

APPLICATION FOR SLAUGHTER ESTABLISHMENT ASSESSMENT
 Under the *British Columbia Meat Inspection Regulation*



BC Centre for Disease Control
 An agency of the Provincial Health Services Authority

Reference # _____

OPERATOR / APPLICANT INFORMATION

Name of Applicant _____ Telephone _____

Mailing Address _____ Fax _____

City _____ Postal Code _____ Email Address _____

ESTABLISHMENT INFORMATION

Name of Proposed Facility _____

Legal Name of Business _____

Address _____ Telephone _____

City _____ Postal Code _____ Fax _____

Correspondence Preference: Mailed *or* Faxed to Operator/Applicant *or* Establishment

Legal status of the business: Corporation or Limited Company: Partnership Individual Cooperative
 Partnership / Individual Ownership: (Names, titles and address of all owners and/or partners of the establishment)

NATURE OF OPERATIONS

1 <input type="checkbox"/> Slaughter (Check applicable products)	Number Slaughter Days/Month	Number Slaughtered Per Day	2 <input type="checkbox"/> Boning and Cutting	Number Processing Days/Month	Kilograms Per Day
<input type="checkbox"/> Cows / Cattle			<input type="checkbox"/> Red Meat		
<input type="checkbox"/> Bison / Buffalo			<input type="checkbox"/> Poultry Meat		
<input type="checkbox"/> Sheep / Lambs / Goats			3 <input type="checkbox"/> Casing Preparation		
<input type="checkbox"/> Swine			4 <input type="checkbox"/> Other Processing (specify) _____ _____		
<input type="checkbox"/> Deer					
<input type="checkbox"/> Elk					
<input type="checkbox"/> Poultry					
<input type="checkbox"/> Emu /Ostrich					
<input type="checkbox"/> Other (specify) _____					

I, the undersigned, certify that the foregoing information and that the attached annex(es) are, to the best of my knowledge, true and correct. Further, I hereby consent to the sharing of the information contained on this form and attached annex(es) with the Canadian Food Inspection Agency for the purposes of plant and/or plan assessments.

 Signature Title or Official Capacity Date

Completed Application Form to be Mailed or Faxed To:

Environmental Health Services, Food Protection
 Main Floor 655 12th Ave W, Vancouver BC V5Z 4R4
 www.bccdc.ca
 Tel 604.707.2457 | Fax 604.707.2441

A research and teaching centre affiliated with UBC



The following assessment questions should be answered, and the application for plant assessment submitted only after the applicant has read the document, *Plant Construction, Equipment and Operation Guidelines - To Qualify for Licensing under the BC Meat Inspection Program*. The [guideline](#) can be accessed from our website, or contact 604.707.2457.

Facility:

Is this a New or Existing facility? How long has the facility been in operation? _____

Has this plant been previously approved by the local health authority? Yes No

Date of last inspection: _____ Name of inspector: _____

Potable Water Supply:

Does your water supply come from a: Municipal Source , Well or Other ?

If other, please describe _____

If your water does not come from a municipal source, please describe how it is treated (e.g. chlorine, ozone, etc.): _____

Waste Disposal:

o Sewage effluent is connected to a: Municipal System , Approved Septic Field , Lagoon or Other ? If other, please describe _____

o Has the sewage disposal system been approved by an appropriate authority having jurisdiction in your area? Yes No

If yes, please attach copy of letter or certifying document.

o Please describe storage methods for condemned and inedible products:

o Please describe means of collecting and removing condemned and inedible products:

Specified Risk Materials:

o If cattle over thirty months of age are, or are intended to be slaughtered is SRM's removed? Yes No

Please describe SRM removal, handling and disposition: _____
