

Kingston and Sutton Shared Environment Service Regulatory Services



Application for Approval of a Food Business Establishment Subject to Approval under: <Regulation (EC) No. 853/2004> */ <Commission Regulation (EU) No. 210/2013 pursuant to Regulation (EC) No. 852/2004>*

*Food Business Operator please delete as appropriate

To be completed by the food business operator

Print a copy of this form and fill it in with a black pen in **BLOCK CAPITALS**, or complete it on screen.

Complete **Parts 1 to 8 inclusive**, and the specific sections of **Part 9** that relate to the products of animal origin in respect of which you are applying for the approval of your establishment, then sign and date **Part 10**.

PART 1 - Establishment for which approval is sought

Trading name

Full postal Address

Postcode:

PART 2 – Type(s) of product(s) of animal origin for which approval is sought

Indicate the category of approval in respect of which you are applying to use the establishment (tick all that apply)?

| | |
|--|--------------------------|
| General Activity | |
| Cold store (CS) | <input type="checkbox"/> |
| Re-wrapping and/or re-packaging (RW) | <input type="checkbox"/> |
| wholesale market (WM) | <input type="checkbox"/> |
| reefer vessel (RV) | <input type="checkbox"/> |
| Minced Meat, Meat Preps and MSM | |
| Minced meat (MM) | <input type="checkbox"/> |
| Meat preparation (MP) | <input type="checkbox"/> |
| mechanically separated meat (MSM) | <input type="checkbox"/> |
| Meat Products | |
| Processing plant (PP) | <input type="checkbox"/> |
| Live Bivalve Molluscs | |
| Dispatch centre (DC) | <input type="checkbox"/> |
| Purification Centre (PC) | <input type="checkbox"/> |
| Fishery Products | |
| Factory vessel (FV) | <input type="checkbox"/> |

| | |
|---|--|
| Freezing vessel (ZV) | |
| Fresh fishery products plant (FFPP) | |
| Processing plant (PP) | |
| Wholesale market (WM) | |
| Auction hall (AH) | |
| Dairy Products | |
| Collection centre (CC) | |
| Processing plant (PP) | |
| Egg and Egg Products | |
| Packing centre (EPC) | |
| Liquid egg plant (LEP) | |
| Processing plant (PP) | |
| Frogs Legs and Snails | |
| Processing plant (PP) | |
| Rendered Animal Fats and Greaves | |
| Collection centre (CC) | |
| Processing plant (PP) | |
| Treated Stomach, Bladders and Intestines | |
| Processing plants (PP) | |
| Gelatine | |
| Processing plant (PP) | |
| Collagen | |
| Processing plant (PP) | |
| Highly Refined Products | |
| Processing plant (PP) | |
| Sprouts** | |
| Producing plants (PdP) | |

**The definition of "Sprouts" in Article 2 of Implementing Regulation (EU) No. 208/2013 shall apply.

PART 3 – Food business operator and management of the establishment

Name and full
Address of Food Business
Operator

| |
|-----------|
| Postcode: |
|-----------|

Tel (Incl. Dialling code)
Fax (incl. Dialling code)
E-mail

| |
|--|
| |
| |
| |

Full names of managers
of the establishment

| | | |
|------------|----|----|
| 1. | 2. | 3. |
| | | |
| Job titles | | |
| 1. | 2. | 3. |
| | | |

Full Names of others
In control of the business

| | | |
|------------|----|----|
| 1. | 2. | 3. |
| | | |
| Job titles | | |
| 1. | 2. | 3. |
| | | |

PART 4 – Use of the establishment

Which of the following activities will be conducted in / from the establishment (tick all that apply)?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Stand-alone cold store |
| <input type="checkbox"/> | Wholesale market |
| <input type="checkbox"/> | Manufacture |
| <input type="checkbox"/> | Other processing (please specify) |
| <input type="checkbox"/> | Packing |
| <input type="checkbox"/> | Storage |
| <input type="checkbox"/> | Distribution |
| <input type="checkbox"/> | Cash and carry / wholesale |
| <input type="checkbox"/> | Catering (preparation of food for consumption in the establishment) |
| <input type="checkbox"/> | Retail (direct sale to consumers or other customers) |
| <input type="checkbox"/> | Market stall or mobile vendor |
| <input type="checkbox"/> | Other (please specify) |

PART 5 – Transport of products from the establishment

How will products be transported from the establishment (tick all that apply)?

