

(別紙1)

## 対シンガポール輸出食肉の取扱要領

### 1 目的

本要領は、シンガポール向けに輸出される食肉について、日本の衛生部局により発された衛生証明書の添付が求められていることから、その発行手続き等を定めるものである。

### 2 施設に係る認定手続き (※)

- (1) シンガポールへの食肉輸出を希望すると畜場及び食肉処理場（以下「施設」という。）の設置者は、当該施設を管轄する都道府県又は保健所を設置する市（以下「都道府県等」という。）の衛生及び畜産部局の協力を得てシンガポール農食品獣医庁（以下「AVA」という。）の定める別紙2の申請書類（英語）を作成し、都道府県知事または保健所を設置する市の市長（以下「都道府県知事等」という。）を經由して、厚生労働省医薬食品局食品安全部監視安全課あて、3部送付する。
- (2) 申請書類を受け付けた都道府県知事等は、別紙3の様式により当該施設に関する必要事項を記入の上施設番号を付与し、当職あて提出する。  
なお、施設番号は、アルファベット、数字の組合せとし、定めた場合は申請者に連絡すること。
- (3) 厚生労働省は、上記申請書類を受理した場合、AVAへ当該申請書類を送付する。
- (4) AVAは施設認定にあたり、書類審査及び施設の現地調査を実施する。
- (5) AVAにより認定を受けた施設（以下「認定施設」という。）及び品目は、AVA及び厚生労働省のHPに掲載される。

※ 上記2 施設に係る認定手続きの詳細は、AVAのHPを参照のこと。

### 3 認定後の事務等

#### (1) 検査申請

認定施設において、牛肉又は豚肉をシンガポールに輸出するために獣畜をとさつ・解体及び分割しようとする者は、と畜場法施行令（昭和28年8月25日政令第216号。以下「施行令」という。）第7条に定める検査申請書のほか、牛肉にあつては別紙様式1-1及び別紙様式2-1、豚肉にあつては別紙様式1-2及び別紙様式2-2による検査申請書及び家畜保健衛生所の確認書について、あらかじめ施設を管轄する食肉衛生検査所長あて提出すること。

#### (2) 輸出食肉に係る食肉衛生証明書の発行等

ア 食肉衛生検査所長は、検査に合格した食肉に対して、当該食肉の出荷時に牛肉にあつては別紙様式3-1、豚肉にあつては別紙様式3-2に従い食肉衛生証明書を発行すること。

イ 食肉衛生検査所長は、食肉衛生証明書について、原本及び副本を申請者あて発行するとともに、原本の写しを食肉衛生検査所に1年間保管すること。

ウ 食肉衛生検査所長は、別紙様式2の家畜保健衛生所において発行された確認書の原本について、食肉衛生証明書と合わせて申請者に対し交付するとともに、原本の写しを食肉衛生検査所に1年間保管すること。

エ 未記入の証明書様式については、不正等を防止する観点から、必要枚数をその都度申請者に渡し、記録するなど、都道府県等において、適切に管理すること。

オ 申請者は、食肉の輸出に当たり証明書の原本を当該食肉に付して輸出するものとする。さらに、船荷証券(bill of lading)、マニフェスト(shipping manifest)等の船積書類には、「Product Meets Requirements for Singapore (製品はシンガポール向け輸出条件を満たす。)」の記載を行うとともに、製品名と製品の数重量を明示すること。

カ 都道府県知事等は、認定施設について、衛生管理及び下記4の輸出可能な食肉の要件が適正に実施されていないと判断した場合は、改善指導、衛生証明書発行の停止等の措置を講じることができるものとする。

キ 都道府県知事等は、上記カの措置を講じた場合、速やかに地方厚生局健康福祉部食品衛生課に報告すること。

### (3) 厚生労働省の現地査察等

ア 厚生労働省は、地方厚生局健康福祉部食品衛生課の輸出食肉検査担当官を月1回牛肉を輸出する認定施設に派遣し、査察等を実施する。

イ 輸出食肉検査担当官は、別添チェックリストにより、業務が適正に実施されていることの確認を行う。

ウ 厚生労働省は、査察の結果、業務が適正に実施されていないと判断した場合は、改善指導、衛生証明書発行の停止等の措置を講じることができる。

### (4) 変更の届出等

施設の設置者は2の(1)に規定する申請事項について変更するとき又は認定を取り下げるときは、その変更内容等を英文にて記載し、都道府県知事等を経由して厚生労働省医薬食品局食品安全部監視安全課及び地方厚生局健康福祉部食品衛生課に報告する。

