



REPUBLIC OF KENYA
MINISTRY OF AGRICULTURE, LIVESTOCK & FISHERIES
STATE DEPARTMENT OF LIVESTOCK

KENYA SPS QUESTIONNAIRE

INFORMATION ON ANIMAL AND PUBLIC HEALTH SERVICES

PART I – GENERAL

1. Name of country:

1.1. Administrative Organization: veterinary service(s) responsible for animal health and public health: name(s) and address (es) and name of the Director General (DG) or Chief Veterinary Officer (CVO)

1.2. Animal population (list by district and general total and mention the approximate number of each category)

PART II - ANIMAL HEALTH

2. Structure of {Animal} Industry

2.1 Explain the general structure(s) of the industry (Describe the production system)

2.2 Does the industry have its own animal health programs (guidance, sanitary monitoring, vaccinations etc.)

2.3 If yes, have these programs been discussed with (and eventually approved by) the authorities

3. Notifiable diseases

3.1 Indicate the list of notifiable diseases of {animal} and describe briefly the notification procedure

3.2 Which diseases are notified to O.I.E?

Indicate for these diseases the notification frequency (immediate, monthly, annually)

Describe disease situation (number or outbreaks for the last 3 years), monitoring, and controlling or eradication programs (official and nonofficial ones provided the latter are rather generally applied) for the following diseases (information as far as available by district and by species when applicable): indicate where possible the number of animals under the programme:

4 Animal health legislation

- 4.1 List of the official names of laws and regulations governing the prevention, control and eradication of animal diseases.
- 4.2 Do laws exist which require the reporting of cases or suspect cases of certain animal diseases to veterinary authorities? (in general) If "yes", please list the diseases, which must be reported
- 4.3 Do laws exist which permit veterinary authorities to:
 - (a) Quarantine or isolation of animals and/or premises on a suspicion of those diseases listed previously?
 - (b) Established control zones, sanitary cordons or quarantine zones around premises containing animals infected with these diseases and control movements into and out of such zones or areas?
 - (c) Destroy and dispose of the carcass of animals infected with these diseases?
 - (d) Compensation of owner for property destroyed by the above activities?

5. Importation Policy

- 5.1 Describe briefly the rules governing regulation of {animal} and their products, with reference to legal documents (eventual quarantine, animal health guarantees asked for, model of certificates, testing, etc)

INFORMATION ON PROCESSING ESTABLISHMENT

(A) Particulars of Establishment

(Please attach Factory Profile)

(1) Name of Establishment: _____

(2) Address _____

Contact person _____

Contact Number _____

E-mail address _____

(3) If Premise is on lease please provide a copy of the leasing agreement

(4) Company/Plant Registration No: _____

(Please attach Company Profile)

(5) Year Constructed: _____

(6) Total Land Area: _____

(7) Total Built-in Area: _____

(B) Location and Layout of Establishment

(1) Description of the Area Where Establishment is located:

(e.g. industrial, agricultural, residential and neighbouring factories etc.)

(2) Layout Plan of Establishment Including;

(a) Location plan to be attached with application showing the nearest town.

(b) Floor plan showing Machinery Layout,

(c) Floor plan showing flow process by arrows from raw materials to finished products,

(d) Floor plan showing workers entrance, movement into plant and processed areas and exiting.

(e) Separate rooms for different operations

(3) Materials Used & Design

(a) Floor: _____

(b) Walls: _____

(c) Ceilings & Superstructures: _____

(d) Lighting: _____

(e) Ventilation System: _____

(f) Footbaths for entrance into slaughter/processing rooms/areas

(4) Give a brief description of

(a) Sanitary Facilities; Employee Facilities, Equipment Cleaning & Sanitizing

- (b) Facilities;
- (c) Water Supply, Steam, Ice Quality & Supply;
- (d) Transportation; Food Carriers, Temperature Control;
- (e) Storage; Incoming Material Storage, Non-Food Chemical Receiving & Storage, Finished Product Storage;
- (f) Equipment; Design & Installation, Maintenance & Calibration;
- (g) Personnel; Training (Food Handling & HACCP), Hygiene & Health Requirements
- (h) Sanitation Program
- (i) Pest Control Program
- (j) Recall Program
- (k) Waste Disposal program

C Types of Products Manufactured:

(Please attach Product Profile)

- (a) List of Products intended for export to Kenya:

b) Please indicate list of Products and countries products are exported besides Kenya _____

Source of Raw Material _____

(Please attach List of Raw Materials and Suppliers of these Raw Materials.

