



Provincial logo and contact details

DOCUMENT No:	RURAL-RM-02	COMPILED BY:	HAS Committee
ISSUE No:	V3.04-02-2020	APPROVED BY:	National Executive Officer
EFFECTIVE DATE:	10 February 2020	NUMBER OF PAGES	7

Instrumentation:	Thermometer Serial No
-------------------------	-----------------------

RURAL ABATTOIR INSPECTION CHECKLIST:

RED MEAT ABATTOIRS

ABATTOIR:

INSPECTION DATE:

ABATTOIR: _____ REGISTRATION NO: _____ DATE: _____

DAILY THROUGHPUT: C _____ H _____ P _____ S _____ Other _____

INSPECTION COMPONENT:

RANK	NAME	REGISTERED		EMPLOYER
		YES	NO	
MEAT INSPECTORS				
MEAT EXAMINERS				
MEAT CLASSIFIER				

OWNER / MANAGER

NAME	CAPACITY	CONTACT No

SCORE SHEET

CATEGORY	CATEGORY SCORE/100	WEIGHT	WEIGHTED SCORE	PROVINCIAL INSPECTOR(S) WHO HAS CONDUCTED OR VERIFIED THE ASSESSMENT
A. STRUCTURE & PREMISES		.10		Name:..... Signature:..... Name:..... Signature:.....
B. TRANSPORT, LAIRAGING & WELFARE		.07		
C. SLAUGHTERING AND DRESSING		.14		
D. MEAT INSPECTION / MARKING		.14		
E. CHILLING / DISPATCH		.14		
F. OFFAL PROCESSING		.04		
G. SANITATION / PEST CONTROL		.10		
H. PERSONNEL		.07		
I. WASTE MANAGEMENT		.08		
J. HYGIENE MANAGEMENT SYSTEM		.12		
FINAL SCORE				

95												
90												
85												
80												
75												
70												
65												
60												
55												
50												
45												
40												
35												
30												
25												
20												
15												
10												
5												
0												
Category score	A	B	C	D	E	F	G	H	I	J	FINAL SCORE	
	0.10	0.07	0.14	0.14	0.14	0.04	0.10	0.07	0.08	0.12		

INSPECTION CHECKLIST: RURAL ABATTOIRS - RED MEAT

	Regulation Reference	*Priority of NC's: mm = minor M = major C = critical	EXCELLENT	GOOD	FAIR	POOR	BAD
A. STRUCTURE & PREMISES		*	10	8	5	2	0
<ul style="list-style-type: none"> • Condition of fencing and gate. • Access to abattoir is controlled. • Premises kept neat and tidy; no health hazards. • Condition of offloading facility and pens (if available). • Maintenance of structures. • Maintenance of equipment. • Effectiveness of drainage system. • Water availability and quality. • Compliance with registration certificate. 	4 9 - 15 17 30 31 39 40						
B. TRANSPORT, LAIRAGING & WELFARE		*	10	8	5	2	0
<ul style="list-style-type: none"> • Humane handling during transport and offloading. • Supply of drinking water. • Feeding of animals (when required). • Cleanliness of lairages. • Correct handling of DOA's & DIP's. • Humane handling in crush and during stunning. 	64 - 71 82 107						
C. SLAUGHTERING, DRESSING, STUNNING & BLEEDING		*	10	8	5	2	0
<ul style="list-style-type: none"> • Time period: stunning to bleeding - 60 sec. • Time period bleeding to dressing: cattle - 8min, calves - 6min, sheep/goats - 6 min, pigs - 6 min. • Correct stunning equipment & procedure. • Correct bleeding procedure followed. • Sterilizer @ 82°C & utilization. • Warm water, soap at wash basins & utilization. • Correct & hygienic dressing procedures. • Correlation between carcasses and offal. • Final wash of carcasses. • Housekeeping on slaughter floor (including continuous cleaning). 	14 17 55 72 - 77						
D. MEAT INSPECTION AND MARKING		*	10	8	5	2	0
<ul style="list-style-type: none"> • Registered inspector availability. • Ante mortem done. • Primary meat inspection standard (acc. to checklist). • Secondary inspection. • Handling of detained/condemned material (security). • Measly carcass control. • Legibility of and control over passed stamp. • Adequate lighting at inspection points. 	11 76 80 - 81 84 - 105 106 - 109 112 115 - 117						
E. CHILLING AND DISPATCH		*	10	8	5	2	0
<ul style="list-style-type: none"> • Spacing of carcasses. • Cold storage management / housekeeping. • Effective chilling. • Hygienic out loading procedures. • No mixing of warm and cold carcasses. • No mixing of rough offal with red offal and carcasses. 	39 - 41 43 45 48 59						