## 4 シンガポールに輸出可能な食肉

### (1) 以下の要件を満たす牛肉。

ア 日本において生まれ、飼育された牛由来であること。

イ 30ヶ月齢未満の牛由来の脱骨したものであり、とさつ、解体の過程で、扁桃、回腸遠位部、脳、目、せき髄、頭蓋及びせき柱が除去されていること。

ウ 背割り鋸以外のせき髄を切断、除去するためのナイフ等の器具については、30ヶ月齢未満の牛専用のものを使用すること。

### (2) 以下の要件を満たす豚肉。

ア 日本において生まれ、飼育された豚由来であること。

イ 食品残渣(残飯)を給与され飼育されていない豚由来であること。

5 表示事項

輸出食肉には、次の事項を梱包に表示すること（英語）。

- (1) 獣畜の種類及び部位名
- (2) 原産国名
- (3) 製造所名
- (4) 施設番号
- (5) 包装年月日
- (6) 重量

6 その他の留意事項

- (1) シンガポールへの輸出が可能な施設及び品目は厚生労働省 HP のとおりであるので、適切な食肉衛生証明書の発行について、特に注意すること。
- (2) 対シンガポール輸出食肉に使用する施行令第9条の規定による検印のインクは、平成21年5月12日付け食安発第0512001号によって追加された配合のものを用いること。



Agri-Food & Veterinary Authority of Singapore

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Tower Block MND Complex Singapore 069110  
Fax : (65) 6220 6068  
Internet Website : http://www.ava.gov.sg

**APPLICATION FORM FOR SLAUGHTERHOUSE/CUTTING  
PLANT TO EXPORT RAW MEAT TO SINGAPORE**

**Important Notice:**

*The information required by the Agri-Food and Veterinary Authority (AVA), Republic of Singapore for the evaluation of slaughterhouses/cutting plants to export raw meat to Singapore are set out below.*

- 1) *All information must be submitted in English. Complete information must be provided in this application, as inadequate/incomplete submissions will result in delays in processing. Please feel free to include any additional information to support your application.*
- 2) *Establishments belonging to the same parent company but with different addresses must fill in a separate application form each.*
- 3) *The completed application form must be submitted to the District/Provincial Competent Authority of the exporting country for their verification and endorsement. It must then be submitted to the Central Competent Authority (CCA) of the exporting country for their recommendation before submission to AVA.*

Date of Application: \_\_\_\_\_

**(A) PARTICULARS OF ESTABLISHMENT**

(1) **Name of Establishment:**

(2) **Address of Establishment:**

Unit No.:

Street Name:

Post Code:

District/City:

State/Province:

Website address:

GPS Coordinates:

Longitude	_____° _____' _____" (E/W)	Latitude	_____° _____' _____" (N/S)
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- (3) **Establishment Number:**
- (4) **Year Constructed:**
- (5) **Year Renovated/Upgraded (if relevant):**
- (6) **Total Land Area:**
- (7) **Total Built-up Area:**
- (8) **Type of Establishment:**  
*(Please circle where applicable)*
- a) Slaughterhouse
  - b) Cutting plant  
(State the name(s): \_\_\_\_\_ and establishment no(s). \_\_\_\_\_ of the slaughterhouse(s) from which raw meat is obtained for cutting.  
\* Raw meat must be sourced from AVA-approved slaughterhouses. Separate application(s) from the slaughterhouse(s) is/are required if not AVA-approved establishment.)
  - c) Slaughterhouse with cutting plant
  - d) Others: \_\_\_\_\_
- (9) **List All Types of Meat Processed by the Establishment:**  
*(Please circle where applicable)*
- a) Beef (Cattle)                      Chilled/Frozen
  - b) Pork (Pig)                              Chilled/Frozen
  - c) Poultry (Chicken/Duck)              Chilled/Frozen
  - d) Others: \_\_\_\_\_                      Chilled/Frozen
- (10) **Meat Products (Cuts) Intended for Export to Singapore:**