- i. If imported please submit sample Sanitary/Health/Origin Certificates issued by the exporting country's Competent authority and if the imported product is of Halal status, please attach Halal Certificates from the Approved Authority
- ii. If raw material from local source attached accreditation certificate from competent authority for the farm freedom of diseases, practicing Good Husbandry Practice, Antibiotic and chemical residue monitoring program and result, SPS protocol practiced.)
- iii. Whether sourced from company's firms, contracts firms or imported

(c) Establishment Approved for Export to _____

(List the names of countries, dates of approval, types of products approved, year of first export, dates of most recent export. Attach copy of veterinary health certificate that accompanied the last shipment to each country).

- (d) State whether you have a Quality Assurance Programme Yes/No.

If Yes please submit brief description

(D) Water Supply/Ice

(1) Source of water: _____

(2) Chlorination: (Yes/No) _____

(If yes, state level in ppm):

(3) Bacteriological examination: (method) _____

(frequency) _____

(records available): Yes/No _____

(4) Ice making machine available in premises: Yes/No _____

If yes, capacity of machine: _____

Ice storage and capacity: _____

(E) Manpower

(Please attach Organization Chart showing Designation and Names of Holders)

(1) Staff Information

(List the number, qualifications and names of professional, technical, general workers, etc. employed by establishment) (Attach List)

(2) Medical Examination and History

Are employees medically examined and certified fit to work in a food preparation establishment, prior to employment?

Yes/No _____

Annual Health Check and Records for Workers: Yes/No _____

Medical records of employee available? Yes/No _____

(3) Uniforms/Attire

Uniforms: Yes/No _____

Boots: Yes/No _____

Gloves and face masks: Yes/No _____

Laundry (in-plant or by contract): _____

(F) Food Safety Programmes

Whether based on HACCP concepts or equivalent:

(Yes/No) _____

(If yes, to attach the HACCP plan, name of the authority that certified it.)

State whether testing done in-house or provided by a service laboratory:

If in-house, list facilities and tests:

(Attach a copy of manual)

Sampling and testing procedures:

Criteria for rejection/acceptance

(G) Sanitation Standards Operating Procedures (SSOP):

Brief description

- (i) Name and designation of individuals implementing and maintaining SSOP activities

(Attach copies of the latest daily records of cleaning and sanitizing treatment)

- (ii) Inspection

By Government Inspectors or Company's QC Staff:

Total number of inspectors, grade, qualification and training:

Number of inspectors per shift:

Inspection procedures:

(Attach a copy of the Inspection Manual)

Criteria of judgement:

(Attach a copy of the past condemnation record)

(H) Storage Facilities

- (i) For packing/canning materials _____

- (ii) For dry ingredients _____

- (iii) For chemicals, disinfectants and other cleaning agents _____

- (iv) Chillers/Freezers

Numbers, type (static, air blast, etc. ammonia or freon), capacity:

(I) Waste Treatment/Disposal

Describe briefly:

- (i) System of delivery of inedible/condemned products for treatment
- (ii) System of waste treatment/disposal
- (iii) System of effluent treatment/disposal
- (iv) Designated disposal centre
- (v) Daily frequency of disposal for waste and effluent

(J) Welfare/Washing Facilities

- (i) Staff canteen(s) _____
- (ii) Toilets _____
- (iii) Lockers _____
- (iv) Changing rooms _____
- (v) Shower facilities _____
- (vi) Hands-free operated features for taps and toilet flush _____
- (vii) Disposal towels and hand disinfectant _____

(K) Declaration by Establishment

I declare that the information given above are true and correct. The company under-takes to comply with all requirements of the approval authority of the importing country

Signature _____

Company Name and _____

Name and Designation _____ Company name and Stamp

Date _____

(L) To be filled by the Veterinary / Regulatory Authority of Exporting

Country:

Comments: _____

Name: _____

Designation: _____

Signature and Official Stamp

Date: _____

(M) For Official Use Only (DVS Kenya)

Comments: _____

Name: _____

Designation: _____

Signature and Official Stamp

Date: _____

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