|  |
| --- |
| ***Please read this information carefully before completing your application.******Time required to complete this application form may range from 1-3 days, including gathering and reviewing the collection of information needed.*****I. Submission Protocol:** 1. **Endorsement by the Competent Authority is a pre-requisite.** All application forms must be verified, endorsed *and submitted to SFA via your country’s Competent Authority*.
2. **The application must be submitted in English.** 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. **Submissions in both hard and soft copies (Email or CD/DVD/USB drive) are accepted. Soft copies are preferred and will facilitate the processing time.**

The Competent Authority can forward the endorsed applications via:* **Postal transmission:**

Food Regulatory Management Division Singapore Food Agency (SFA)52 Jurong Gateway Road #14-01 Singapore 608550* **Electronic transmission:** Please email soft copy submissions to

[accreditation\_applications@sfa.gov.sg](http://avashare/avadcn1/site2/Foreign%20Establishments/Application%20Forms/SFA%20-%20Forms/accreditation_applications%40sfa.gov.sg)**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 strict confidence.1. **Processing time**

We aim to process your application within 12 weeks from our date of receipt. Factors below will help speed up and facilitate the processing time:* Application is complete, i.e. all required information/ documents are provided and retrievable;
* Submitted information is clear, understandable and in English

Priority may be given to cases that meet strategic alignment with national and organisation needs.**III. Outcome of evaluation:** 1. All communication (e.g. request for information, enquiries) and outcome of the evaluation will be sent to the Competent Authority and the establishment contact will be copied to.
 |

### A) PARTICULARS OF COMPANY

|  |  |
| --- | --- |
| **Name of Company**  |  |
| **Names of owner (s)**  |  |
| **Company address:** |  |
| **Unit no** |  |
| **Street Name** |  |
| **Post Code** |  |
| **District / City** |  |
| **State / Province** |  |
| **Tel No.** |  |
| **Fax 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** |  |
| **Name of owner** |  |
| **Farm License number** |  |
| **Farm Address** |  |
| **Unit no.** |  |
| **Street Name** |  |
| **Post Code:** |  |
| **District / City** |  |
| **State / Province** |  |
| **Tel No.** |  |
| **Fax No.** |  |
| **Email Address** |  |

### C) PARTICULARS OF FARM VETERINARIAN

|  |  |
| --- | --- |
| **Name of consulting / farm veterinarian** |  |
| **Address** |  |
| **Tel no.** |  |
| **Fax no.** |  |
| **Email address** |  |
| **Qualifications & Date of Appointment to Farm (attach copy of appointment letter*)*** |

### 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** | **Latitude**  | N/S \_\_\_\_\_\_0 \_\_\_\_\_\_\_’\_\_\_\_\_\_\_\_\_” |
| **Longitude** | E/W \_\_\_\_\_\_0 \_\_\_\_\_\_\_’\_\_\_\_\_\_\_\_\_” |
| **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 |
| 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 entrance to farm and production area
 |
| 1. Workers and visitors’ changing / shower room, foot-dip at entrance to production area
 |
| 1. Foot-dip at entrance to poultry houses
 |
| 1. Perimeter fence of farm
 |
| 1. Fence and gate showing proper separation between production and non-production area
 |
| 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 (‘000)** | **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 (million)****(current / maximum)** |  |  | **Name and address of Breeder source(s)** |
| **Eggs sent to Hatchery 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* |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |