

**TRUE AND COMPLETE OFFICIAL TRANSLATION TO ENGLISH OF A DOCUMENT
WRITTEN IN SPANISH BY THE OFFICIAL TRANSLATOR FOR THE REPUBLIC OF
COLOMBIA, NILSEN ARINGHARD,**

**REPUBLIC OF COLOMBIA
MINISTRY OF AGRICULTURE AND RURAL DEVELOPMENT
COLOMBIAN AGRICULTURAL INSTITUTE
ANIMAL HEALTH DIVISION
ANIMAL INSPECTION AND QUARANTINE GROUP**

VETERINARY QUALIFICATION FOR BOVINE AND SHEEP SLAUGHTERHOUSES

1. GENERAL INFORMATION

COUNTRY:

SLAUGHTERHOUSE NAME: _____

ADDRESS:

TELEPHONE, FAX OR E-MAIL: _____

SANITARY REGISTRATION NUMBER: _____

OFFICIAL VETERINARY INSPECTION

YES () NO ()

NAME OF ENTITY: _____

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ACCREDITED VETERINARY INSPECTION: YES () NO () (ATTACH ACCREDITATION)

OWN VETERINARY INSPECTION YES () NO ()

INDUSTRIALIZES PRODUCTS : YES () NO ()

WHICH ONES _____

NUMBER OF SLAUGHTER SHIFTS WITHIN 24 HOURS: _____

ANIMALS SLAUGHTERED DAILY: BOVINE _____ SHEEP _____

QUALIFICATION IN FORCE FOR OTHER COUNTRIES: YES () NO ()

WHICH ONES: _____

SLAUGHTER OF OTHER SPECIES : YES () NO ()

WHICH ONES _____

HAZARD ANALYSIS SYSTEM AND CRITICAL CONTROL POINTS (HACCP) :
YES () NO () (ATTACH DIAGRAM)

OTHER EQUIVALENT SYSTEM (ATTACH DIAGRAM)

EXISTENCE OF OFFICIAL REGULATIONS ON SLAUGHTER, RETENTION OR REJECTS
OF CUT CARCASSES OR ENTRAILS: YES () NO ()

ACCESS RESTRICTION TO EXTERNAL PERSONNEL FOREIGN TO THE
SLAUGHTERHOUSE

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YES () NO ()

WHICH ONES: _____

RECORD OF POINT OF ORIGIN OF ANIMALS TO BE SLAUGHTERED: YES () NO ()
(ATTACH DOCUMENTATION)

2. PLANT PERSONNEL

2.1. AMOUNT

NUMBER OF SLAUGHTER AND MEAT-HANDLING PERSONNEL: _____

NUMBER OF LABORATORY PERSONNEL: _____

NUMBER OF VETERINARY INSPECTORS: _____

NUMBER OF AUXILIARY INSPECTORS: _____

NUMBER OF PERSONNEL FOR THE INDUSTRIALIZATION OF PRODUCTS: _____

2.2. MEDICAL EXAMS CONDUCTED ON PERSONNEL WORKING WITH SLAUGHTERING
AND BEEF HANDLING.

BLOOD TEST: YES () NO () EVERY _____ MONTHS

PULMONARY EXAM: YES () NO () EVERY _____ MONTHS

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URINE: YES () NO () EVERY ____ MONTHS

STOOL: YES () NO () EVERY ____ MONTHS

OTHERS (WHICH ONES): _____

OBSERVATIONS: _____

3. SLAUGHTER AREA WHERE PRODUCT IS AND HANDLED

3.1 AREA CLEANLINESS

3.1.1. AREA WHERE FINISHED PRODUCT IS DELIVERED

PROTECTION AGAINST INSECTS, RODENTS, BIRDS, AND ANIMALS: YES () NO ()

SUITABLE () UNSUITABLE ()

SEPARATION FROM OTHER AREAS: SUITABLE () UNSUITABLE ()

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

CEILINGS: TYPE _____ CONDITION: G () F () P ()

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FREQUENCY: EVERY _____ DAYS

WATER PRESSURE: YES () NO () TEMPERATURE: _____ °C

PRODUCTS USED: _____

ROOM DISINFECTION: YES () NO () FREQUENCY: EVERY _____ DAYS

TEMPERATURE: _____ °C

PRODUCTS USED: _____

OBSERVATIONS: _____

3.1.2. DEBONING AND CUTTING AREA

PROTECTION AGAINST INSECTS, RODENTS, BIRDS, AND ANIMALS: YES () NO ()
SUITABLE () UNSUITABLE ()

SEPARATION FROM OTHER AREAS: SUITABLE () UNSUITABLE ()

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

CEILINGS: TYPE _____ CONDITION: G () F () P ()

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LIGHTING :

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

VENTILATION : SUITABLE () UNSUITABLE ()

ROOM TEMPERATURE: _____ °C

PRODUCT TEMPERATURE WHEN SHIPPED: _____ °C.

