



### Application Form for Registration/Recognition of Slaughterhouses

**Important Notice:**

The information required by the Pakistan Halal Authority (PHA) Pakistan for the registration of slaughterhouses is set out below.

- 1) All information must be submitted in writing, with complete information in all respect, as inadequate/incomplete submissions will result in delays in processing. Feel free to include any additional information to support your application.
- 2) Slaughterhouse belonging to the same parent company but with different addresses must fill in a separate application form each.

**Date of Application:** -----

**(A) Particulars:**

No.	Particulars	Details
1.	Name of Slaughterhouse:	
2.	Business/ Registration Number:	
3.	Address of Slaughterhouse:	
4.	Name of Applicant	
5.	Contact No.	
6.	Email	
7.	Post Code:	
8.	District/City:	
9.	State/Province:	
10.	Year of Establishment:	
11.	Total Land Area:	
12.	Total Built-up Area:	

**(B) Application Details:**

<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal
Applicant Signatures	

**(C) Bank Details:**

Bank Name	
Account Title of	
Account No. with Branch Code	
Method of Payment( <i>Attach payment receipt</i> )	

**(D) Category of Slaughterhouse:** (*Check the appropriate boxes*)

<input type="checkbox"/> Slaughterhouse (Only Slaughtering)
<input type="checkbox"/> Cutting plant (please specify the name of slaughterhouse from which raw meat is obtained or cutting)
<input type="checkbox"/> Slaughterhouse with cutting plant
<input type="checkbox"/> Others ( <i>Specify</i> ): _____
<input type="checkbox"/> With Packaging <input type="checkbox"/> without Packaging

**(E) Slaughtering**

**1. Types of Meat Processed by the Slaughter House:** (*Check the appropriate boxes*)

Name of Animal	Check box	Capacity	Name of Animal	Check box	Capacity
Buffaloes			Goats		
Calves			Ostrich		
Camel			Quail		
Cattle			Rabbit		
Chicken			Sheep		
Geese			Others ( <i>Specify</i> ):		

*\*Capacity: number of animals per year*

**2. Source of Livestock/Poultry:**

*(Attach additional documents where needed)*

**Livestock/poultry to be slaughtered are obtained from:-**

- (1) Company's-owned farms
- (2) Imported contract farms *(Attach details)*
- (3) Others *(Specify)*

**3. Target Market**

☐ Local ☐ International

**4. Method of Slaughter**

☐ Manual ☐ Mechanical

**5. Stunners used**

No.	Type of Stunner	Voltage	Duration (Seconds)
1	Captive Bolt		
2	Electrical		
3	Other Method		
4	No stunning		

**6. Bleeding time** (Minutes) .....

**7. Has the Slaughter House been certified by Halal Certification Body (HCB) registered with PHA?**

<u>Y/N</u>	If yes, Name HCB _____ <i>(Attach a copy of the HCB Certificate)</i>
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**(F) Location and Layout of the Slaughterhouse**

**1. Location of Slaughterhouse:** *(Check the appropriate boxes)*

- ☐ Industrial area
- ☐ Agricultural area
- ☐ Residential area
- ☐ Others *(Specify)*:

## 2. Storage

No.	Particulars	Numbers	Capacity	Total
1.	Chillers			
2.	Plate Freezers			
3.	Blast Freezers			
4.	Cold Rooms			
5.	Other Storage( <i>Specify</i> )			

## 3. Water Supply

### a. Source of Water: (*Specify*)

*Describe the type of water treatment performed (if any).*

### b. Chlorination: | | | |---|---| | Y | N | |---|---|

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

### c. Chemical/ Bacteriological Examination of Water: (*Check the appropriate boxes*)

<input type="checkbox"/> In house	
<input type="checkbox"/> External laboratory	Frequency: Method:
<i>Attach a copy of the latest test results.</i>	

## 4. Manpower

### a. Staff Information:

(i) Attach an organizational chart of the Slaughterhouse.
(ii) Total number of general workers employed in the Slaughterhouse: ____ <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual <input type="checkbox"/> Daily Wages
(iii) Halal Butcher License No/Oath.

