

MAKLUMAT ASAS BAGI PERMOHONAN
MENYERTA SKIM VHM

(Basic information requirement before participation in the VHM Certification Scheme)

	<p>SKIM PERSIJILAN VHM BAHAGIAN KESIHATAN AWAM VETERINAR JABATAN PERKHIDMATAN HAIWAN KEMENTERIAN PERTANIAN DAN INDUSTRI ASAS TANI MALAYSIA <i>(VHM Certification Scheme, Veterinary Public Health Division,</i> <i>Department of Veterinary Services,</i> <i>Ministry of Agriculture and Agro-Based Industry Malaysia)</i> Wisma Tani, Blok Podium 4G1 & 4G2, Presint 4, Pusat Pentadbiran Kerajaan Pusat, 62630 PUTRAJAYA Tel :03-88702000 Fax : 03-88885755</p>	
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Nama Pemohon: (Applicant's Name) :	Tarikh: (Date) :	No. Telefon: (Telephone No.) :
Nama dan Alamat Syarikat: (Company Name and Address) :	 No. Fax: (Fax No.) :
Nama dan Alamat Establishment (jika berlainan): (Establishment Name and Address (if others) :	 E-mail (jika ada): (if any) :
Jenis Establishment : 1. Rumah Sembelih (Slaughterhouse) (Types of Establishment) : 2. Loji Pemprosesan/Keratan/Canning (Further processing/Cutting/Cannery) 3. Lain-lain (others).....	
Jenis Keluaran : (Types of Product) :		

<p>*Jenis Premis / Loji : (Type of Premise) : *Tanda <input type="checkbox"/> (tick)</p> <p>1. Lot Kedai (Shop Lot) 2. Semi-Detached (Semi-Detached) 3. Bersendirai (Detached) 4. Lain-lain (Others)</p>	<p>Lokasi Premis – Nyatakan jenis kawasan : contoh Perindustrian (Location of Premise – Please indicate type of area) : eg Industrial </p>
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BIL. (No.)	PERKARA (Subject)	ADA (Yes)	TIADA (No)	LENGKAP (Complete & Implemented)	TAK LENGKAP (Not Complete & not implemented)
a.	Establishment beroperasi. Jika ADA, Sila beri tarikh mula..... <i>The establishment is operating? If YES, when's did it start date).....</i>				
b.	Pegawai Kawalan Mutu (QA). Jika ADA, Sila nyatakan bil. pegawaiorang <i>Do you have QA personals, if YES please indicate no.....</i>				
c.	Perlaksanaan GMP (Implementasion of GMP)				

BIL. (No.)	PERKARA (Subject)	ADA (Yes)	TIADA (No)	LENGKAP (Complete & Implemented)	TAK LENGKAP (Not Complete & not implemented)
d.	Dokumentasi GMP (GMP Documentation)				
e.	Perlaksanaan HACCP (Implementation of HACCP)				
f.	Dokumentasi HACCP (HACCP Documentation)				
g.	Kawalan Pencemaran & Sisa (Waste & Pollution Control)				
h.	Kawalan Makhluk Perosak (Pest Control)				
i.	Profil Syarikat (Sila sertakan Brochure Jika ADA) Company Profile : (Please attach Company Broucher if available)				
Tandatangan Pemohon: (Applicant Signature) : Nama: (Name) : Jawatan: (Position) :			Cop Rasmi Syarikat (Official Company Stamp)		

* Catatkan dimana sesuai (Indicate where appropriate)

UNTUK KEGUNAAN PEJABAT
(For Official Use)

	Perkhidmatan yang diberikan kepada pemohon (Services rendered to applicant)	Tindakan (Action)	Pegawai Bertindak (Assigned Officer)
a.	Hantar Veterinary Code of Practice (Send a copy of the Code of Veterinary Practices – related to function/product of Est.)		
b.	Hantar Borang Permohonan VHM (Send the VHM Application Form)		
c.	Rundingcara (Consultation services)		
	GMP		
	HACCP		
d.	Lain-lain (Others)		
Disyorkan oleh: (Recommended by): Tandatangan : (Signature) : Nama Pegawai: (Officer's Name):..... Jawatan: (Position) :..... Cop Jabatan: (Department's Official Stamp): Tarikh: (Date) :			