CUTTING TABLE SURFACE: STAINLESS STEEL () GALVANIZED ()

ALUMINUM () OTHER (WHICH) _____

CONDITION:G () F () P ()

TRANSPORTER BELTS : CONDITION:G () F () P ()

TRAYS: CONDITION:G () F () P ()

CARTS AND DOLLIES: CONDITION:G () F () P ()

NUMBER OF STERILIZERS: _____ TEMPERATURE: _____ °C.

CONDITION:G () F () P ()

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NUMBER OF HANDSINKS: _____ CONDITION:G() F () P ()

NUMBER OF SOAP DISHES: _____ CONDITION:G() F () P ()

NUMBER OF TOWEL RACKS: _____ CONDITION:G() F () P ()

NUMBER OF PLATFORMS: _____ CONDITION:G() F () P ()

NUMBER OF HEATERS FOR VACCUM PACKING: _____
CONDITION:G() F () P ()

NUMBER OF PIECES OF EQUIPMENT FOR VACCUM PACKING : _____
CONDITION:G() F () P ()

TYPE OF PRODUCT PACKING:

PLASTIC () BOXES() **ESTOQUINETE** ()

OTHER (WHICH ONES) _____

METHODS FOR PACKING PRODUCT:

MANUAL: () AUTOMATIC: () VACCUM YES () NO ()

EQUIPMENT AND UTENSILS FOR EXCLUSIVE USE IN THE AREA: YES () NO ()

TREATMENT: _____

ROOM CLEANING PROCEDURE: YES () NO ()

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FREQUENCY: EVERY _____ DAYS

WATER PRESSURE: YES () NO () TEMPERATURE: _____ °C

ADDED PRODUCTS: _____

ROOM DISINFECTION: YES () NO () FREQUENCY: EVERY _____ DAYS

TEMPERATURE: _____ °C

PRODUCTS USED: _____

OBSERVATIONS: _____

SANITARY INSPECTION: YES () NO ()

OBSERVATIONS: _____

3.1.3. PRODUCT CONSERVATION AREA

PROTECTION AGAINST INSECTS, RODENTS, BIRDS, AND ANIMALS: YES () NO ()

SUITABLE () UNSUITABLE ()

SEPARATION FROM OTHER AREAS: SUITABLE () UNSUITABLE

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

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CEILINGS: TYPE _____ CONDITION: G () F () P ()

LIGHTING :

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

VENTILATION : SUITABLE () UNSUITABLE ()

CANTIDAD DE CAMARAS DE REFRIGERACION : _____ TEMPERATURA: _____ °C

TOTAL CAPACITY: _____ CUT CARCASSES, _____ TONS
CONDITION: G () F () P ()

NUMBER OF FREEZING TUNNELS: _____ TEMPERATURE: _____ °C

TOTAL CAPACITY: _____ CUT CARCASSES, _____ TONS
CONDITION: G () F () P ()

NUMBER OF CONSERVATION STOREROOMS OR WAREHOUSES FOR FINAL
PRODUCTS: _____ TEMPERATURE: _____ °C

TOTAL CAPACITY: _____ CUT CARCASSES, _____ TONS
CONDITION: G () F () P ()

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3.1.4. AREA CLEANING (FROM ENTRAILING TO CUT CARCASS WASHING)

PROTECTION AGAINST INSECTS, RODENTS, BIRDS, AND ANIMALS: YES () NO ()
SUITABLE () UNSUITABLE ()

CAPACITY: _____

SEPARATION FROM OTHER AREAS: SUITABLE () UNSUITABLE ()

FLOORS: TYPE _____ CONDITION: G () F () P ()

WINDOWS: TYPE _____ CONDITION: G () F () P ()

DOORS: TYPE _____ CONDITION: G () F () P ()

LIGHTING:

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

VENTILATION : SUITABLE () UNSUITABLE ()

ROOM TEMPERATURE: _____ °C

AIR EXTRACTORS: YES () NO () CONDITION:G () F () P ()

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WATER PRESSURE: YES () NO () TEMPERATURE: _____ °C

PRODUCTS USED: _____

ROOM DISINFECTION: YES () NO () FREQUENCY: EVERY _____ DAYS
TEMPERATURE: _____ °C

PRODUCTS USED: _____

AREA EXCLUSIVE FOR CUT CARCASSES FOR CLOSER INSPECTION : YES () NO ()

