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| logonew | | **ANIMAL QUARANTINE** | | **Starting From:**  03/30/2016 | | **Code:**  DCA-PG-002-RE-034 | |
| GENERAL INFORMATION REGARDING FACILITIES INTERESTED IN EXPORTING PRODUCTS, BY-PRODUCTS OR DERIVATIVES OF ANIMAL ORIGIN TO COSTA RICA FOR HUMAN CONSUMPTION | | **Version**  03 | | Page **1** of **4** | |
| **Prepared by:**  DCA/DIPOA Technical Team | | | **Revised by:**  DCA Quality Management Area | | **Approved by:**  Animal Quarantine Director | | |

**Preliminary Questionnaire**

General information REGARDING facilities interested in exporting products, by-products or derivatives of animal origin to costa rica FOR HUMAN CONSUMPTION

|  |  |
| --- | --- |
| **Consideration for the Competent Authority** | |
| **This questionnaire must be completed and sent to the Directorate-General of SENASA-Costa Rica** | |
|  | |
| Address: | Barreal de Heredia Costa Rica de Jardines del Recuerdo 1KM al oeste y 400 metros al Norte  at Benjamin Nuñez University Campus  Apartado 3-3006 Cenada / Phone 2587-1600 |
| E-mail: | [bernardo.jaen@senasa.go.cr](mailto:bernardo.jaen@senasa.go.cr) |
| * *The report must be submitted in Spanish and English.* | |

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| **CLARIFICATION**   * This document applies to facilities that currently wish to export or are already authorized to export to Costa Rica.   ***Note:*** *This questionnaire applies to products, by-products or derivatives of animal origin intended for human consumption.* |

**ABBREVIATIONS**

|  |  |
| --- | --- |
| **HACCP** | Hazard Analysis and Critical Control Points |
| **Eg.** | Example |
| **SENASA** | National Animal Health Service |

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1. **COMPETENT AUTHORITY'S INFORMATION**

|  |  |
| --- | --- |
| **Country Name:** | **Competent Authority's Name** |
| **Name of Person in Charge or Contact Person from the Competent Authority:**  **Phone Number:**  **Email:** | |

1. **FACILITY INFORMATION**

|  |  |
| --- | --- |
| **Facility Name:** | **Facility Authorization Number:** |
| **Province / State / Department:** | |
| **Address:** | |
| **Phone (area code):** | **Fax (area code)** |
| **Name of Person in Charge or Contact Person at The Facility:**  **Phone Number:**  **Email:** | |

1. **ADMINISTRATIVE STRUCTURE OF THE FACILITY**

|  |  |  |
| --- | --- | --- |
| **Name of Manager or Legal Representative:** | | **Management Phone:**  **E-mail:** |
| **Personnel Type** | **Quantity (people)** | **Working Days and Shifts (specify):** |
| **Administrative** |  |
| **Quality/Safety Management** |  |
| **Production Headquarters** |  |
| **Operative/Process** |  |
| **Cleaning** |  |
| **Maintenance** |  |

1. **HEALTH INSPECTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **The Competent Authority Has Inspection Staff at The Facility Permanently:**  **( ) Yes ( ) No** | | | | | | |
| **ONGOING TRAINING OF INSPECTION STAFF WHO ARE PERMANENTLY PRESENT AT THE FACILITY**  ***(When not applicable, write "N/A")*** | **Official** | | **Certified** | | **Private** | |
| **Quantity** | **Timetable** | **Quantity** | **Timetable** | **Quantity** | **Timetable** |
| **Veterinarian** |  |  |  |  |  |  |
| **Technical Inspector** |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |
| ***Official:*** *This figure applies when staff are paid directly by the Competent Authority.*  ***Certified:*** *This figure applies when staff are paid by a third party, this being neither the Competent Authority nor the facility. Example: Agreements with OIRSA or others.*  ***Private:*** *This figure applies when staff are paid directly by the facility.* | | | | | | |
| **Name of Staff Permanently Present at the Facility:**  **E-mail:**  **Phone:** | | | | | | |
| **Does the facility receive visits from the Competent Central or Regional Authority?**  **( ) Yes ( ) No**  **Write how often visits are made during the year (based on last year's data):**  **Indicate the type of personnel visiting the facility:**  **( ) Veterinarian ( ) Inspector Technician ( ) Other (Specify):\_\_\_\_\_\_\_\_\_\_\_**  **Indicate the name (s) of the official staff conducting the visits (based on last year's data):** | | | | | | |