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Your own vehicle(s) |
| <input type="checkbox"/> | Contract / Private Haulier |
| <input type="checkbox"/> | Purchaser's own vehicle(s) |
| <input type="checkbox"/> | Other (please specify) |

PART 6 – Supply of products from the establishment to other establishments

Which of the following will be supplied with products from the establishment (tick all that apply)?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Other businesses that manufacture or process food |
| <input type="checkbox"/> | Wholesale packers |
| <input type="checkbox"/> | Cold stores that are not part of the establishment to which this application relates |
| <input type="checkbox"/> | Warehouses that are not part of the establishment to which this application relates |
| <input type="checkbox"/> | Restaurants, hotels, canteens or similar catering businesses |
| <input type="checkbox"/> | Take-away businesses |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you own |
| <input type="checkbox"/> | Retail shops, supermarkets, stalls, or mobile vendors that you do not own |
| <input type="checkbox"/> | Members of the public direct from the establishment to which this application relates |
| <input type="checkbox"/> | Other (please specify) |

PART 7 – Other activities on the same site

Will any of the following activities be conducted on the same site as, or within, the establishment to which this application for approval relates?

| | YES | NO | APPROVAL CODE |
|--|--------------------------|--------------------------|---------------|
| Slaughter, including pigs, sheep, cattle, poultry, game etc: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Cutting fresh (including chilled and frozen) meat, poultry meat or game: | <input type="checkbox"/> | <input type="checkbox"/> | |
| Storage of fresh (including chilled and frozen) meat, poultry or game: | <input type="checkbox"/> | <input type="checkbox"/> | |

PART 8 – Information and documentation

The following information is required in order to process your application and should be sent with this application form if possible. Please indicate which information you are sending now (**N.B. information that is not sent now will still be required before your application can be determined**).

| | |
|--------------------------|---|
| <input type="checkbox"/> | A detailed scale plan of the (proposed) establishment showing the location of rooms and other areas to be used for the storage and processing of raw materials, product and waste, and the layout of facilities and equipment |
| <input type="checkbox"/> | A description of the (proposed) food safety management system based on HACCP principles |
| <input type="checkbox"/> | A description of the (proposed) establishment and equipment maintenance arrangements |
| <input type="checkbox"/> | A description of the (proposed) establishment, equipment , and transport cleaning arrangements |
| <input type="checkbox"/> | A description of the (proposed) waste collection and disposal arrangements |
| <input type="checkbox"/> | A description of the (proposed) water supply |
| <input type="checkbox"/> | A description of the (proposed) water supply quality testing arrangements |
| <input type="checkbox"/> | A description of the (proposed) arrangements for product testing |
| <input type="checkbox"/> | A description of the (proposed) pest control arrangements |
| <input type="checkbox"/> | A description of the (proposed) monitoring arrangements for staff health |
| <input type="checkbox"/> | A description of the (proposed) staff hygiene training arrangements |
| <input type="checkbox"/> | A description of the (proposed) arrangements for record keeping |
| <input type="checkbox"/> | A description of the (proposed) arrangements for applying the identification mark to product packaging or wrapping |

PART 9 - Products to be handled in the establishment / activities

Which of the following activities will be conducted in the establishment? Indicate by giving the approximate quantities to be handled in kilograms or litres per week (tick all that apply).

