

APPLICATION FORM FOR EXPORT OF PROCESSED EGG PRODUCTS TO SINGAPORE

Important Notice:

The information required by the Agri-Food and Veterinary Authority (AVA), Republic of Singapore for the evaluation to export processed egg products to Singapore are set out below.

- 1) *All information must be submitted in English. Complete information must be provided in this application, as inadequate/incomplete submissions will result in delays in processing. Please feel free to include any additional information to support your application.*
- 2) *Establishments belonging to the same parent company but with different addresses must fill in a separate application form each.*
- 3) *The completed application form must be submitted to the District/Provincial Competent Authority of the exporting country for their verification and endorsement. It must then be submitted to the Central Competent Authority (CCA) of the exporting country for their recommendation before submission to AVA.*

Date of Application: _____

(A) PARTICULARS OF ESTABLISHMENT

(1) **Name of Establishment:**

(2) **Address of Establishment:**

Unit No.:	_____
Street Name:	_____
Post Code:	_____
District/City:	_____
State/Province:	_____

Website address:	_____		
GPS Coordinates:	Longitude	_____	° _____ ' _____ "
	Latitude	_____	° _____ ' _____ "

- (3) **Establishment Number:** _____
- (4) **Year Constructed:** _____
- (5) **Year Renovated/Upgraded (if relevant):** _____

(6) **Total Land Area (m²):** _____

(7) **Total Built-up Area (m²):** _____

- (8) **List All Types of Processed Egg Products Manufactured by the Establishment:**
(Please check the appropriate boxes)

<input type="checkbox"/>	Pasteurised liquid eggs
<input type="checkbox"/>	Egg powder
<input type="checkbox"/>	Hardboiled egg
<input type="checkbox"/>	Whole egg omelette
<input type="checkbox"/>	Others (pls specify): _____

- (9) **Types of Processed Egg Products Intended for Export to Singapore:**
(Please attach additional documents where needed)

Product	State Type of Primary Packaging
<i>Example: Pasteurised liquid eggs</i>	<i>Plastic container</i>
_____	_____
_____	_____
_____	_____

- (10) (i) **Export History of the Products Intended for Export to Singapore:**
(Please attach additional documents where needed)

Product	Importing Country	Date of Approval	Date of First Export	Date of Last Export
<i>Example: Pasteurised liquid eggs</i>	<i>Country AAA</i>	<i>3rd March 2008</i>	<i>1st April 2008</i>	<i>30th Dec 2008</i>
_____	_____	_____	_____	_____

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(ii) Please **attach** a copy of the official veterinary health certificate that accompanied the last export of the products to the importing

(11) Has the establishment been inspected by a foreign Competent Authority?

_____ If yes, please name (e.g. EU, FSIS) _____ and **attach** a copy of the foreign CA inspection report.

(B) LOCATION AND LAYOUT OF THE ESTABLISHMENT

(1) Location of Establishment: *(Please check the appropriate boxes)*

(i) The establishment is located in a:	<input type="checkbox"/> Industrial area <input type="checkbox"/> Agricultural area <input type="checkbox"/> Residential area <input type="checkbox"/> Others <i>(pls specify)</i> : _____
(ii) Type of operation performed in adjacent properties (if any).	<input type="checkbox"/> Heavy industry <input type="checkbox"/> Food-processing industry <input type="checkbox"/> Others <i>(pls specify)</i> : _____
(iii) Does the establishment have shatterproof lighting? _____	

(2) Layout Plan of Establishment:

*(Please **attach** a layout plan showing properly labelled rooms (in English) for different operations, including storage facilities and indicate the flow of the product and workers by coloured arrows)*

(C) WATER SUPPLY

(1) Source of Water: *(Please check the appropriate boxes)*

<input type="checkbox"/> Well water <input type="checkbox"/> River <input type="checkbox"/> Town water <input type="checkbox"/> Others (<i>pls specify</i>) : _____
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(i) Please **attach** a description of the type of water treatment performed (if any).

(2) Chlorination: _____

(i) If in-house chlorination is performed, please state the level: _____ ppm

(3) Chemical/ Bacteriological Examination of Water:

(Please check the appropriate boxes)

<input type="checkbox"/> In house	
<input type="checkbox"/> External laboratory	Frequency: _____ Method: _____

(i) Please **attach** a copy of the latest test results.

