**IMPORTANT – Please read this information carefully before you complete your application.**

|  |
| --- |
| **I. Submission Protocol:**   1. **Endorsement by the Competent Authority is a pre-requisite.** The completed application form must be submitted to the District/Provincial Competent Authority of the exporting country for verification and endorsement; followed by submission to the Central Competent Authority (CCA) for their recommendation before submission to SFA. Applications that are not endorsed accordingly will not be processed. 2. **The application must be submitted in English. The compatible formats accepted are Microsoft Office compatible formats (doc, ppt, xls), jpeg and pdf.** For documents that serve as supporting evidence (e.g. laboratory results, production records), at least the headers should be translated. Photographs should come with clear captions/ descriptions. 3. **Soft copy submission is preferred and will facilitate the processing time**. The Competent Authority can forward the endorsed application to:   Risk Management & Surveillance Department / Joint Operations Division  Singapore Food Agency (SFA)  **II. Upon submission of application:**   1. **Acknowledgement and confidentiality.** We will provide an acknowledgement via email when we have received your information. The submitted information will be treated in confidence. 2. **Processing time.** We aim to process your application in a timely manner. Our response time is generally 12 weeks from our date of receipt. Actual processing times are dependent on a number of factors, as follows.  * Completeness of application, i.e. all required documents are provided and retrievable; * Clarity of the submitted information; * Transaction volume received by the department; * Priority may be given to cases that meet strategic alignment with national and organisation needs.  1. **Outcome of processing.** All communication (e.g. request for information, enquiries) and outcome of the evaluation will be sent to the Competent Authority. |

**A) PARTICULARS OF COMPANY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Company** |  | | |
| **Contact person** |  | | |
| **Company address** |  | | |
| **Post Code** |  | | |
| **District / City** |  | | |
| **State / Province** |  | | |
| **Tel No.** |  | | |
| **Email Address:** |  | | |
| **Company profile**  Provide introduction and background of company, including organization chart / all other farms (e.g breeder farm, pullet farm, broiler farm, layer farm etc.) under same management, if any: | | | |
| Farm Name | Type of farm | Location | Production capacity |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### B) PARTICULARS OF FARM APPLYING FOR ACCREDITATION

|  |  |
| --- | --- |
| **Name of farm** |  |
| **Contact person** |  |
| **Farm registration/license number** |  |
| **Farm Address** |  |
| **Post Code** |  |
| **District / City** |  |
| **State / Province** |  |
| **Tel No.** |  |
| **Email Address** |  |

### C) PARTICULARS OF FARM VETERINARIAN

|  |  |
| --- | --- |
| **Name of consulting / farm veterinarian** |  |
| **Qualifications & Date of Appointment to Farm** |  |

### D) FARM STAFF

|  |  |  |
| --- | --- | --- |
|  | **Number of staff** | **Area of work** |
| **Veterinary and para-vets** |  |  |
| **Managerial** |  |  |
| **Worker** |  |  |
| **Administration** |  |  |
| **Others (please specify)** |  |  |

### E) LOCATION, LAYOUT OF FARM

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **i. Total area of farm (Ha):** | |  | | | |
| **ii. GPS Coordinates (In decimal degrees)** | **Latitude** |  | | | |
| **Longitude** |  | | | |
| **iii. Location** | | | | | |
| 1. Attach a location map with description on the surroundings where the farm is located | | | |  | |
| 1. Any other poultry farm within the same area where the farm located? | | | |  | |
| 1. What is the distance to the nearest poultry farms? | | | | km | |
| 1. What is the distance to the public road from the farm? | | | | km | |
| **iv. Poultry House** | | | | | |
| 1. Type of poultry house | | | \* Environment-controlled closed house/  Open-sided house with bird proofing/  Others (please specify): | | |
| 1. Number of each type of house | | |  | | |
| 1. Cooling system | | | \*None (simple fans in house) / tunnel fan / tunnel fan & evaporative cooling pad / mist spray inside house | | |
| 1. Type of production system | | | \*Multi-tier cage system (pls state number of tiers):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Barn system/ Others (please specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 1. No. of birds per cage and floor space per bird (\*sq cm / sq ft) | | | No. birds per cage | | Floor space per birds |
| 1. Attach flock details, including growers and pullets | | | Fill in **Annex A** | | |