1. **PRODUCTION.**
2. **Mark with an "X" the activities carried out at the facility, according to authorizations issued by the Competent Authority:**

***Note: You can add rows as needed***

|  |  |
| --- | --- |
| **ACTIVITY** | |
|  | Slaughter and processing of bovine carcasses |
|  | Slaughter and processing of porcine carcasses |
|  | Slaughter and processing of equine carcasses |
|  | Slaughter and processing of poultry carcasses |
|  | Slaughter and processing of carcasses of calves and small ruminants |
|  | Slaughter and processing of rabbit carcasses |
|  | Slaughter and processing of authorized wild species |
|  | Processing and conservation of edible by-products |
|  | Bovine cutting, deboning and packing |
|  | Porcine cutting, deboning and packing |
|  | Equine cutting, deboning and packing |
|  | Poultry cutting, deboning and packing |
|  | Cutting, deboning, packing and conservation of calves and small ruminants |
|  | Rabbit cutting, deboning and packing |
|  | Cutting, deboning and packing of authorized wild species |
|  | Manufacture of raw meat and/or processed meat products |
|  | Preparation of cooked sausages and/or other ready-to-eat meat products |
|  | Craft production of dairy products |
|  | Industrial processing of dairy products |
|  | Processing and storage of aquaculture products |
|  | Processing and storage of fisheries of wild origin (commercial species) |
|  | Storage of meat and meat products (cold stores) |
|  | Storage of fishery products (cold stores) |
|  | Storage of dairy products |
|  | Storage of processed or unpackaged food of animal origin (not refrigerated) |
|  | Processing of honey and bee products (pollen, propolis, royal jelly) |
|  | Egg production |
|  | Foods with minimum animal content |

1. **Please complete the following table:**

****

1. **Attach scanned copy of the authorization granted by the Competent Authority to the facility.**
2. **INFORMATION REGARDING THE INFRASTRUCTURE OF THE PREMISES** 
   1. Attach a sketch of the premises or a map of the site, which will detail areas, product flow, personnel flow, among others. The attached document must be legible.
   2. Is the final product subject to export to Costa Rica being stored at the facility itself or at external warehouses? If at external warehouses, provide details of the name and authorization number granted by the Competent Authority.
3. **COUNTRIES TO WHICH YOU HAVE APPROVAL TO EXPORT YOUR PRODUCTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** |  | **6.** |  |
| **2.** |  | **7.** |  |
| **3.** |  | **8.** |  |
| **4.** |  | **9.** |  |
| **5.** |  | **10.** |  |

*Note: You can add rows*

1. **IMPORTED RAW MATERIAL OF ANIMAL ORIGIN**

**PROVIDERS OF RAW MATERIAL USED FOR THE PREPARATION OF PRODUCTS TO BE EXPORTED TO COSTA RICA (SITES)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Name** | **Authorization Number (Granted by Competent Authority)** | **Animal Product and Species** | **Country of Origin** |
|  |  |  |  |
|  |  |  |  |