(D) MANPOWER

(1) Staff Information:

(i) Please attach an organisational chart of the establishment.	
(ii) Total number of general workers employed in the establishment: _____	
(iii) List the names of professional and managerial staff, including their qualification and/or training in food safety and quality control programmes.	
Name	Qualification/ Training
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(2) Medical Examination and History

(i) Are employees medically examined and certified fit to work in a food preparation establishment prior to employment?	_____
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(ii) Are annual health checks available for workers?	___
(iii) Are medical records of employees available?	___

(3) Uniforms/Attire:

(i) Uniforms	___
(ii) Boots	___
(iii) Gloves and facemasks	___
(iv) Laundry is provided	_____

(E) PROCESSING PREMISES

(1) Source of shelled eggs:

(Please attach additional documents where needed)

Province/District of Origin	Company Farm/Contract Farm
___	___
___	___
___	___

(i) Please attach a description of the buying and delivery system of shelled eggs used by the establishment for processing.

(2) Processing procedure: *For each product stated in Section A(9)*

(i) Please attach a detailed list of ingredients, including their composition in percentages. <i>(For example, egg yolk-82%, sugar-10%, and salt-8%).</i>
(ii) Please attach details of the manufacturing process, including temperature and duration of pasteurisation or heat treatment. Provide a flow diagram of the process, showing clearly the critical control points (CCP's).
(iii) Core temperature of product during pasteurisation or heat treatment: ___ °C and the time at which this core temperature is maintained: ___ seconds. <i>(For example, 70°C for 5 seconds, measured with a temperature probe).</i>

(3) Food Safety Programmes:

(i) Are the processes based on HACCP concepts or its equivalent?
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<p>___ If yes, please attach a copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table.</p>									
<p>(ii) Are sampling and testing procedures of finished products, food contact surfaces, and water performed by the Quality Control staff?</p> <p>___ If yes, please attach a brief description of the frequency of collection and testing of samples.</p>									
<p>(iii) Laboratory testing is performed:</p> <p><input type="checkbox"/> In-house (Please complete table below)</p> <table border="1"> <thead> <tr> <th>Tests Performed</th> <th>Significant Findings</th> </tr> </thead> <tbody> <tr> <td>___</td> <td>___</td> </tr> <tr> <td>___</td> <td>___</td> </tr> <tr> <td>___</td> <td>___</td> </tr> </tbody> </table> <p><input type="checkbox"/> In an external laboratory accredited by the competent authority of your country.</p> <p><input type="checkbox"/> Others (<i>pls specify</i>): _____</p>		Tests Performed	Significant Findings	___	___	___	___	___	___
Tests Performed	Significant Findings								
___	___								
___	___								
___	___								
<p>(iv) Please attach copies of recent laboratory test reports certified by a laboratory microbiologist.</p>									
<p>(v) Please attach a brief description on the criteria for acceptance/ rejection of raw materials and finished products.</p>									

(4) Is there a Product Recall and Traceability System?

<p>___ If yes, please attach a description of the traceability system from raw material to finished product.</p>

(5) Is there a Sanitation Standard Operating Procedure (SSOP) in Place for facilities and equipment?

<p>___ If yes, please state: _____</p>
<p>(i) Please attach a brief description of the SSOP.</p>
<p>(ii) Please attach a copy of the latest records of cleaning and sanitising treatment of facilities and equipment.</p>

(6) Daily Throughput:

Number of shifts:	_____
Production per shift (in tonnes):	_____
Number of working days per week:	_____

(7) Capacity:

Total annual production of each product (in tonnes)
 (Please attach additional documents where needed)

Name of product	Annual Production
_____	_____
_____	_____
_____	_____

(8) Chillers/ Freezers:

(i) Number of chillers/freezers:	_____
(ii) Capacity (m ³):	_____

(9) Sanitary Measures:

(i) Is there a system of collection and disposal of inedible or condemned products? _____ If yes, please attach a brief description of this system.	_____
(ii) Is there a system of effluent treatment and disposal of waste? _____ If yes, please attach a brief description of this system and the frequency of waste disposal.	_____
(iii) Is there a pest control system? _____ If yes, please state if: _____ Please attach a layout map of the pest control points and a latest copy of pest control records.	_____
(iv) Are hands-free operated features for taps and toilet flushes available?	_____
(v) Are disposable towels and hand disinfectant available?	_____
(vi) Are there dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials?	_____

(F) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT

- (i) Please **attach** the following items:
- Labelled photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials to packaging and storage of finished products, *in operation*.
 - The external view of the establishment (front, sides and back) and its surroundings.
 - Every product intended for export to Singapore, with and without its final packaging.
 - Corporate/product brochures.