DRYING OUT AREA: YES () NO () TEMPERATURE: _____ °C

DESCRIBE THE CUT CARCASS CLEANING SYSTEM: _____

DESCRIBE THE CUT CARCASS IDENTIFICATION SYSTEM : _____

OBSERVATIONS: _____

3.1.5. SEIZED OR REJECTED PRODUCTS AREA

STORE ROOM SEPARATE AND EXCLUSIVE: YES () NO ()

FLOORS: TYPE _____ CONDITION: G () F () P ()

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WALLS: TYPE _____ CONDITION: G () F () P ()

CEILINGS: TYPE _____ CONDITION: G () F () P ()

LIGHTING:

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

VENTILATION : SUITABLE () UNSUITABLE ()

CUTTING SAW: CONDITION: G () F () P ()

NUMBER OF STERILIZERS: _____ TEMPERATURE: _____ °C.

SUITABLE () UNSUITABLE ()

NUMBER OF HANDSINKS: _____ CONDITION: G () F () P ()

NUMBER OF SOAP DISHES : _____ CONDITION: G () F () P ()

NUMBER OF TOWEL RACKS: _____ CONDITION: G () F () P ()

NUMBER OF PLATFORMS: _____ CONDITION: G () F () P ()

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STERILIZER FOR CUTTING SAW : CONDITION:G() F () P ()
TEMPERATURE:_____°C

ENTRAIL HANDLING CUTTING TABLE SURFACE: STAINLESS STEEL ()
GALVANIZED () ALUMINUM () OTHER (WHICH)_____

CONDITION:G() F () P ()

REFRIGERATED ROOM FOR RED ENTRAILS: YES () NO ()

SUPPORT FOR HANGING RED ENTRAILS: YES () NO ()

ROOM EXCLUSIVE FOR WASHING AND PREPARING WHITE ENTRAILS: YES () NO ()

SCALDING OF WHITE ENTRAILS: YES () NO ()
TEMPERATURE:_____°C

ADDED PRODUCTOS: _____

EQUIPMENT:

RECEPTACLES FOR STORING WHITE ENTRAILS: YES () NO ()

HANDLING OF STOMACH CONTENTS
(DESCRIBE)_____

FOOT SEPARADOR:
(WHICH) _____

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DEHORNER: TYPE: _____ CONDITION: G () F () P ()

SEPARATED HEAD WASHING AREA: YES () NO () CONDITION: G () F () P ()

SKINNING: MANUAL () MECHANICAL () SUITABLE () UNSUITABLE ()

AREA EXCLUSIVE FOR STORING SKINS : YES () NO ()

PLATFORMS YES () NO () CONDITION: G () F () P ()

3.2.1. SANITARY INSPECTION

HEAD INSPECCION: (DESCRIBE) _____
SUITABLE () UNSUITABLE ()

RED ENTRAIL INSPECTION: LIVER () SPLEEN () LUNGS ()
KIDÑEYS () HEART ()

(DESCRIBE): _____
SUITABLE () UNSUITABLE ()

WHITE ENTRAIL INSPECTION:

(DESCRIBE): _____
SUITABLE () UNSUITABLE ()

GLAND INSPECTION : YES () NO ()

WHICH ONES: _____

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AREA EXCLUSIVE FOR ENTRAILS FOR CLOSER INSPECTION: YES () NO ()

DESTINATION OF REJECTS OR SEIZURES: _____

EQUIPMENT AND UTENSILS EXCLUSIVE FOR THE AREA: YES () NO ()

TREATMENT _____

ROOM CLEANING PROCEDURE: YES () NO ()

FREQUENCY: EVERY _____ DAYS

WATER PRESSURE: YES () NO () TEMPERATURE: _____ °C

PRODUCTS USED: _____

ROOM DISINFECTION: YES () NO () FREQUENCY: EVERY _____ DAYS

TEMPERATURE: _____ °C

PRODUCTS USED: _____

OBSERVATIONS: _____

3.3. DIRTY AREA (DESENSITIZING, BLOODLETTING, AND SKINNING)

SEPARATION FROM THE OTHER ROOMS: SUITABLE () UNSUITABLE ()

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3.3.1. SESENSITIZING ROOM

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

REVOLVING DOOR: _____ CONDITION: G () F () P ()

GUILLOTINE DOOR: _____ CONDITION: G () F () P ()

SISTEMA DE ATURDIMIENTO:

(DESCRIBE) _____

3.3.2.