PART 9(1) – Minced Meat and Meat Preparations

| | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | Handling minced meat |
| <input type="checkbox"/> | Handling meat preparations |

Full details of activities and specific products handled

| | |
|---|--|
| How many tonnes of minced meat in total will be handled in the establishment per week on average? | |
|---|--|

| | |
|---|--|
| How many tonnes of meat preparations in total will be handled in the establishment per week on average? | |
|---|--|

PART 9(2) – Mechanically Separated Meat

Full details of activities and specific products handled

| |
|--|
| |
|--|

| | |
|---|--|
| How many tonnes of mechanically separated meat in total will be handled in the establishment per week on average? | |
|---|--|

PART 9(3) – Meat Products

Full details of activities and specific products handled

| |
|--|
| |
|--|

| | |
|--|--|
| How many tonnes of meat products will be handled in the establishment per week on average? | |
|--|--|

PART 9(4) – Live Bivalve Molluscs (Shellfish) / Fishery Products

Full details of activities and specific products handled

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| |
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| | |
|---|--|
| How many tonnes of Live Bivalve Molluscs (Shellfish) / Fishery Products will be handled in the establishment per week on average? | |
|---|--|

PART 9(5) – Raw Milk / Dairy Products

| | |
|--|----------------|
| | Raw Milk |
| | Dairy Products |

Full details of activities and specific products handled

| |
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| |
|--|

| | |
|---|--|
| How many litres of Raw Milk will be handled in the establishment per week on average? | |
|---|--|

| | |
|--|--|
| How many litres / tonnes of Dairy Products will be handled in the establishment per week on average? | |
|--|--|

PART 9(6) – Eggs (not Primary Production) / Egg Products

Full details of activities and specific products handled

| | |
|--|--|
| How many tonnes of Eggs will be packed in the establishment per week on average? | |
|--|--|

| | |
|---|--|
| How many litres of Egg Products will be handled in the establishment per week on average? | |
|---|--|

PART 9(7) – Frogs’ Legs and Snails

| | |
|--|-------------|
| | Frogs’ Legs |
| | Snails |

Full details of activities and specific products handled

| | |
|---|--|
| How many tonnes of frogs’ legs in total will be handled in the establishment per week on average? | |
|---|--|

| | |
|--|--|
| How many tonnes of snails in total will be handled in the establishment per week on average? | |
|--|--|

PART 9(8) – Rendered Animal Fats and Greaves

| | |
|--|----------------------|
| | Rendered Animal Fats |
| | Greaves |

Full details of activities and specific products handled

| | |
|---|--|
| How many tonnes of rendered animal fats will be handled in the establishment per week on average? | |
|---|--|

| | |
|--|--|
| How many tonnes of greaves will be handled in the establishment per week on average? | |
|--|--|

PART 9(9) – Treated Stomachs, Bladders and Intestines

| | |
|--|--------------------|
| | Treated Stomachs |
| | Treated Bladders |
| | Treated Intestines |

Full details of activities and specific products handled

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| | |
|--|--|
| How many tonnes of treated stomachs in total will be handled in the establishment per week on average? | |
|--|--|

| | |
|--|--|
| How many tonnes of treated bladders in total will be handled in the establishment per week on average? | |
|--|--|

| | |
|--|--|
| How many tonnes of treated intestines in total will be handled in the establishment per week on average? | |
|--|--|

PART 9(10) – Gelatine

Full Details of Activities

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| |
|--|

| | |
|--|--|
| How many tonnes of gelatine in total will be handled in the establishment per week on average? | |
|--|--|

PART 9(11) – Collagen

Full Details of Activities

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|--|

| | |
|--|--|
| How many tonnes of collagen in total will be handled in the establishment per week on average? | |
|--|--|

PART 9(12) – Highly refined products

Full Details of Activities

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| |
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| | |
|--|--|
| How many tonnes of highly refined product in total will be processed in the establishment per week on average? per week on average? | |
|--|--|

PART 9(13) – Sprouts

Full details of activities

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| |
|--|

| | |
|---|--|
| How many tonnes of sprouts will be produced in the establishment per week on average? | |
|---|--|

PART 9 (14) – Stand-alone Cold Store

Full details of activities and specific products handled

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|--|
| |
|--|

| | |
|--|--|
| How many tonnes of product will be handled in the establishment per week on average? | |
|--|--|

PART 10 – APPLICATION

I hereby apply, as food business operator of the establishment detailed in Part 1, for approval to use that establishment for the purposes of: <Handling products of animal origin under Regulation (EC) No. 853/2004>*/ <Producing sprouts under Commission Regulation (EU) No. 210/2013 pursuant to Regulation (EC) No. 852/2004>* lays down requirements as set out in the relevant parts of this document

*Food Business Operator please delete as appropriate

Signature of
Food Business
Operator

Date

Name in
BLOCK
LETTERS

If you need any help or advice about how to complete this form, or about the products to which the Regulation relates, or the circumstances in which approval under the Regulation is required, please contact the officer named below.

