”   1. Procedure of cooling of retorted products after sterilization   Attach and label as “Annex – F1 (v5)”   1. Whether retorted products are cooled with chlorinated water.   No  Yes - Please provide the procedure of monitoring residual chlorine test of cooling water and a copy of latest test results obtained.  Attach and label as “Annex – F1 (v6)” | | | | | | | | | | | |
| **(2) Laboratory analysis:** | | | | | | | | | | | |
| (i) For sampling and testing procedures of finished products, food contact surfaces, indicate in the table below the type of tests performed and the frequency tested. | | | | | | | | | | | |
| **Purpose** | | | | **Test performed** | | | | **Frequency** | | | |
| *E.g. Contact surface* | | | | *E.g. Microbiology* | | | | *E.g. Once a month* | | | |
|  | | | |  | | | |  | | | |
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|  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |
|  | | | |  | | | |  | | | |
| (ii) Laboratory testing is performed by: | | | | In house laboratory  External laboratory accredited by the competent authority  Others *(please specify)*: | | | | | | | |
| (iii) Copies of recent laboratory test reports certified by a laboratory microbiologist. | | | | Attach and label as “Annex – F2(iii)” | | | | | | | |
|  | | | |  | | | | | | | |
| **(3) Product Recall & Traceability System** | | | | | | | | | | | |
| Indicate if product recall and traceability system from raw material to finished products is in place. | | | | | | | | | | | |
| Yes, | Attach description of product recall and traceability system from raw material to finished products as Annex and label as “Annex –F3” | | | | | | | | | | |
| No |  | | | | | | | | | | |
| **(4) Sanitation Standard Operating Procedure (SSOP)** | | | | | | | | | | | |
| (i) Indicate if a SSOP is in place for the facilities and equipment. | | | | | | | | | | | |
| Yes, implemented by | | | In-house staff  Contract staff | | | | | | | | |
| No | | | | | | | | | | | |
| (ii) Description of SSOP | | | | | Attach as Annex and label as “Annex –F4(ii)” | | | | | | |
| (iii) Records of cleaning and sanitising of facilities and equipment are maintained | | | | | Yes  No | | | | | | |

**(G) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT**

|  |  |
| --- | --- |
| **Provide the following video / photographs** | |
| 1. Labelled, coloured photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials, processing to packaging and storage of finished products.   Note: The photographs or video provided must be of clear resolution and taken during operation. | Attach and label as “Annex –G1” |
| 1. The external view of the establishment (front, sides and back) and its surroundings. | Attach and label as “Annex –G2” |
| 1. Every product intended for export to Singapore, with and without its final packaging. | Attach and label as “Annex –G3” |

1. **SINGAPORE IMPORTER INFORMATION**

|  |  |
| --- | --- |
| **Indicate if contact with Singapore importers has been established** | |
| Yes, please provide the following information.  No | |
| Name of importing company in Singapore |  |
| Name and designation of correspondent |  |
| Business Address |  |
| Telephone / Mobile |  |
| Email address |  |

**(I) SALES CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Please provide the contact details of the Sales Department. This contact point would be provided to interested Singapore importers.** | |
| Name and designation of sales contact person |  |
| Office address (if different from the establishment address) |  |
| E-mail address |  |
| Telephone / Mobile |  |

**(J) DECLARATION BY ESTABLISHMENT**

|  |  |
| --- | --- |
| **I declare that the information given above is true and correct.** | |
| Name and designation of person who submitted the above information |  |
| Office address |  |
| E-mail address |  |
| Telephone / Mobile |  |
| Signature and Company Stamp |  |
| Date |  |

**(K) VERIFICATION BY COMPETENT VETERINARY AUTHORITY**

|  |  |
| --- | --- |
| **I have verified the above information given by the company and certified that they are true and correct.** | |
| Name and designation of veterinarian who verified the above information |  |
| Office address |  |
| E-mail address |  |
| Telephone / Mobile |  |
| Signature and Official Stamp of Veterinary Service: |  |
| Date |  |

**You are reminded to check your application against this checklist before submission. Inadequate/incomplete submission may result in delays in processing.**

**Name of Establishment and Establishment No:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **INFORMATION REQUIRED BY SFA FOR ACCREDITATION (Tick ✓ if information or Annex provided)** | | | | | | | |
| **All information must be submitted in English** | | | | | | |  |
| **A. PARTICULARS OF ESTABLISHMENT** | | | | | | | |
| 1. Name of establishment |  | | 8. Total built-up area | | | |  |
| 2. Establishment number |  | | 9. All types of egg products manufactured by the establishment | | | |  |
| 3. Address of establishment |  | |
| 4. Website |  | | 10. Egg products intended for export | | | |  |
| 5. Year constructed |  | | 11(i). Export history of the products, including Annex A11 (ii) - Veterinary health certificates | | | |  |
| 6. Year Renovated/Upgraded |  | |
| 7. Total land area |  | | 11(iii). Inspection by a foreign Competent Authority including  Annex A11(iii) – Inspection report | | | |  |
|  | | |
|  | | | | | | | |
| **B. LOCATION AND LAYOUT OF THE ESTABLISHMENT** | | | | | | | |
| 1. Location of the establishment | | | | |  | 2. Annex B2 - Layout plan of establishment |  |
|  | | | | | | | |
| **C. WATER SUPPLY** | | | | | | | |
| 1. Access to potable water | |  | | 2. Chemical/Bacteriological examination of water, including Annex C2 - Copy of the latest test results | | |  |
|  | | | | | | | |
| **D. MANPOWER** | | | | | | | |
| 1. Staff information, including Annex D1(i) – Organization chart | | | | |  | 2. Medical examination and history |  |
| 3. Uniforms/Attire |  |
|  | | | | | | | |
| **(E) PROCESSING/CANNING PREMISES** | | | | | | | |
| * + - 1. Source of shell eggs | | | | |  | 4. Sanitary measures, including Annex E4(i), (ii) and (iii) – description of collection and disposal of inedible and effluent waste and pest control map |  |
| 2. Production Throughput | | | | |  |
| 3. Chillers/Freezers | | | | |  |
|  | | | | | | | |
| **(F) QUALITY CONTROL AND FOOD SAFETY ASSURANCE** | | | | | | | |
| 1(i). Annex F1 (i) - Flowchart of the production process and CCP’s | | | | |  | 2. Lab analysis, including Annex F2 (iii) – recent laboratory test reports |  |
| 1(ii) Annex F1 (ii) - copy of the certificate of HACCP or its equivalent and the HACCP Summary Table | | | | |  |
| 1(iii). Heat treatment conditions | | | | |  | 3. Product recall and traceability system, including Annex F3 – description of system |  |
| 4. Sanitation Standard Operating Procedure including Annex F4(ii) – description of SSOP | | | | | | |  |
|  | | | | | | | |
| **(G) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT** | | | | | | | |
| Annex G1-3 - Labelled photographs or video of processing facilities, products photographs | | | | | | |  |
|  | | | | | | | |
| **(H) SINGAPORE IMPORTER INFORMATION** | | | | | | |  |
| **(I) SALES CONTACT INFORMATION** | | | | | | |  |
| **(J) DECLARATION BY ESTABLISHMENT** | | | | | | |  |
| **(K) VERIFICATION BY COMPETENT VETERINARY AUTHORITY** | | | | | | |  |