Product (Cuts)	State Chilled or Frozen
<i>Example: Beef Sirloin steak</i>	<i>Frozen</i>



(11) (i) **Export History of the Products (Cuts) Intended for Export to Singapore:**

Product	Importing Country	Date of Approval	Date of First Export	Date of Last Export
<i>Example: Beef Sirloin steak</i>	<i>Country AAA</i>	<i>3<sup>rd</sup> March 2008</i>	<i>1<sup>st</sup> April 2008</i>	<i>30<sup>th</sup> Dec 2008</i>

(ii) Please attach a copy of the official veterinary health certificate that accompanied the last export of the products to the importing country/countries stated above.

(12) **Has the establishment been inspected by a foreign Competent Authority?**

Yes	No
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If yes, please name: (e.g. EU, FSIS) \_\_\_\_\_

(B) **LOCATION AND LAYOUT OF THE ESTABLISHMENT**

(1) **Location of Establishment:**

(i) The establishment is located in a:  
(Please circle where applicable)

- a) Industrial area
- b) Agricultural area
- c) Residential area
- d) Others: \_\_\_\_\_

(ii) Type of operation performed in adjacent properties (if any).  
(Please circle where applicable)

- a) Heavy industry
- b) Food-processing industry
- c) Others: \_\_\_\_\_

(iii) Does the company also own a canning/further-processing establishment?

Yes	No
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(iv) Does the establishment have shatterproof lighting?

Yes	No
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(2) **Layout Plan of Establishment:**

*(Attach a layout plan showing properly labelled rooms (in English) for different operations, including storage facilities and indicate the flow of the product and workers by coloured arrows)*

(C) **WATER SUPPLY**

(1) **Source of Water:**

*(Please circle where applicable)*

- a) Well water
- b) River
- c) Town water
- d) Others: \_\_\_\_\_

(i) Please describe the type of water treatment performed (if any).

(2) **Chlorination:**

Yes  No

(i) If in-house chlorination is performed, please state the level: \_\_\_\_\_ ppm

(3) **Chemical/ Bacteriological Examination of Water:**

*(Please circle where applicable)*

- a) In house
- b) External laboratory  
Frequency: \_\_\_\_\_  
Method: \_\_\_\_\_

(i) Please attach a copy of the latest test results.

(4) **Ice Making/ Storage Facilities**

(i) Are ice-making machines available in the premise?

Yes  No

If yes, please state capacity of machine: \_\_\_\_\_

(ii) Are ice-storage rooms available in the premise?

Yes  No

If yes, please state capacity of room: \_\_\_\_\_



**(D) MANPOWER**

**(1) Staff Information:**

- (i) Organisational structure of the establishment.
- (ii) Total number of general workers employed in the establishment: \_\_\_\_\_
- (iii) List the names of professional and managerial staff, including their qualification and/or training in food safety and quality control programmes.

Name	Qualification / Training

**(2) Medical Examination and History**

*(Please circle where applicable)*

(i) Are employees medically examined and certified it to work in a food preparation establishment prior to employment?	Yes	No
(ii) Are annual health checks available for workers?	Yes	No
(iii) Are medical records of employees available?	Yes	No

**(3) Uniforms/Attire:**

*(Please circle where applicable)*

(i) Uniforms	Yes	No
(ii) Boots	Yes	No
(iii) Gloves and facemasks	Yes	No
(iv) Laundry is provided	In-plant	By contract

**(E) SLAUGHTERING PREMISES**

**(1) (i) Source of Livestock:**

Species	Province / District of origin	Name of Farm (Contract farm / Company farm / Others)



(ii) The Abattoir (Slaughterhouse) is a:  
(Please circle where applicable)

- a. Service abattoir
- b. Used by the company only

**(2) Food Safety Programmes and Slaughtering Procedure:**

(i) Are the processes based on HACCP concepts or its equivalent?

Yes	No
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If yes, please provide a copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table.

(ii) Attach a flowchart of the slaughtering/cutting process, showing clearly the critical control points (CCP's).

(iii) Line speed: \_\_\_\_\_ number of animals per hour

(iv) Are sampling and testing procedures of finished products, food contact surfaces, and water performed by the Quality Control Staff?

Yes	No
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If yes, please provide a brief description of the frequency of collection and testing of samples.

(v) Laboratory testing is performed:  
(Please circle where applicable)

- a) In-house (Please complete table below)

Tests Performed	Significant Findings

b) In an external laboratory accredited by the competent authority of your country.

c) Others: \_\_\_\_\_

(vi) Attach copies of recent laboratory test reports certified by a laboratory microbiologist.

(vii) Provide a brief description on the criteria for rejection/acceptance of live animals for slaughter and finished products.



**(3) Is there a Product Recall and Traceability System?**

Yes	No
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If yes, please describe in detail the traceability system from farm to finished product.

**(4) Is there a Sanitation Standard Operating Procedure (SSOP) in Place for facilities and equipment?**

Yes	No
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If yes, please state if:

- a) In-house
- b) Contract

- (i) Please provide a brief description of the SSOP.
- (ii) Attach a copy of the latest records of cleaning and sanitising treatment of facilities and equipment.

**(5) Daily Throughput:**

Number of shifts:	
Slaughter capacity per shift (in tonnes):	
Number of working days per week:	

**(6) Capacity:**

Total annual slaughter capacity: \_\_\_\_\_ tonnes

**(7) Meat Inspection System:**

- (i) Is ante-mortem and post-mortem inspection done by  
(Please circle where applicable)
  - a) Government inspectors
  - b) Company's QC staff (Please provide a copy of the Meat Inspection Manual)
  - c) Others: \_\_\_\_\_
- (ii) Number of meat inspectors per shift: \_\_\_\_\_
- (iii) Total number of meat inspectors: \_\_\_\_\_



- (iv) Provide a brief description of the criteria of judgement for condemnation of carcasses.
- (v) Please attach copy of the ante-mortem and condemnation records for last year, including reasons for condemnation.

**(8) Boning/Cutting Room:**

- (i) Temperature control features:

Yes	No
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- (ii) Temperature of room: \_\_\_\_\_ °C

- (iii) Production capacity: \_\_\_\_\_ tonnes

**(9) Chillers/ Freezers:**

- (i) Refrigerated rooms suitable for effective cooling and storage of meat are present.

Yes	No
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- (ii) Number of chillers/ freezers: \_\_\_\_\_

- (iii) Capacity: \_\_\_\_\_

**(10) Offal Handling and Cooling Procedures:**

- (i) Are offals removed from the carcasses immediately after evisceration and handled in a separate room and in a manner that will prevent contamination of the carcasses?

Yes	No
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**(11) Sanitary Measures:**

*(Please circle where applicable)*

(i)	Is there a system of collection and disposal of inedible or condemned products? If yes, please provide a brief description of this system.	Yes	No
(ii)	Is there a system of effluent treatment and disposal of waste? If yes, please provide a brief description of this system and the frequency of waste disposal.	Yes	No



(iii)	Is there a pest control system? If yes, please state if: a) In-house b) Contract  Please provide a layout map of the pest control points and a latest copy of pest control records.	Yes	No
(iv)	Are hands-free operated features for taps and toilet flushes available?	Yes	No
(v)	Are disposable towels and hand disinfectant available?	Yes	No
(vi)	Are there dedicated areas for the storage of chemicals and cleaning agents, dry ingredients, packaging and canning materials?	Yes	No

**(F) VIDEOS / PHOTOGRAPHS OF ESTABLISHMENT**

- (i) Please provide the following items:
- Labelled photographs or video of processing facilities showing the various stages of production, starting from receipt of raw materials to packaging and storage of finished products, *in operation*.
  - The external view of the establishment (front, sides and back) and its surroundings.
  - Every product intended for export to Singapore, with and without its final packaging.
  - Corporate/product brochures.

**(G) SINGAPORE IMPORTER INFORMATION**

- (i) Have you established contact with any importers in Singapore?