(G) SINGAPORE IMPORTER INFORMATION

(i) Have you established contact with any importers in Singapore? _____ If yes, please provide the following information:	
_____ Name of importing company in Singapore:	
_____ Name and designation of correspondent:	
_____ Business Address:	
_____ Telephone	_____ Fax Numbers
If no, please provide information on any prospective business partners in Singapore: _____	

(H) SOFTCOPY OF SUBMISSION



You may choose to submit the application through the following methods:

- (i) Softcopy of the entire submission in CD/DVD.
- (ii) Secure online file transfer
- (iii) Email (wong_siew_hwa@ava.gov.sg or loi_yu_zhen@ava.gov.sg)

(I) 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 (if any)	Telephone	Fax	Mobile number
_____			_____
Signature and Company Stamp			Date

(J) 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	



Agri-Food & Veterinary Authority of Singapore

5 Maxwell Road #03-00/#18-00
Tower Block MND Complex Singapore 069110
Fax : (65) 6220 6068
Website : <http://www.ava.gov.sg>

_____	_____	_____	_____
E-mail address (if any)	Telephone	Fax	Mobile number
_____			_____
Signature and Official Stamp of Veterinary Authority			Date

CHECK LIST FOR EGG PROCESSING ESTABLISHMENT:

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

Name of Establishment: _____
 Establishment No: _____

INFORMATION REQUIRED BY AVA FOR ACCREDITATION (Pls check the box if information or Annex provided)			
All information must be submitted in English			<input type="checkbox"/>
A. PARTICULARS OF ESTABLISHMENT			
1. Name of establishment	<input type="checkbox"/>	8. Types of processed egg product manufactured	<input type="checkbox"/>
2. Address of establishment	<input type="checkbox"/>	9. Types of processed egg products intended for export	<input type="checkbox"/>
3. Establishment number	<input type="checkbox"/>	10. Export history of the products	<input type="checkbox"/>
4. Year constructed	<input type="checkbox"/>	Annex A10 (ii)- Veterinary health certificate	<input type="checkbox"/>
5. Year Renovated/Upgraded	<input type="checkbox"/>	11. Inspection by a foreign Competent Authority	<input type="checkbox"/>
6. Total land area	<input type="checkbox"/>	Annex 11 – Inspection report	<input type="checkbox"/>
7. Total built-up area	<input type="checkbox"/>		
B. LOCATION AND LAYOUT OF THE ESTABLISHMENT			
1. Location of establishment	<input type="checkbox"/>	Annex B2 - Layout plan of establishment	<input type="checkbox"/>
C. WATER SUPPLY			
1. Source of water	<input type="checkbox"/>	3. Chemical/Bacteriological examination of water	<input type="checkbox"/>
2. Chlorination	<input type="checkbox"/>	Annex 3 (i) Copy of the latest test results	<input type="checkbox"/>
D. MANPOWER			
1. Staff information	<input type="checkbox"/>	2. Medical examination and history	<input type="checkbox"/>
Annex D1 (iii) - List of professionals/qualification	<input type="checkbox"/>	3. Uniforms/Attire	<input type="checkbox"/>
(E) PROCESSING PREMISES			
1. Source of shelled eggs	<input type="checkbox"/>	5. Sanitation Standard Operating Procedure (SSOP)	<input type="checkbox"/>
2. Processing procedures	<input type="checkbox"/>	Annex E5 (ii)- copy of the latest records of cleaning and sanitising treatment of facilities and equipment	<input type="checkbox"/>
Annex E2 (i) - List of ingredients/composition used	<input type="checkbox"/>		
Annex E2 (ii) – Flow diagram of the process and CCP's	<input type="checkbox"/>	6. Daily throughput	<input type="checkbox"/>
3. Food safety programmes	<input type="checkbox"/>	7. Capacity	<input type="checkbox"/>
Annex E3 (i) - copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table	<input type="checkbox"/>	8. Chillers/Freezers	<input type="checkbox"/>
Annex E3 (iv) - copies of recent laboratory test reports	<input type="checkbox"/>	9. Sanitary measures	<input type="checkbox"/>
4. Product recall and traceability system	<input type="checkbox"/>	Annex E9 (iii) - layout map of the pest control points and a latest copy of pest control records	<input type="checkbox"/>
(F) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT			
Annex F (i) - Labelled photographs or video of processing facilities, corporate/product brochures			<input type="checkbox"/>
(G) SINGAPORE IMPORTER INFORMATION			
(H) SOFTCOPY OF SUBMISSION			
(I) DECLARATION BY ESTABLISHMENT			
(J) VERIFICATION BY COMPETENT VETERINARY AUTHORITY			