

Questionnaire for Annual Inspections of Renderers for the Export of Porcine or Poultry Meals to Peru

Primary Facility Information

Business name: _____
 Physical address: _____
 Continuation address: _____
 City: _____ State: _____ Zip code: _____
 NCIE reference number, if any: _____
 Contact person at facility: _____ Telephone: _____ Email: _____

Product Information

Meal product (Either/or): _____ Poultry (includes feather) _____ Porcine

Inspection Criteria

Requirement is met

		Yes	No	Remarks
1	Heat processing parameters (see below).			
2	Product derives from an FSIS approved slaughter plant. Rendering facility is registered (authorized) in the State under oversight of the competent authority.			
3	Rendering facility does not process ruminant materials. Facility renders only ___Poultry ___ Porcine. There are measures in place to assure no contamination with materials from other species.			
4	Facility maintains procedures that assure commercial sterility and freedom from microbiological pathogens, including Salmonella, and that provide for a product apt for animal feeding.			
5	Packaging and labeling criteria met (see below).			
6	Facility maintains SOP that addresses sanitation, good manufacturing practices, and measures to avoid contamination with pathogenic agents.			
7	Facility maintains transportation SOP that addresses washing of containers and vehicles and the use of unique labels for export of product.			

Acceptable heat processing options:

- 118 C for at least 40 minutes, or
- Continuous hydrolyzing process at a minimum temperature of 122 C for at least 15 minutes, or
- Other method meeting or exceeding 118 C for at least 40 minutes or a continuous hydrolyzing process at a minimum temperature of 122 C for at least 15 minutes

Packaging and labeling criteria

- New packing material used (packaged meals), and
- Containers properly sanitized, and
- Product label (plant name and location, packing date)

Note: This questionnaire pertains only to a meal product based on one species. A separate questionnaire may be completed to address a second meal product if there are dedicated facilities that would allow the second product.

Inspection date: _____

Inspector name and signature: _____