



# Application For Slaughter Establishment Assessment

In accordance with the *Food Safety Act* and Meat Inspection Regulation, application is herewith made as set out below.

REFERENCE # \_\_\_\_\_

Assessment requested for:  a New Slaughter Establishment or  
 Modification of Existing Establishment (i.e. new species, establishment modification)

### OPERATOR/APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### ESTABLISHMENT INFORMATION

Proposed Name of Establishment: \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

Legal Status of Business:  Corporation or Limited Company  Partnership  Individual  Cooperative  
(For Partnership / Individual Ownership: Provide names, titles and address of all owners and/or partners on separate cover)

Abattoir Address: \_\_\_\_\_  
(Street/ P.O. Box) (City) (Prov) (P.C.)

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Correspondence Preference:  Mail  Fax  Email

### Type of Proposed Establishment Applied For?

Class A (slaughter and processing of carcasses)  Class B (slaughter only, no processing of carcasses)

### SPECIES SLAUGHTERED OR PROCESSED AT ESTABLISHMENT (check all applicable boxes):

1. <input type="checkbox"/> Slaughter	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"/> Poultry Meat		
<input type="checkbox"/> Bison / Buffalo			<input type="checkbox"/> Red Meat		
<input type="checkbox"/> Sheep / Lambs /Goats			3. <input type="checkbox"/> Casing		
<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.

\_\_\_\_\_  
Signature Title or Official Capacity Date

### FACILITY OPERATION AND STATUS

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The following assessment questions should be answered, and the application for plant assessment and license 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 via email at [bcmeatinspection@gov.bc.ca](mailto:bcmeatinspection@gov.bc.ca).

**Establishment:**

The establishment is: New  Existing  If existing, 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:**

Water supply is:  Municipal Source  Well  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 Management/Disposal:**

Sewage effluent is connected to a:  Municipal System  Approved Septic Field  Lagoon  Other ?

If other, please describe \_\_\_\_\_

Has the sewage disposal system been approved by an appropriate authority having jurisdiction in your area?

Yes  No If yes, please attach a copy of letter or certifying document.

Waste Disposal of condemned and inedible products:

○ Please describe storage methods for condemned and inedible products:

\_\_\_\_\_

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

\_\_\_\_\_

**Specified Risk Materials:**

○ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**QUESTIONS REGARDING ASSESSMENTS CAN BE DIRECTED TO:**

**Ministry of Agriculture  
Meat Inspection Program  
PHONE: 1-250-356-8944 FAX: 1-250-387-0357 OR EMAIL: BCMEATINSPECTION@GOV.BC.CA**

**COMPLETED APPLICATION FOR SLAUGHTER ESTABLISHMENT ASSESSMENT TO BE MAILED TO:**

**Ministry of Agriculture  
Meat Inspection Program  
PO Box 9120 Stn Prov Govt  
Victoria, BC V8W 9B4**