*\* delete where appropriate*

### F) SOURCE OF REPLACEMENT STOCKS AND PRODUCTION

|  |  |
| --- | --- |
| **i. Sources of \*day-old chicks / pullets stock** | |
| 1. Country |  |
| 1. Name of supplier / breeder farm(s) |  |
| 1. Breed |  |

|  |  |  |
| --- | --- | --- |
| **ii. Egg Production Performance** | | |
| 1. Age (weeks) at 5% egg production | Weeks | |
| 1. Age (weeks) at peak production and % | weeks | % |
| 1. Average hen-housed production (no. of eggs & %) | eggs | % |
| 1. Total eggs produced per month (no.) | eggs | |
| 1. Accumulated rate (%) of mortality / culling before lay | % | |
| 1. Accumulated rate (%) of mortality / culling during egg production (since lay) | % | |
| 1. Culling age (weeks) | week | |
| 1. **Attach copy of records for completed cycle of egg production of flocks** | | |
| 1. **Provide colored photographs with captions/description of the interior and exterior view of poultry houses. Please include feeding system, egg collection/ manure belts and overall structural system (i.e. cages, ventilation fans) of the houses** | | |

### G) FARM BIOSECURITY AND HYGIENE

|  |
| --- |
| **i. Describe and provide clear photographs of the farm’s biosecurity programme and sanitation control measures e.g. movement of animals, personnel, vehicles, etc, including:** |
| 1. General view of farm   Please include a Farm layout plan/ Farm plot with brief description on movement flow of staff, livestock & equipment |
| 1. Disinfection facilities for vehicles at entrance to farm and production area |
| 1. Workers and visitors’ changing / shower room, foot-dip at entrance to production area |
| 1. Disinfection measures (e.g. Foot-dip/ hand washes) at entrances to poultry houses |
| 1. Perimeter fence of farm / Barriers to prevent unauthorized entry of personnel or stray animals into farm |
| 1. Fence and gate showing proper separation between production and non-production area , where available |
| 1. Bird proofing for poultry houses |
| 1. Worker quarters |
| 1. Drainage system |
| 1. Pest control measures on farm |

### H) HEALTH PROGRAMME

|  |  |  |  |
| --- | --- | --- | --- |
| **i. Vaccination regime** | | | |
| Age (week / day) | Type of Vaccines (with strains and manufacturer) | Method of application | Vaccination for (disease) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **ii. Medication / prophylaxis programme** | | |
| Age of use (week / day) | Type used and dosage | Control for (disease) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **iii. Type of disinfectants / sanitizers used** | | |
| Point of use (e.g. vehicle, foot path, personnel etc.) | Type of disinfectant | Concentration used |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **iv. *Salmonella* enteritidis control and monitoring programme** | | | | |
| a) Does the farm carry out any vaccination against *Salmonella* enteritidis during growing period / egg production period? | | | | \*Yes / no |
| b) If yes, please fill up the table below | | | | |
| **Age of vaccination (week / day)** | **Type of vaccine and strain and manufacturer** | | **Method of vaccination** | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| c) Attach *Salmonella enteritidis* (SE) monitoring programme and sampling programme. Sampling programme should include the following information: | | Fill in **Annex B** | | |
| d) Type of testing lab | | \*Government lab/  Private lab (Accredited/ Non-accredited)/  Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **e) Attach copies of laboratory reports/results for *Salmonella* tests of samples** | | | | |
| f) Please describe the SE control policy of the farm (i.e. actions taken if samples are found to be SE positive): | |  | | |

### I) ANIMAL FEEDING REGIME

|  |  |  |
| --- | --- | --- |
| **i. Type of feed** | **Stage of production (days/weeks)** | **Name of supplier(s)/ Feedmill (s)** |
| e.g. pre-starter feed/ grower feed | e.g. 1-28days |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **ii. Attach list of feed additives, manufacturer, % concentration and purpose of use** | | |
| **iii. Attach colored photographs (with captions) showing feed storage and supply system** | | |