HANGING AREA

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

CEILINGS: TYPE _____ CONDITION: G () F () P ()

LIGHTING :

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

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ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

VENTILATION : SUITABLE () UNSUITABLE ()

BLOOD RECOVERY SYSTEM: (DESCRIBE) _____

BLOOD STORAGE (DESCRIBE) _____

REGURGITATION COLLECTOR: YES () NO ()

RECTUM SEALING: YES () NO ()

ESOPHAGUS SEALING: YES () NO ()

HEAD SKINNING: YES () NO ()

PNEUMATIC KNIVES: YES () NO () CONDITION:G () F () P ()

FOOT CUTTING: MANUAL () ELECTRIC () PNEUMATIC ()

SKINNING: MANUAL () MECHANICAL () ADEQUATE () INADEQUATE ()

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EQUIPMENT AND UTENSILS EXCLUSIVE FOR THE AREA: YES () NO ()
TREATMENT _____

ROOM CLEANING PROCEDURE: YES () NO ()
FREQUENCY: EVERY _____ DAYS

WATER PRESSURE: YES () NO () TEMPERATURE: _____ °C

PRODUCTS USED: _____

ROOM DISINFECTION: YES () NO () FREQUENCY: EVERY _____ DAYS
TEMPERATURE: _____ °C

ADDED PRODUCTS: _____

OBSERVATIONS: _____

PRODUCTS USED: _____

OBSERVATIONS: _____

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**4. HYGIENE AND DISINFECTION SYSTEMS CARRIED OUT ON EQUIPMENT AND
PLANTS**

4.1. INSECT CONTROL (DESCRIBE INCLUDING FREQUENCY) _____

4.2. RODENT CONTROL DE (DESCRIBE INCLUDING FREQUENCY) _____

4.3. WASTE DISPOSAL (DESCRIBE) _____

5. CONTROLS CARRIED OUT

OWN LABORATORY: YES () NO ()

TESTS CONDUCTED _____

5.1. TO WATER

5.1.1. BACTERIOLOGICAL TESTS : YES () NO ()

FREQUENCY: EVERY _____ DAYS

5.1.2. PHYSICAL-CHEMICAL TESTS: YES () NO ()

FREQUENCY: EVERY _____ DAYS

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5.2. TO PRODUCTS

5.2.1. BACTERIOLOGICAL TESTS : YES () NO ()

FREQUENCY: EVERY _____ DAYS

5.2.2. TESTS ON RESIDUES:

ANTIBIOTICS : YES () NO ()

FREQUENCY: EVERY _____ DAYS

ARSENIC : YES () NO ()

FREQUENCY: EVERY _____ DAYS

YES () NO ()

FREQUENCY: EVERY _____ DAYS

ORGANOCHLORATES SI () NO () FRECUENCIA: CADA _____ DIAS

YES () NO ()

FREQUENCY: EVERY _____ DAYS

ORGANOPHOSPHATES : SI () NO () FRECUENCIA: CADA _____ DIAS

HORMONAL : YES () NO ()

FREQUENCY: EVERY _____ DAYS

SULPHATES : YES () NO ()

FREQUENCY: EVERY _____ DAYS

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YES () NO ()

FREQUENCY: EVERY _____ DAYS

METAL TRACES : SI () NO () FRECUENCIA: CADA _____ DIAS

OTHERS (WHICH ONES)

5.3. SUPERFACE TESTING

WHICH ONES

FREQUENCY _____

6. EXTERNAL SIDE OF PLANT

6.1. EXTERNAL AREA

PERIMETER FENCING : YES () NO () HEIGHT: _____ METERS

TYPE: SCREEN _____ BRICK _____ OTHER (WHICH) _____

SANITARY PROTECTION AREA : YES () NO ()

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ASPHALT / CEMENT _____ GRAVEL _____ OTHER (WHICH) _____

LOADING AND UNLOADING ZONE : YES () NO ()

VEHICLE WASHING OR DISINFECTING AREA : YES () NO ()

PRESSURIZED WATER: YES () NO () TEMPERATURE: _____ °C

PRODUCT USED FOR DISINFECTING _____

PUBLIC WATER SYSTEM : YES () NO ()

OTHER SOURCES : YES () NO ()

WHICH ONES _____

WATER RESERVE TANKS: YES () NO ()

DRINKING WATER: YES () NO ()

RESIDUAL WATER TREATMENT: YES () NO ()

TYPE OF TREATMENT: _____

FINAL DISPOSAL OF STOMACH CONTENTS : (DESCRIBE): _____

FINAL DISPOSAL OF INTESTINAL CONTENTS : (DESCRIBE): _____

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PLATFORMS FOR SHIPMENT OF CUT CARCASSES AND ENTRAILS: YES () NO ()

