MPI Regulation & Assurance

Systems Audit, Assurance & Monitoring

Pastoral House

25 The Terrace

PO Box 2526

Wellington 6140

# National Microbiological Database – Bobby Calf NMD Demographics

1. **Plant Name & Registration**

|  |  |
| --- | --- |
| Plant Name:  Address: | Licence/registration number:  Postal address: |

1. **Throughput (*please tick appropriate box)***

|  |  |
| --- | --- |
| Standard: | VLT: |

1. **Plant Capability (*please tick appropriate box*)**

|  |  |
| --- | --- |
| Slaughter/Dressing: | Further processing: |

1. **Plant Information**

|  |  |
| --- | --- |
| Plant Manager: | Phone:  Cell phone:  E-mail: |
| NMD Controller: | Phone:  Cell phone:  E-mail: |
| Deputy NMD Controller: | Phone:  Cell phone:  E-mail: |
| Veterinary Technical Supervisor: | Phone:  Cell phone:  Email: |

1. **NMD Laboratory Information**

|  |  |
| --- | --- |
| Laboratory (NMD): | |
| Contact Laboratory Person (NMD): | Phone:  E-mail: |

1. **Top 7 STEC Programme Laboratory Information (*if applicable*)**

|  |  |
| --- | --- |
| Laboratory (Top 7 STEC programme): | |
| Contact Laboratory Person (Top 7 STEC programme): | Phone:  E-mail: |

1. **Process Details (*please tick appropriate box)***

**Chain:**

|  |  |
| --- | --- |
| Cold/warm bone: | Hot bone: |

**Method:**

|  |  |
| --- | --- |
| Traditional: | Inverted: |

**Anal Plug:**

|  |  |
| --- | --- |
| Yes, specify type: | No: |

**Boning:**

|  |  |
| --- | --- |
| Table: | Rail: |

**Ventral opening cut:**

|  |  |
| --- | --- |
| Yes: | No: |

**Pelt Removal:**

|  |  |
| --- | --- |
| Upwards: | Downwards: |

**Throughput:**

|  |  |
| --- | --- |
| Peak: \_\_\_\_ carcasses/hour | Off-peak: \_\_\_ carcasses/hour |

**Lairage time (usual):**

|  |
| --- |
| Specify: |

|  |
| --- |
| Please describe the location and method of tail removal: |

|  |
| --- |
| Please describe any other procedures specific to your process that you think may favourably or adversely affect microbiological contamination of the carcass: |

1. **Trade Type (*please tick appropriate box)***

|  |  |
| --- | --- |
| Domestic: | US Listed: |

1. **Information verified and approved by:**

|  |  |
| --- | --- |
| **Name:**  **Signature:** | **Date:** |

Please send Demographic form by email to: [NationalMicrobiological.Database@mpi.govt.nz](mailto:NationalMicrobiological.Database@mpi.govt.nz)