

Application Form for
Exportation Processed Food and Food from
Animal Origin into the Kingdom of Thailand

This application consists of two parts

Part I : To be filled by competent authority

Part II : To be filled by business operator and be endorsed by competent authority



Department of Livestock Development
 Application Form for Exportation
 Processed Food and Food from
 Animal Origin into the Kingdom of Thailand

Received Date
<input type="checkbox"/> Information completed, submit to
<input type="checkbox"/> Required more information
DLD part

Date (dd/mm/year).....

1. Company.....Address.....
 Contact person.....Telephone Number.....
 E-mail address.....Facsimile Number.....

Note: Please attach Company Profile

2. Approved number.....
 Approval agency.....

Note: Please attach Approval license, GMP certificate, and HACCP certificate

3. Year of constructed.....
 Total Land Area:.....Total Production Area:.....

4. List of Products intended for export to Thailand:.....

Daily Throughout

- Number of shifts:
- Production (tons) per shift:
- Number of working days per week:

Capacity

- Total annual production (tons) of each product:
- Estimate capacity intend to export products into Thailand

5. Source of Raw Material (Poultry/Meat/ etc):.....

Percentage of raw meat material of the animal origin contain in products:.....
(Please attach List of Raw Materials and Suppliers of these Raw Materials. If imported please submit import requirements issued by the exporting country's competent authority. If raw material from local source attached accreditation certificate from competent authority)

6. Establishment Approved for Export to:.....

(List the names of countries, dates of approval, types of products approved, year of first export, dates of most recent export. Attach copy of veterinary health certificate that accompanied the last shipment to each country)

7. State whether you have a Quality Management System Yes/No

If **Yes** please submit brief description;

- a) **Premise**; Building Exterior, Building Interior (Design, Construction and Maintenance; Lighting, Ventilation, Waste Disposal, Inedible Areas);
- b) **Sanitary Facilities**; Employee Facilities, Equipment Cleaning & Sanitizing Facilities;
- c) **Water Supply**, Steam, Ice Quality and Supply;
- d) **Transportation**; Food Carriers, Temperature Control;
- e) **Storage**; Incoming Material Storage, Non-Food Chemical Receiving and Storage, Finished Product Storage;
- f) **Equipment**; Design & Installation, Maintenance & Calibration;
- g) **Personnel**; Training (Food Handling and HACCP), Hygiene & Health Requirements
- h) **Sanitation Program**
- i) **Pest Control Program**
- j) **Recall Program**

8. Location and Layout of Establishment

- a) Description of the Area Where Establishment is located:
(*e.g. industrial, agricultural, residential and neighboring factories etc.*)
- b) Layout Plan of Establishment including:
 - i) Location plan to be attached with application showing the nearest town,
 - ii) Floor plan showing Machinery Layout,
 - iii) Floor plan showing flow process by arrows from raw materials to finished products,
 - iv) Floor plan showing workers entrance, movement into plant and processed areas and exiting,
 - v) Separate rooms for different operations
- c) Materials Used and Design Floor:
 - Walls:
 - Ceilings and Superstructures:
 - Lighting:
 - Ventilation System:
 - Footbaths for entrance into processing rooms/areas

9. Food contact water Supply/Ice

- a) Source of water:
- b) Chlorination or other disinfectant or other system for treatment food contact water:
(Yes/No) (*If yes, please provide the information and state level in ppm.*)
- c) Bacteriological examination: (method) / (frequency) / (records available: Yes/No)
- d) Ice making machine available in premises: Yes/No
 - If yes, capacity of machine:
 - Ice storage and capacity:

10. Manpower *(Please attach Organization Chart showing Designation and Names of Holders)*

a) Staff Information

(List the number, qualifications and names of professional, technical, general workers, etc. employed by establishment) (Attach List)

b) Medical Examination and History

Are employees medically examined and certified fit to work in a food

- Preparation establishment, prior to employment? Yes/No

- Annual Health Check and Records for Workers: Yes/No

- Medical records of employee available?: Yes/No

c) Uniforms/Attire

- Uniforms: Yes/No

- Boots: Yes/No

- Gloves and face masks: Yes/No

- Laundry *(in-plant or by contract)*:

11. Processing Premises

a) Source of Raw Materials (poultry / meat / etc.)

Percentage of raw meat material of the animal origin contain in products:.....

List countries and Establishment No. of plants where Raw Materials are obtained for processing. *(Please attach List of Raw Materials and Suppliers of these Raw Materials. If **imported** please submit import requirement issued by the exporting country's competent authority. If raw material from **local source** attached accreditation certificate from competent authority.)*

b) Equipment

Attach list of equipment (types, brand and manufacturer) used.

c) Processing Procedures

(Please attach process flowcharts of each product)

Brief description of type of products and processing methods: (including time and temperature of processing) *(Attach List)*

d) Food Safety Programs

Whether based on HACCP concepts or equivalent: (Yes/No)

(If yes, attach the HACCP plan)

State whether testing done in-house or provided by a service laboratory:

If in-house, list facilities and tests: *(Attach a copy of manual)*

Sampling and testing procedures:

Criteria for rejection/acceptance of products/raw materials:

e) Sanitation Standards Operating

Procedures Brief description

Name and designation of individuals implementing and maintaining SSOP activities

Attach copies of the latest daily records of cleaning and sanitizing treatment.

15. Declaration by Establishment

I declare that the information given above are true and correct. The company under-takes to comply with all requirements of the approval authority of the importing country

Signature

Name and Designation

Company Name and Stamp

Date

16. To be filled by the Veterinary / Regulatory Authority of Exporting Country

I have verified the above information given by the company and certified it is true and correct.

To be filled by the Veterinary / Regulatory Authority of Exporting Country

Comments :

.....
.....
.....
Name :.....
Designation of Veterinary / Regulatory Authority :.....
.....
.....
.....
.....
.....

.....
Signature and official Stamp

Date