

National Microbiological Database-Caprine NMD Demographics

1. Plant Name:

Plant Name:	Licence/ registration number:
Address:	Postal address:

2. Plant Manager and NMD Controller:

Plant Manager:	Telephone:
	Cell phone:
	E-mail:
NMD Controller:	Telephone:
	Cell phone:
	E-mail:

3. Laboratory:

Laboratory:	
Contact Laboratory Person:	Telephone:
	E-mail:
	Employed by premises or laboratory:
NMD Data Submitter:	Telephone:
	E-mail:
	Employed by premises or laboratory:

4.

Signature:	Date:
Name:	

5. Halal slaughter (please tick appropriate box):

Yes:	No:
------	-----

6. Tunnel-punching:

Manual:	Mechanical:	None:
---------	-------------	-------

7. Head skinning:

Always:	At present:	Never:
---------	-------------	--------

8. Hindleg shear:

Yes:	No:
------	-----

9. Hock-cutting:

Full-skin:	Partial skin:	Through wool:
------------	---------------	---------------

10. Dragging on chain:

Yes:	No:
------	-----

11. Fore-quarter flaying:

Knife:	Flaymaster:
--------	-------------

12. Shoulder-pull:

Mechanical:	Manual:
-------------	---------

13. Pre-evisceration wash:

High pressure:	Low pressure
Full:	Part (fore-quarter):

14. Throughput:

Standard:	VLT:
Peak: ____ carcasses/hour	Off-peak: ____ carcasses/hour

15. Lairage time:

Specify:

Brief description of pre-slaughter wash protocol employed:

Please describe any other procedures specific to your process that you think may favourably or adversely affect microbiological contamination of the carcass:

Other comments:

Please send Demographic by e-mail to: NationalMicrobiological.Database@nzfsa.govt.nz, or
Fax to: (04)894 2643.