	Regulation Reference	*Priority of NC's: mm = minor M = major C = critical	EXCELLENT	GOOD	FAIR	POOR	BAD
F. OFFAL PROCESSING		*	10	8	5	2	0
<ul style="list-style-type: none"> Red offal handling & packaging. Rough offal cleaning, handling & packaging. Dispatch of offal. 	30 – 32 45 55 56 76						
G. SANITATION AND PEST CONTROL:		*	10	8	5	2	0
<ul style="list-style-type: none"> Effective pre and post slaughter sanitation. Availability of detergents and sanitizers. Effective vermin control. 	43 46 – 48 55						
H. PERSONNEL:		*	10	8	5	2	0
<ul style="list-style-type: none"> Availability & condition of protective clothing. Storage of protective clothing. Availability & condition of ablution facilities & toilet. Personal hygiene and health of workers. Daily fitness checks. 	13 55 56 58 - 63						
I. WASTE MANAGEMENT:		*	10	8	5	2	0
<ul style="list-style-type: none"> All inedible and condemned material handled and disposed of as per approved protocol. Areas where refuse is stored until it is removed – kept clean and tidy. All containers must be enclosed or fitted with tight fitting lids. Effluent disposal system effectively managed according to the SOP. Solids / fat traps effective and cleaned continuously. SOP for handling of blood prior to disposal followed. Adequate facilities and procedures to effectively remove all ruminal and intestinal contents from the rough offal room / area continuously. 	18 55 119 123						
J. HMS AND RECORD KEEPING:		*	10	8	5	2	0
<ul style="list-style-type: none"> Availability of HMPs, SOP's and protocols. HMS and protocols approved. Daily records kept and available. Personnel records. 	49 – 55 77 81 105						

CONTROL LIST FOR PRIMARY MEAT INSPECTION

Section A

Method of inspection:

- O = Observation
- P = Palpation
- I = Incision

Abattoir:.....

Date:.....

Inspector:.....

Assessing Officer:.....

	CATTLE		SHEEP		PIGS		HORSES		COMMENTS:
HIND-QUARTER:									
Parietal peritonium	O		O		O		O		
Diaphragm		I		O		I			
Lnn. Iliaci		I	O			I		I	
Lnn. subiliacus		I	P					I	
Lnn inguinales superficiales		I	P		O	I			
Lnn. analis			P						
Kidneys		I*	O	P		I*		I*	* By exposure and if necessary, incise
Lnn. renalis		I*	P			I*		I*	* If necessary
Lnn. popliteus			P						
Feet	O		O		O		O		
Vertebrae & spinal cord if split	O				O		O		
FORE-QUARTER:									
Parietal Pleura	O		O		O		O		
Lnn. cervicales superficiales		P		P				P	
M triceps brachii		I				I*			*Except baconers 54 – 92 kg
Feet	O		O		O		O		
Sternum, ribs, vertebrae if split	O				O		O		
HEAD:									
Tongue	O	P		O*		O		P	*Only if necessary
Hard / soft palate	O			O*		O		O	*Only if necessary
Skin / lips / gums	O			O		O		O	
Eyes / nostrils	O			O		O		O	
Lnn. Mandibulares		I	O*			I			*Only if necessary; can also be incised
Lnn. Parotidei		I	O*			I			*Only if necessary; can also be incised
Lnn. Retropharyngialis		I	O*						*Only if necessary; can also be incised
M. masseter muscle X 2		I				I			
M pterygoideus muscle X1		I				I			
Tonsils removed after	O								
RED OFFAL:									
Visceral pleura	O		O		O		O		
Liver		P	I		P	I		P	I
Lnn. hepaticus		I		I		I		I	
Trachea		I	O	P	I		I	O	P
Oesophagus	O		O	P		O		O	P
Lungs		P	I	O	P		P	I	O
Lnn. mediastinales		I		P		I			
Lnn. bronchiales		I		P		I			
Pericardium		I			I				I
Heart		I			I				I
Spleen	O		I*	O		O	I*	O	P*
Tail	O				O		O		
Thyroid gland	O								
Diaphragm (visceral)	O		O		O		O		
Testes	O		O		O		O		
ROUGH OFFAL:									
Visceral peritoneum	O		O		O		O		
Outer surface of stomach, int	O		O		O		O		
Inner surface of stomach, int			I*		I*		I*		*If necessary, only in offal room or DFI
Lnn. gastrici	O		O		O		O		
Lnn.mesenterici (cran & caud)	O		O		O		I*		*Only if necessary
Omentum	O		O		O		O		

(49)

(45)

(45)

(35)

(Mark negatively and subtract from totals)

Section B With above inspection the following must be considered:

	C	P	S	H
State of nutrition				
Colour				
Odour				
Symmetry				
Efficiency of bleeding				
Contamination				
Pathological conditions				
Parasitic infestation				

	C	P	S	H
Injection marks				
Bruising & Injuries				
Any abnormalities				
Age & sex of animal				

(12)

NON-CONFORMANCE AND CLEARANCE REPORT

Evaluating official/s _____

Abattoir _____

Date of audit _____

Category	Regulation Ref	Details of non-conformance	Priority	Proposed Date of completion	Verified by Prov. Inspector	Comments

Non-conformities should be prioritized and proposed dates of completion set accordingly (Only **critical and major** non-conformances have to be listed; listing **minor** non-conformances are optional).

Name of owner / manager:

Signature:

Date:.....

NON-CONFORMANCE AND CLEARANCE REPORT

Evaluating official/s _____

Abattoir _____

Date of audit _____

Category	Regulation Ref	Details of non-conformance	Priority	Proposed Date of completion	Verified by Prov. Inspector	Comments

Non-conformities should be prioritized and proposed dates of completion set accordingly (Only **critical and major** non-conformances have to be listed; listing **minor** non-conformances are optional).

Name of owner / manager:

Signature:

Date:.....