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):

<table>
<thead>
<tr>
<th>1. ☐ Slaughter</th>
<th>Number Slaughtered Days/Month</th>
<th>Number Slaughtered Per Day</th>
<th>2. ☐ Boning and Cutting</th>
<th>Number Processing Days/Month</th>
<th>Kilograms Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Cows / Cattle</td>
<td>☐ Poultry Meat</td>
<td>☐ Red Meat</td>
<td>☐ Sheep / Lambs /Goats</td>
<td>☐ Casing</td>
<td>☐ Other Processing (specify)</td>
</tr>
<tr>
<td>☐ Bison / Buffalo</td>
<td></td>
<td></td>
<td>☐ Swine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Elk</td>
<td></td>
<td></td>
<td>☐ Poultry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Emu /Ostrich</td>
<td></td>
<td></td>
<td>☐ Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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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Revised Date: April 1, 2014  Form # ASEA – April 7, 2014
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.

**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: ☐ 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: __________________________________________

  ______________________________________________________

  ______________________________________________________

**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