MPI Regulation & Assurance

Systems Audit, Assurance & Monitoring

Pastoral House

25 The Terrace

PO Box 2526

Wellington 6140

# National Microbiological Database – Ovine NMD Demographics

1. **Plant Name & Registration**

|  |  |
| --- | --- |
| Plant Name:  Address: | Licence/registration number:  Postal address: |
| 1. **Throughput *(please tick appropriate box)*** |  |
| Standard throughput | Very Low Throughput (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. **Process Details (*please tick appropriate box)***

**Halal slaughter:**

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

**Tunnel-punching:**

|  |  |  |
| --- | --- | --- |
| Manual: | Mechanical: | None: |

**Head skinning:**

|  |  |  |
| --- | --- | --- |
| Always: | At present: | Never: |

**Hindleg shear:**

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

**Hock-cutting:**

|  |  |  |
| --- | --- | --- |
| Full-skin: | Partial skin: | Through wool: |

**Dragging on chain:**

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

**Fore-quarter flaying:**

|  |  |
| --- | --- |
| Knife: | Flay-master: |

**Shoulder-pull:**

|  |  |
| --- | --- |
| Mechanical: | Manual: |

**Pre-evisceration wash:**

|  |  |
| --- | --- |
| High pressure: | Low pressure: |
| Full: | Part (fore-quarter): |

**Throughput:**

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

**Lairage time (usual):**

|  |
| --- |
| Specify: |

|  |
| --- |
| Please describe the pre-slaughter wash protocol employed: |

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

|  |
| --- |
| Other comments: |

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

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

1. **Information verified and approved by**

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

Please send Demographic form by e-mail to: [nmd@mpi.govt.nz](mailto:nmd@mpi.govt.nz)