***Note:*** *You can add rows*

1. **PREREQUISITES**

**Mark with an "X" if the facility has written and implemented procedures for the following sanitary requirements:**

|  |  |
| --- | --- |
| **“X”** | **Prerequisites Listing.** |
|  | Facility design and construction |
|  | Water, ice and steam supply |
|  | Lighting, ventilation |
|  | Design and construction of equipment and utensils |
|  | Metrological control (thermometers, steelyards, etc.) |
|  | Facility maintenance programme, equipment and utensils |
|  | Hygiene control programme (cleaning and disinfection) |
|  | Control of operations (procedures and conditions of process and storage) |
|  | Pest control system |
|  | Residue management (liquid and solid) |
|  | Transportation |
|  | Traceability |
|  | Recovery programme and product recall, which includes product recall drill |
|  | Hygiene, behaviour and health of staff |
|  | Staff Training  *Please, complete the following table*: |
|  | Control of suppliers and raw materials (meat, non-meat, packaging material, among others) |
|  | Programme for the control and management of additives  *Please, complete the following table:* |
|  | Product labelling |
|  | Animal Welfare Programme |
|  | Other (specify): |

1. **HAZARD ANALYSIS AND CRITICAL CONTROL POINTS (HACCP)**

**If the facility has an HACCP plan, mark with an "X" the aspects considered according to the following points:**

|  |  |
| --- | --- |
| **“X”** | **Requirements of the HACCP Plan** |
|  | Multidisciplinary HACCP team |
|  | Product description and production methods |
|  | Identification of expected use and possible consumers of food |
|  | Flowchart |
|  | Description of the stages established in the flowchart |
|  | Hazard analysis and control measures |
|  | Determination of critical control points (CCPs) |
|  | Critical limits for critical control points |
|  | Validation of critical control limits |
|  | Monitoring system for critical control points |
|  | Corrective actions for each critical control point |
|  | Verification procedures |
|  | Registration and documentation system |
|  | Other (specify): |

1. **ATTACH FLOW CHARTS FOR PRODUCTS TO BE EXPORTED TO COSTA RICA.**
2. **ATTACH THE WORKSHEET FOR EACH CRITICAL CONTROL POINT, WHERE THE FOLLOWING IS DETAILED: *Stage, hazard, critical limit, monitoring, corrective actions, verification and records.***
3. **LABORATORY TRIALS**

**Mark with an "X" the types of sampling programmes executed at the facility (by the company itself or an official entity) and complete the attached tables:**

|  |  |
| --- | --- |
| **“X”** | **Type of Sampling Programme** |
|  | Company's Internal Sampling Schedule  *Complete the following table:* |
|  | Official Sampling Schedule, carried out by the Competent Authority  *Complete the following table:* |

1. **SPECIFIC REQUIREMENTS BY PRODUCT TYPE AND FACILITY CLASSIFICATION:**

|  |  |
| --- | --- |
| **Type of Facility** | **Specific Requirements in Attached Table** |
| Facilities dedicated to the receipt, preparation, processing, transformation, packing, storage and distribution of fishery and aquaculture products. |  |
| Facilities dedicated to the slaughter, boning, packing, storage, anddistribution of bovine, caprine, equine, ovine, porcine meat and others of authorized origin. |  |
| Facilities dedicated to the slaughtering, cutting, boning, packing, storage, and distribution of meat of avian origin. |  |
| Facilities dedicated to the processing, preparation, packing, storage, and distribution of processed and semi-processed avian, porcine, bovine, goat, sheep, equine meat products, and other authorized species. |  |
| Facilities dedicated to the processing, packing, storage and distribution of dairy products. |  |
| Facilities dedicated to the processing, packing and storage of honey. |  |

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| --- |
| ***The facility's representative has provided the information requested by the SENASA Sanitary Authorities of the Ministry of Agriculture and Livestock of Costa Rica; with the objective of knowing the process and sanitary controls applied during the manufacturing of products, by-products and derivatives of animal origin for human consumption. This has been verified by the Competent Authority of the commercial partner country and its reliability can be verified by SENASA-Costa Rica's personnel.*** |

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**Name and signature of the Facility Representative Name and signature of the Competent Authority**

**Seal (COMPETENT AUTHORITY)**