



CHECKLIST: ROUTINE INSPECTIONS - RED MEAT ABATTOIRS

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Abattoir: _____
Date: _____

Abattoir Reg Nr: _____
Prov Inspector(s): _____

| NO | ACTIVITY | GOOD | FAIR | POOR | PRIOR | REMARKS |
|---------------------------------|---|------|------|------|-------|---------|
| A ABATTOIR PREMISES | | | | | | |
| 1 | Housekeeping | | | | | |
| 2 | Vermin control effectiveness | | | | | |
| 3 | Waste Storage areas neatness & hygiene | | | | | |
| 4 | Manure removal according to HMS programme | | | | | |
| 5 | Secured entrances closed | | | | | |
| 6 | Clean and Dirty separation maintained | | | | | |
| B LAIRAGES/PENS: | | | | | | |
| 1 | Transport truck control | | | | | |
| 2 | Humane handling | | | | | |
| 3 | Water supply at all lairages | | | | | |
| 4 | Cleanliness of lairages | | | | | |
| 5 | Ante mortem done on all animals | | | | | |
| 6 | SOP's followed on 55(c)(ix) | | | | | |
| 7 | Correct handling of DOA's & DIP's | | | | | |
| 8 | Traceability | | | | | |
| 9 | Utilization of truck wash facilities | | | | | |
| 10 | Feeding of animals (when required) | | | | | |
| C SLAUGHTERING/DRESSING: | | | | | | |
| 1 | Boot wash (soap & brush & utilization) | | | | | |
| 2 | Warm water ,soap at wash basins & utilization | | | | | |
| 3 | Sterilizers @ 82°C & utilization | | | | | |
| 4 | Correct stunning equipment & procedure | | | | | |
| 5 | Correct bleeding times | | | | | |
| 6 | Correct & hygienic dressing procedures | | | | | |
| 7 | Continuous cleaning | | | | | |
| 8 | Final wash of carcasses | | | | | |
| 9 | Effectiveness of post production sanitation | | | | | |
| 10 | Housekeeping | | | | | |
| D OFFAL PROCESSING | | | | | | |
| 1 | Red offal handling/packaging | | | | | |
| 2 | Boot wash (soap & brush & utilization) | | | | | |
| 3 | Rough offal handling/packaging | | | | | |
| 4 | Dispatch / red offal | | | | | |
| 5 | Dispatch / rough offal | | | | | |
| 6 | Protocol for informal traders followed | | | | | |
| 7 | Housekeeping | | | | | |

| NO | ACTIVITY | GOOD | FAIR | POOR | PRIOR | REMARKS |
|----------|---|------|------|------|-------|---------|
| E | INSPECTION | | | | | |
| 1 | Primary meat inspection standard | | | | | |
| 2 | Correlation between carcasses and offal | | | | | |
| 3 | Handling of detained/cond material (Security) | | | | | |
| 4 | Secondary inspection done | | | | | |
| 5 | Full inspection component present | | | | | |
| 6 | All inspection personnel registered in Gauteng | | | | | |
| 7 | Measly carcasses control followed | | | | | |
| 8 | Legibility of passed stamp | | | | | |
| 9 | Control over passed stamps | | | | | |
| F | DINING, CHANGE ROOM & TOILET FACILITIES: | | | | | |
| 1 | Cleanliness & housekeeping | | | | | |
| 2 | Condition and correct use of lockers / facility | | | | | |
| 3 | Soap at hand wash basins and utilization | | | | | |
| 4 | Toilet paper | | | | | |
| 5 | Correct use of dining facilities | | | | | |
| G | CHILLERS / FREEZERS / DESPATCH | | | | | |
| 1 | Spacing of carcasses | | | | | |
| 2 | Sanitation | | | | | |
| 3 | Unwarranted items / housekeeping | | | | | |
| 4 | Pre loading inspection | | | | | |
| 5 | Effective chilling | | | | | |
| 6 | Standard of inspection verified | | | | | |
| 7 | Mixing of warm & cold carcasses | | | | | |
| H | PERSONNEL | | | | | |
| 1 | Condition of protective clothing | | | | | |
| 2 | Full protective clothing / Colour coded | | | | | |
| 3 | Personal hygiene of workers | | | | | |
| 4 | Daily fitness checks | | | | | |
| I | MAINTENANCE: | | | | | |
| 1 | HMP for maintenance followed | | | | | |
| 2 | Maintenance of light intensity | | | | | |
| J | WASTE MANAGEMENT: | | | | | |
| 1 | Approved protocol followed for each waste category | | | | | |

COMMENTS:

NAME: _____

SIGNED: _____

Official

Owner/Hygiene Manager

HAS: - NON-CONFORMANCE AND CLEARANCE REPORT

Evaluating official/s _____

Abattoir _____

Date of audit _____

| Category / No | Regulation Ref | Details of non-conformance | Priority | Proposed Date off completion | Verified by Prov. Inspector | Comments |
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Non-conformities should be prioritized and proposed dates of completion set accordingly (Only **critical and major** non-conformances have to be listed; listing **minor** non-conformances are optional).

Name of owner / manager:

Signature:

Date:.....

HAS: - NON-CONFORMANCE AND CLEARANCE REPORT

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