SEPARATED: YES () NO ()

PLATFORMS FOR DELIVERY OF FINISHED OR INDUSTRIALIZED PRODUCTS:

YES () NO ()

SEPARATED: YES () NO ()

ELECTRIC POWER : OWN ____ EXTERNAL ____

FURNACES : YES () NO ()

CONDITION:G () F () P ()

SANITARY SLAUGHTERHOUSE: YES () NO ()

LOCATION : _____

STORAGE OF TOXIC MATERIAL: ADEQUATE () INADEQUATE ()

DRESSING ROOMS SEPARATED FROM THE SLAUGHTER AND MEAT HANDLING
ROOMS :

YES () NO ()

SHOWERS AND TOILETS SEPARATED FROM THE PLANT: YES () NO ()

LOUNGE: YES () NO ()

OBSERVATIONS: _____

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6.2. CORRALS

FLOORS: TYPE _____ CONDITION: G () F () P ()

WALLS: TYPE _____ CONDITION: G () F () P ()

CEILINGS: TYPE _____ CONDITION: G () F () P ()

LIGHTING :

NATURAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

ARTIFICIAL: YES () NO () SUFFICIENT () INSUFFICIENT ()

BOTH: YES () NO () SUFFICIENT () INSUFFICIENT ()

ANIMAL UNLOADING DOCKS:: YES () NO ()
ADEQUATE () INADEQUATE ()

CORRAL LOCATION: ADEQUATE: YES () NO ()

NUMBER OF ARRIVAL CORRALS: _____ CAPACITY _____

NUMBER OF SLAUGHTER CORRALS: _____ CAPACITY _____

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NUMBER OF OBSERVATION CORRALS: _____ CAPACITY _____

CHARACTERISTICS: _____

NUMBER OF HOLDING CORRALS: _____ CAPACITY _____

CHARACTERISTICS: _____

CORRAL IDENTIFICATION : YES () NO ()

PRE-MORTEM INSPECTION : YES () NO ()

TIME OF INSPECTION : _____ HOURS BEFORE SLAUGHTER

PLATFORMS FOR PRE-MORTEM INSPECTION: YES () NO ()

CONDITION:G () F () P ()

FETTERS: YES () NO ()

CONDITION:G () F () P ()

SCALE : YES () NO ()

CONDITION:G () F () P ()

SLAUGHTER CORRIDOR: YES () NO ()

CONDITION:G () F () P ()

WASH AREA FOR LIVE ANIMALS: YES () NO ()

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DESCRIBE THE SYSTEM : _____

ADEQUATE () INADEQUATE ()

NUMBER OF TROUGHS : _____

CONDITION:G() F () P ()

NUMBER OF FEEDERS : _____

CONDITION:G() F () P ()

WATER DISCHARGE CANALS:

YES () NO ()

PERSONNEL WITH ADEQUATE CLOTHING :

YES () NO ()

OBSERVATIONS: _____

6.3 PROCESSED PRODUCTS AREA

CREMATORIUM OR INCINERATOR :

YES () NO ()

CAPACITY: _____Kg.

DIGESTES

YES () NO ()

CONDITION:G() F () P ()

GRINDERS:

YES () NO ()

CONDITION:G() F () P ()

HYDRAULIC PRESSES :

YES () NO ()

CONDITION:G() F () P ()

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CHARPLERS (sic) YES () NO ()
CONDITION:G() F () P ()

FAT STORAGE TANKS: YES () NO ()
CONDITION:G () F () P ()

CENTRIFUGES: YES () NO ()
CONDITION:G() F () P ()

OBSERVATIONS: _____

7. ASSESSMENT OF THE SANITARY CONDITIONS

7.1. HEADS SEIZED

AMOUNT (KG.)	SPECIES	CAUSE

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8. TECHNICAL CONCEPTION _____

GRAPHICALLY DOCUMENT (PHOTOGRAPHS OR VIDEO) ROOMS, EQUIPMENT,
UTENSILS, AND EXTERIOR AREAS

NAME OF VETERINARIAN CONDUCTING VISIT _____

ENTITY: _____

CHARGE:

DATE OF VISIT: _____

OFFICIAL SEALS: YES () NO ()

SPACE FOR PLACEMENT OF SEALS (PLACE THE SEALS USED)
INSPECTED BY

APPROVED

WITHHELD

SLAUGHTERED

REQUIREMENTS: FOR ADJUSTING THE PLANT TO COLOMBIAN NORMS THE
FOLLOWING SHOULD BE COMPLIED WITH :