### J) WATER SUPPLY

|  |  |  |
| --- | --- | --- |
| **i. Source of supply** | \* Municipal/ underground / well / pond /  others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| ii. Type of treatment | | |
| a) For drinking: |  | |
| b) For washing: |  | |
| **State chlorine level in ppm if treated with chlorine** | | ppm |
| **iii. Attach copy of analytical results (if any) of drinking water for microbiology and heavy metal if water supply is not from Public Utility** | | |
| **iv. Provide colored photographs (with captions) of water supply system (pond, underground water system, water storage tank, water treatment facilities, etc)** | | |

### K) WASTE TREATMENT / DISPOSAL

|  |  |  |
| --- | --- | --- |
| **i) Methods of treatments / disposal**  **(incineration/ pit/ bury/ biogas compost/ sale)** | | **Frequency**  **(per day/ week/ cycle/ batch)** |
| a) Dead birds |  |  |
| b) Manure |  |  |
| c) Farm waste |  |  |
| d) Others |  |  |
| **ii. Provide colored photographs (with captions) of disposal system / site** | | |

### L) PEST CONTROL MEASURES

|  |  |
| --- | --- |
| **i. Describe methods used for pest control (including usage of chemicals & frequency, if applicable)** | |
| a) Flies |  |
| b) Rodents |  |
| c) Wild Birds |  |
| d) Stray Animals |  |

### M) EGG GRADING AND PACKING FACILTIES

|  |  |
| --- | --- |
| a) Description of egg grading/packing facility | \*Air-conditioned/ Non-air conditioned/ Bird / rodent-proof |
| b) Location of egg grading/packing facility | \*At farm premise/ Central packing and grading facility elsewhere |
| c) If at central packing and grading facility, please indicate farms sharing the same facility: |  |
| d) Brand of egg grading system used and speed of egg grading per hour |  |
| e) Are eggs washed or sanitized? |  |
| **f) Describe and provide a layout plan of the egg grading and packing centre to show the process flow, including how eggs will be transported** | |
| **g) Provide colored photographs (with captions) showing the condition of egg grading /packing and storage facilities** | |

N) DECLARATION BY ESTABLISHMENT

I declare that the information given above is true and correct

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and designation of person who submitted above information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Company Stamp Date

**========================================================================**

### O) VERIFICATION BY 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 above information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Official Stamp Date

Of Veterinary Authority

### FARM FLOCK DETAILS

*(For all ages of birds, including chicks and growers, and record empty houses)*

| **SN** | **Flock ID** | **House No.** | **Age in weeks** | **Breed** | **Source** | **No. of birds** | **No. of eggs produced (Daily)** | **House Type (e.g. ECC / Bird-proofed Open-sided)** | **Date of last sampling for *Salmonella* test** | **Remarks/ Type of samples and laboratory result for *Salmonella* test** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Farm production (eggs) per month**  **(current / maximum)** |  |  | **Name and address of Breeder source(s)** |
| **Eggs exported per month**  **(current / maximum)** |  |  |

### SE MONITORING PLAN

*(Information provided below is for example only; Farm to kindly fill up the details according to their own SE monitoring programme)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Age group of flock** | **Type of samples** | **Method / location** | **No. samples** | **Frequency** | **Collected by** | **Test for** |
| 1 | *e.g.*  *Day old chicks/ layers at x weeks’ old* | *e.g.*  *Dead / culled day-old chicks*  *Drag swabs/ Cloacal swabs/*  *Environmental dust/*  *Stool/ manure sample* | *e.g.*  *Collect samples from all dead / culled chicks*  *Drag swab / Dust from floor/ cages/ wire mesh/ ventilation fans/ feed trough/ automatic stool belt etc.* | *e.g.*  *x samples every batch/flock or every layer house* | *e.g.*  *Every batch*  *Quarterly/ Monthly for every batch/flock or every layer house* | *e.g.*  *Farm vet/ Farm Manager/ Farm worker / government officials* | *e.g.*  *Salmonella antibodies/ SE bacteria* |
| 2 | *Others* | *Feed/ Environmental swabs* | *From feed silos/ troughs* | *x g samples pooled from x houses* | *Monthly* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |