


Food Safety (Fishery Products and Live Shellfish) Regulations 1998

Application for approval of Fishery Products Establishment

Please complete this form in BLOCK LETTERS and return it to the approving authority at the address given at the end of the form

PART 1 - DETAILS OF PREMISES

1	Trading name of premises			
	Full postal address			
			Fax No.	
	Name of applicant			
	Position in business			
	Name of contact			
	Position in business			
2	If appropriate name and full address of Registered Office			
		Postcode		

PART 2 - TYPE OF PREMISES

3 Please indicate by ticking the appropriate box(es), **all** the activities which apply to your business, and giving the approximate quantities handled in kilograms per week

		quantities
<input type="checkbox"/>	(a) Salting of Fishery Products	<input type="checkbox"/>
<input type="checkbox"/>	(b) Smoking of Fishery Products	<input type="checkbox"/>
<input type="checkbox"/>	(c) Canning of Fishery Products	<input type="checkbox"/>
<input type="checkbox"/>	(d) Cooking of Crustaceans and molluscan shellfish	<input type="checkbox"/>
<input type="checkbox"/>	(e) Freezing of Fishery Products	<input type="checkbox"/>
<input type="checkbox"/>	(f) Heading and/or gutting	<input type="checkbox"/>
<input type="checkbox"/>	(g) Filleting and/or slicing	<input type="checkbox"/>
<input type="checkbox"/>	(h) Fishcake production	<input type="checkbox"/>
<input type="checkbox"/>	(i) Cold store handling wrapped products only	<input type="checkbox"/>

PART 2 - CONTINUED

4 Which of the following best describes your business?

- (a) Retailer
- (b) Market stall
- (c) Manufacturer
- (d) Cash & Carry
- (e) Distributor
- (f) Other (specify)

5 Trading activity: Which of the following best describes the nature of your business? (Tick more than one box if appropriate)

- (a) Retail only (Direct sale to consumers)
- (b) Wholesale market
- (c) Wholesale to caterers only
- (d) Auction
- (e) Wholesale to premises other than caterers

6 How are fishery products transported from the premises?

- (a) Own transport
- (b) Haulier
- (c) Purchaser's own vehicle (Commercial customers only)
- (d) Other

7 In order to assist the Approving Authority in its determination of your application you are requested to provide relevant documentation. Please indicate in the Schedule attached those documents which accompany this application.

Signature Date

Name in BLOCK LETTERS Position in company

Please advise the authority of any subsequent changes to the information given on this form

Please send the completed form to:

**London Borough of Barnet, Environmental Health Department
Building 4, North London Business Park
Oakleigh Road South, London, N11 1NP**

Food Safety (Fishery Products and Live Shellfish)(Hygiene) Regulations 1998

Application for approval of Fishery Products Establishments

SCHEDULE - DOCUMENTS SUBMITTED WITH APPLICATION
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Please indicate, by ticking the appropriate box(es), which of the following documents accompany this application:

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|---|--------------------------|
| A scale plan of the (proposed premises) | <input type="checkbox"/> |
| A description of the (proposed) fishery products operations | <input type="checkbox"/> |
| A description of the (proposed) arrangements for the maintenance of premises and equipment | <input type="checkbox"/> |
| A description of the (proposed) arrangements for cleaning of premises, equipment, utensils and transport | <input type="checkbox"/> |
| A description of the (proposed) arrangements for the collection and disposal of solid waste | <input type="checkbox"/> |
| A description of the (proposed) water supply to be used in the premises | <input type="checkbox"/> |
| A description of the (proposed) arrangements for testing the quality of the water supply | <input type="checkbox"/> |
| A description of the (proposed) arrangements for testing product | <input type="checkbox"/> |
| A description of the (proposed) arrangements for controlling pests | <input type="checkbox"/> |
| A description of the (proposed) arrangements for monitoring staff health | <input type="checkbox"/> |
| A description of the (proposed) arrangements for the hygiene training of staff | <input type="checkbox"/> |
| A description of the (proposed) arrangements for record keeping | <input type="checkbox"/> |
| A description of the (proposed) arrangements for applying the health mark to product, wrapping and packaging as appropriate | <input type="checkbox"/> |
| Details of procedures to inspect and remove visible parasites | <input type="checkbox"/> |
| Specifications of refrigeration equipment | <input type="checkbox"/> |
| Details of source and use of ice for storage of Fishery Products | <input type="checkbox"/> |
| Details of heading, gutting, filleting and slicing operation (where appropriate) | <input type="checkbox"/> |
| Procedures for separating guts and parts that might constitute a danger to public health | <input type="checkbox"/> |
| Details of containers used for storage for Fishery Products | <input type="checkbox"/> |