(iv) Mufti Qualification Details (Attach details)
(v) List the names of professional and managerial staff, including their qualification and/or training in food safety and quality control programs. <i>(Attach details)</i>

**b. Medical Examination and History:** *(Attach the medical details, health checks of workers)*

**c. Uniforms/Attire:**

(i) Uniforms	Y	N	
(ii) Boots	Y	N	
(iii) Gloves and face masks	Y	N	
(iv) Laundry is provided	In-plant /By contract		

**(G) Quality Assurance**

**1. Food Safety Program and Slaughtering Procedure:**

i. Are the processes based on Hazard Analysis Critical Control Point (HACCP) Concept or its equivalent? <i>If yes, attach a copy of the certificate of HACCP or equivalent</i>	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
ii. Attach a flowchart of the slaughtering/cutting process, showing clearly the Halal Critical Control Points (HCCP's).			
iii. Specify other food safety program			
iv. Line speed: __number of animals per hour for each type of animal			
v. Laboratory testing is performed: <input type="checkbox"/> In-house <input type="checkbox"/> External <input type="checkbox"/> Not Applicable Frequency: Method: <i>(Attach a copy of the latest test results).</i>			
vi. Are sampling and testing procedures of finished products, food contact surfaces, and water performed by the Quality Control Staff <i>If yes, attach a brief description of the frequency of collection and testing of samples.</i>	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
vii. Attach copies of recent laboratory test reports certified by a laboratory microbiologist.			
viii. Attach a brief description on the criteria for acceptance/rejection of raw materials and finished products.			

## 2. Is there a Product Recall and Traceability System?

If yes, attach a description of the traceability system from raw material to finished product.	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		

## 3. Daily Throughput:

Number of shifts:	
Production per shift(in tons):	
Number of working days per week:	

## 4. Capacity:

Total annual slaughter capacity.....(In tones)

## 5. Meat Inspection System:

Is ante-mortem and post-mortem inspection done by:	<input type="checkbox"/> Government inspectors <input type="checkbox"/> Company's QC staff <input type="checkbox"/> Others ( <i>Specify</i> )
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## 6. Is there a Sanitation Standard Operating Procedure (SSOP) in Place for facilities and equipment?

(i) If yes, <input type="checkbox"/> In-house <input type="checkbox"/> Contract
(ii) Attach a copy of the latest records of cleaning and sanitizing treatment of facilities and equipment.

## 7. Sanitary Measures:

(i) Is there a system of collection and disposal of inedible or condemned products? ( <i>If yes, attach details</i> )	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
(ii) Is there a system of effluent treatment and disposal of waste? ( <i>If yes, attach a brief description of this system and the frequency of waste disposal.</i> )	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
(iii) Is there a pest control system? ( <i>Attach the details</i> ) If yes, state <input type="checkbox"/> In-house <input type="checkbox"/> Third Party	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
(iv) Are hands-free operated features for taps and toilet flushes available?	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		

(v) Are disposable towels and hand disinfectant available?	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		
(vi) Are there dedicated areas for the storage of chemicals and cleaning agents, Dry ingredients, packaging and canning materials?	<table border="1"><tr><td>Y</td><td>N</td></tr></table>	Y	N
Y	N		

**(H) Videos / Photographs of Slaughterhouse**

Attach the following items:

- Labeled 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 Slaughter House (front, sides and back) and its surroundings.
- Every product with and without its final packaging.

**(I) Declaration by Slaughterhouse**

☐ 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 .....

Telephone .....

Signature and Official Stamp

Date

**(J) For Official Use Only**

Date of Application received: .....

Received by: .....

Reviewed by: .....

Signatures: .....

Application No. ....