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| FORM B – Business Information and Profile Form |

Business Information

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| Business Name: |  |
|  |  |
| Full Address: |  |
|  |  |
| Telephone Number: |  |
|  |  |
| E-mail Address: |  |
|  |  |
| Approval Code: |  |
|  |  |
| Main Contact: |  |
|  |  |
| Details of FBO  (Include Name(s)  of Partner((s)): |  |
|  |  |
| FBO’s Address  (If different to above): |  |
|  |  |
| Registered Office Address (if different to above): |  |
|  |  |
| Registered Office Tel No. (if applicable): |  |
|  |  |
| Name of Company Secretary: |  |
| Out of Hours  Contact Details | |
| Name: |  |
|  |  |
| Telephone: |  |
|  |  |
| Mobile: |  |
|  |  |
| Email: |  |

**Premises Profile**

Scope of Approval:

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| **Product** | **Establishment Type** | **Select Appropriate** |
| Red Meat | Abattoir |  |
| Cutting Plant |  |
| Poultry and Lagomorphs | Abattoir |  |
| Cutting Plant |  |
| Farmed Game | Abattoir |  |
| Wild Game | Game Handling Establishment |  |
| Minced Meat, Meat Preparations and Mechanically Separated Meat | Processing Plant |  |
| Meat Products | Processing Plant |  |
| Live Bivalve Molluscs | Dispatch Centre |  |
| Purification Centre |  |
| Fishery Products | Factory Vessel |  |
| Freezing Vessel |  |
| Processing Plant |  |
| Fresh Fishery Products Plant |  |
| Auction Hall |  |
| Raw Milk & Dairy Products | Collection Centre |  |
| Processing Plant |  |
| Eggs and Egg Products | Packing Centre |  |
| Processing Plant |  |
| Liquid Egg Plant |  |
| Frogs Legs and Snails | Processing Plant |  |
| Rendered Animal Fats and Greaves | Storage |  |
| Treated Stomachs, Bladders and Intestines  (Processing Plant) | Processing Plant |  |
| Gelatine | Processing Plant |  |
| Collection Centre/Tannery |  |
| Collagen | Processing Plant |  |
| Collection Centre/Tannery |  |
| General POAO | Cold Store |  |
| General POAO | Wholesale Market |  |
| General POAO | Re-wrapping and Re-packaging Establishment |  |
| General POAO | Re- packaging Establishment |  |

Type of foods produced/manufactured/processed: (indicate type and note use of raw meats & ready to eat foods. Use of raw eggs and shellfish products for high risk foods).

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Type of process – e.g. thermal processing of low acid foods, pasteurisation, hot holding, re-heating/ regeneration, minimally processed foods cook chill/cook freeze, brining, smoking, vacuum packing, modified atmospheric packing: (Officer to describe all elements of processing).

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Description of establishments (layout, facilities, general suitability): (Officer to attach/Link to establishments plan).

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Suppliers and supplied products: (Alternatively attach suppliers list).

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| **Supplier Name** | **Supplier Address** | **Products** |
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Types of Incoming POAO Used:

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| **POAO class** | **Species** | **Carcase Meat/**  **Wholesale Cut** | **Boxed/ Packed /Vac- Pack Meat** | **Minced Meat/ Meat Prep** | **Meat Product** | **Blood** | **Fat/ Offal** | **Milk (Raw)** | **Milk (Pasteurised)** |
| **Domestic Ungulates** | Beef, Lamb, Sheep, Pork, Goat, Buffalo |  |  |  |  |  |  |  |  |
| **Solipeds** | Horse |  |  |  |  |  |  |  |  |
| **Ratite** | Ostrich Other |  |  |  |  |  |  |  | **Eggs** |
| **Poultry** | Chicken Turkey Geese Duck Other |  |  |  |  |  |  |  | **Eggs** |
| **Wild Game** | Venison Small Wild |  |  |  |  |  |  |  |  |
| **Farmed Game** | Venison Other |  |  |  |  |  |  |  |  |
| **Lagomorphs** |  |  |  |  |  |  |  |  |  |
| **Shellfish** |  |  |  | Live/Dead/Processed | | | | |  |
| **Fish** |  |  |  | Wild/Farmed | | | | |  |
| **Honey** |  |  |  |  | | | | |  |
| **Other** |  |  |  |  | | | | |  |

Scale of distribution (nature – e.g. local retailers/caterers and number):

(include identity of customers, details of chain and extent of supply i.e. local, regional export etc).

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Production quantity (throughput):

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Officer to record the verified weekly throughput:

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Vehicles – Officer to detail number, refrigeration, list of registration details to be obtained:

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Special considerations (trading hours, production times, PPE requirements language, etc):

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Employees (Detail number of food handlers):

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Is the business subject to a system of:

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| **Audit** | **Details** |
| Internal |  |
| External |  |
| Third Party Accredited |  |

**Officer Notification/Recommendations**

Officer to record other observation(s) as appropriate (i.e. advice to next inspecting officer: issues for consideration, advice on format of next intervention, notification of any particular guidance or codes of practice applicable etc.)

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| Inspecting Officer: |  |
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| Review Record: |  |

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| **Date of Review** | **Officer Name** | **Officer Signature** |
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| **END OF FORM** | | |