



## The Ministry for Primary Industries **Register for Safe Practice**

## **FOR REFERENCE PURPOSES ONLY**

ALL REGISTRATIONS ARE TO BE MADE ONLINE AT:

https://www.mpi.govt.nz/covid-19-essential-primary-sector-service-registration/

1. Full Name of Operator		
2. NZBN Number (or enter '0' if you do not have one)		
3. Other Registration Types		ACVM Act GMP ID:
		Animal Products Act RMP ID:
		Biosecurity Services ID:
		Fisheries Services ID (FishServe Chen Number):
		Food Act FCP/NP ID:
		Wine Act WSMP ID:
		Other – please specify type and ID:
4. Contact Person		
First Name		
Last name		
Position title		, (7)
Email address		
Phone number		
Mobile		
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Find out more at **Covid19.govt.nz** 

5. Business Sector
(Tick all that are applicable)
Animal Welfare
Beverages (alcoholic)
Beverages (non-alcoholic)
Biosecurity Services
Canned products
Dairy
Distribution (dry/cold storage, transport)
☐ Eggs
Farm Suppliers/Farm contractors
☐ Fish/seafood
Frozen fruits/vegetables
Grain products (flour, breads, oats, seeds)
Honey
Horticulture (growers, packers)
Infrastructure/supply chain (including packaging)
Ingredients (sugar, salt, fats/oils)
Inedibles (rendering, wool, hides/skins)
Meals/prepared foods
☐ Petfood/feeds
Poultry Meat
Red Meat
Veterinary Medicines/Veterinary services
Other – please specify
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* 6. How many workplaces / premise / facilities / operating locations are there?
* 7. What number of employees are at each premise / facility / operating location (show numbers by location)
* 8. What number of employees do you already have working from home?
*9. How do you. Production processes protect your workers and the public by reducing the potential spread of COVID-19?

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10. How are you ensuring that workers and others at work are observing social distancing to and from work, during vand during rest breaks?
11. What personal hygiene steps have you put in place for workers to reduce the likelihood of virus spread at work?
12. What existing, or additional personal protective equipment could you introduce that would reduce the likelihoo rus spread at work?
13. What steps are you taking to limit access to your workplaces apart from essential workers?
14. How are you isolating staff, or parts of your workplace, so that virus a read would be contained should it occur
15. What arrangements have you put in place for staff to refort any illness and remove themselves from work?
16. What arrangement have you put in place for staft to epo t any suspected exposure to COVID-19?
10. What arrangement have you put in place for start to epo t any suspected exposure to GOVID 13.
17. What actions would you take should a starr a ember be suspected of or confirmed as having COVID-19?
171 What delians would just take should a call having covid 131
18. How do you ensure that staff at particular risk of COVID-19 identify themselves and are isolated from work?
19. How will you ensur (that you we kers observe 'stay at home' rules at the conclusion of each working day?
20. I confirm the information supplied in this application is truthful and accurate to the best of my knowledge, and uthorised to make this application as the operator or a person with legal authority to act on behalf of the operator.
/ <u>,</u> O
PI ase tick the box to confirm

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