Yes	No
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If yes, please provide:

Name of importing company in Singapore: \_\_\_\_\_

Name and designation of correspondent: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone and Fax Numbers: \_\_\_\_\_



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If no, please provide information on any prospective business partners in Singapore: \_\_\_\_\_

**(H) SOFTCOPY OF SUBMISSION**

(i) Please submit a softcopy of the entire submission in CD/DVD.

**(I) DECLARATION BY ESTABLISHMENT**

I declare that the information given above is true and correct.

\_\_\_\_\_  
Name and designation of person who submitted the above information

\_\_\_\_\_  
Office address

\_\_\_\_\_  
E-mail address (if any)

\_\_\_\_\_  
Telephone, Fax, Mobile numbers

\_\_\_\_\_  
Signature and Company Stamp

\_\_\_\_\_  
Date

**(J) VERIFICATION BY COMPETENT VETERINARY AUTHORITY**

I have verified the above information given by the company and certified that they are true and correct.

\_\_\_\_\_  
Name and designation of veterinarian who verified the above information

\_\_\_\_\_  
Office address

\_\_\_\_\_  
E-mail address (if any)

\_\_\_\_\_  
Telephone & Fax numbers

\_\_\_\_\_  
Signature and Official Stamp  
of Veterinary Authority

\_\_\_\_\_  
Date

**CHECK LIST FOR SLAUGHTERHOUSE/CUTTING PLANT:**

You are reminded to check your application against this checklist before submission. Inadequate/incomplete submission may result in delays in processing.

Name of Establishment: \_\_\_\_\_

Establishment No: \_\_\_\_\_

<b>INFORMATION REQUIRED BY AVA FOR ACCREDITATION (Tick ✓ if information or Annex provided)</b>	
<b>All information must be submitted in English</b>	
<b>A. PARTICULARS OF ESTABLISHMENT</b>	
1. Name of establishment	8. Type of establishment
2. Address of establishment	9. Types of meat processed by the establishment
3. Establishment number	10. Meat products (cuts) intended for export
4. Year constructed	11. Export history of the products
5. Year Renovated/Upgraded	Annex A11 (ii) - Veterinary health certificate
6. Total land area	12. Inspection by a foreign Competent Authority
7. Total built-up area	
<b>B. LOCATION AND LAYOUT OF THE ESTABLISHMENT</b>	
1. Location of the establishment	Annex B2 - Layout plan of establishment
<b>C. WATER SUPPLY</b>	
1. Source of water	Annex 3 (i) Copy of the latest test results
2. Chlorination	4. Ice Making/Storage Facilities
3. Chemical/Bacteriological examination of water	
<b>D. MANPOWER</b>	
1. Staff information	2. Medical examination and history
Annex D1 (iii) - List of professionals/qualification	3. Uniforms/Attire
<b>(E) SLAUGHTERING PREMISES</b>	
1. Source of livestock	Annex E4 (ii)- copy of the latest records of cleaning and sanitising treatment of facilities and equipment
2. Food safety programmes and slaughtering procedure	
Annex E2 (i) - copy of the certificate of HACCP or its equivalent and the Hazard Analyses Table	5. Daily throughput
Annex E2 (ii) - Flowchart of the slaughtering/cutting process and CCP's	6. Capacity
Annex E2 (vi) – Copies of recent laboratory test report	7. Meat inspection system
	8. Boning/Cutting room
3. Product recall and traceability system	9. Chillers/Freezers
4. Sanitation Standard Operating Procedure (SSOP)	10. Offal handling and cooling procedures
	11. Sanitary measures
	Annex E11 (iii) - Layout map of pest control points and a latest copy of pest control records
<b>(F) VIDEOS/PHOTOGRAPHS OF ESTABLISHMENT</b>	
Annex F (i) - Labelled photographs or video of processing facilities, corporate/product brochures	
<b>(G) SINGAPORE IMPORTER INFORMATION</b>	
<b>(H) SOFTCOPY OF SUBMISSION</b>	
<b>(I) DECLARATION BY ESTABLISHMENT</b>	
<b>(J) VERIFICATION BY COMPETENT VETERINARY AUTHORITY</b>	

(別紙 3)

施設の名称及び住所		輸出可能品目	自治体
名称	住所		
施設名：  (施設番号： )			