

LIVESTOCK SUPPLIER ASSURANCE QUESTIONNAIRE

Purpose

This questionnaire aims to enable The Keen Meat Company Ltd T/A The Blackmore Vale Butchery to update supplier information annually and assess any supply changes.

Section A: Supplier Information					
Company Name:					
Address:					
Telephone:					
Email:					
Contact person:					
Position:					
Department:					
Does your company have programs for the following?					
Food Hygiene Training:	Y	N	HACCP:	Y	N
Supplier Audits/Approval:	Y	N	Traceability:	Y	N
Is your company certified by a recognised food compliance organisation, e.g.: Red Tractor, Freedom Foods, Pasture for Life or any other Farm assurance schemes etc.:					
If yes, please specify;			Please enclose/attach copies of your certificates		
If applicable, what is your Food Hygiene Rating?					
Section B: Specific Questions					
1	Please classify the nature of your business e.g., Farmer, smallholder, wholesaler:				
2	Please describe the Species categories that you supply:				
3.	Please enter the Breeds that you rear and supply:				
4.	If you supply Pigs, are they indoor or outdoor reared:				

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5.	Number of Sows:
6.	Slap mark identification:
7.	CPH Number:
8.	Is your business registered with the appropriate Government Authority e.g., Local Authority, DEFRA etc.? Please provide the Authority name and Registration Number
9.	Are you willing to allow our representative to visit and inspect your premises if necessary
6	Are all your livestock clearly identifiable and traceable in accordance with Retained Regulations
7	Does your company have documented procedures for responding to complaints and food safety incidents?
8	What Control measure do you use? such as Vaccination, Feed acidification, water acidification, bird/vermin control measures etc.
9	Have you been subject to any complaint or investigation from the local enforcement office in the last 12 months? If so, what was the result?
10	Does your company perform any testing on livestock i.e. This will also include testing done on utilities such as water. If so, please specify and attach test results where possible.
Signed:	
Print name:	
Position:	
Date:	

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