When you have completed this form and collected the other information required, please send it to:

Contact Name:

Telephone:

Fax:

E-mail:

IMPORTANT

Please notify any changes to the details you have given on this form, in writing to the Food Authority at the address shown.

Publication of Food Business Operator information

The Food Standards Agency (FSA) has a requirement under Regulation (EU) No. 2017/625 to publish details of all approved food establishments in the UK. The minimum detail to be included is the approval number; name of establishment; town/region; along with details of the activities which have been approved. This information is published on the FSA's website (<https://www.food.gov.uk/>). If approval is granted to your establishment, your details will be supplied to the FSA for publication.

In addition to this information, the FSA intends to also include the full postal address of approved establishment. This information helps enable potential customers find food producers in their area.

If you DO NOT want your full address details to be included, please tick this box

PART 8 APPROVAL APPLICATIONS

Guidance on using these forms.

These sheets are to help you provide the information that we need in order to process your application for approval of your establishment. This information is needed for us to assess your answers to Part 8 in the application form and without it we cannot process your application further. Please explain your system as fully, simply and clearly as possible under each heading so we do not need to contact you for explanations and hence lengthen the time for processing your application.

We recommend that applicants engage a Food Safety Consultant to assist them with developing the business HACCP and working practices to a suitable level for approval.

For Microbiological Testing, it is important to use a UCAS accredited testing Laboratory.

FOOD SAFETY MANAGEMENT SYSTEM

A description of the (proposed) food safety management system based on HACCP principles is as follows:

Signed.....

Position.....

PRODUCTS

A definitive list of all the products we produce is as follows:
(State whether final product is chilled, frozen, ambient, canned, vac – packed etc
Also state whether it is “ready to eat”, part - cooked or raw etc)

Signed.....

Position.....

TRANSPORT AND CLEANING

A description of the (proposed) establishment and equipment and transport cleaning arrangements is as follows:

Signed.....

Position.....

CLEANING CHEMICALS

The definitive list of all the cleaning chemicals and their uses in our business is as follows:

Signed.....

Position.....

WASTE COLLECTION AND DISPOSAL

A description of the (proposed) waste collection and disposal arrangements is as follows:

Signed.....

Position.....

WATER SUPPLY

A description of the (proposed) water supply is as follows:

WATER SUPPLY QUALITY

A description of the (proposed) water supply quality testing arrangements is as follows:

Signed.....

Position.....

PRODUCT TESTING

A description of the (proposed) arrangements for product testing is as follows:

Signed.....

Position.....

PEST CONTROL

A description of the (proposed) pest control arrangements are as follows:

Signed.....

Position.....

STAFF HEALTH MONITORING

A description of the (proposed) monitoring arrangements for staff health is as follows:

Signed.....

Position.....

HYGIENE TRAINING

A description of the (proposed) staff hygiene training arrangements is as follows:

Signed.....

Position.....

RECORDS

A description of the (proposed) arrangements for record keeping is as follows:
(Especially CCP monitoring records)

Signed.....

Position.....

IDENTIFICATION MARKING

A description of the (proposed) arrangements for applying the identification mark to product packaging or wrapping is as follows:

Signed.....

Position.....

LABELLING

A description of labelling arrangement is as follows:
(Examples of our labels are attached)

Signed.....

Position.....

TEMPERATURE CONTROL

A description of the (proposed) arrangements for Temperature Control are:

Signed.....

Position.....

TRACEABILITY OF RAW MATERIALS FROM SUPPLIERS TO CUSTOMER

The arrangements for traceability of the product is as follows:

Signed.....

Position.....

RECALL OF PRODUCT FROM CUSTOMERS

The arrangements for product recall are as follows:

Signed.....

Position.....

MAINTENANCE

A description of the (proposed) equipment maintenance arrangements are as follows:

Signed.....

Position.....