

Checklist of Shed & Cold Storage Facility requirements of the Regulatory Control Scheme

Velvetter/PIC Name: (Print) _____

Velvet Programme Number: _____

Physical Address of velveting facilities: _____

Velvetter/PIC Signature: _____

Date: _____

Veterinarians Name: (Print) _____

Velvet Registration if relevant: A Local Only B Chemical Restraint C Mechanical Block

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A. Clean Zones

YES NO

1. **Clean Zones identified**
Farmers to supply a floor plan marking all clean zones within the shed and keep this with records for auditing purposes. This is a legal requirement
2. **Contact surfaces within the clean zones identified**
All surface areas where velvet may come into contact, floors, racks, tables, benches, scales and containers. All checked as being able to be washed, disinfected and cleaned.
3. **Clean Zones clear of any visible contaminants**
Check all floor and wall surfaces for contaminants, mud, dust, roden droppings, machinery, animal health treatments, tools
4. **Floor surfaces meet the new requirements**
Floors must be able to be washed and disinfected, non-porous, not covered with a build-up of mud, dust or faecal contamination
5. **Wall surfaces meet the new requirements**
All raw timber surfaces must be covered or coated to allow for washing or cleaning
6. **Is there a supply of water available for washing the facilities**
To enable the clean zones to be washed out according to the RCS
7. **Suitable approved disinfectant/cleaner used**
Check that the disinfectant/cleaner being used is approved to the correct code
8. **Suitable method for application of disinfectant/cleaners**
Check that the method of application of the disinfectant will meet requirements
9. **Storage of all animal remedies out of clean zones**
Ensure the clean zones are free of any other compounds and animal remedies. Can be stored in cabinets within clean zones provided they are kept closed and washable.
10. **Crush surface areas free of contamination**
Ensure all crush surface areas are free of any rips, tears, holes and rough surfaces are eliminated. Crush surfaces can be patched
11. **Crush and crush areas free of contamination**
Ensure all working areas in and around and under any crush is clean and any areas where a build-up of contamination can occur are eliminated. Build-ups of rust, dirt, dust or flaky paint need to be corrected.
12. **Control measures in place for rodent contamination**
Ask velvetter/PIC to describe or demonstrate rodent control measures to minimise rodent contamination.

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B. Velvet Handling & Storage

YES NO

1. **Freezer/s meet new requirements**
Verify all freezer/s are capable of reaching a minimum temperature of Minus15C.
2. **Freezer/s and freezer areas clean inside and outside**
Inspect all freezer/s and ensure they are clean both inside and out. Ensure the areas around all freezers are able to be kept clean and clear of any build-ups of mud, dust, blood, rodent droppings
3. **Control measures in place for any rodent contamination**
Ask and view rodent control measures. What measures in place to ensure velvet doesn't become contaminated. Rodents, bird dropping, blood, mud, dust
4. **Velvet only freezer/s used**
Ensure all freezer/s used to store velvet are free of any other product.
5. **Clean receptacles used for transporting or transferring velvet**
View containers, receptacles used to transport or transfer velvet to make sure these are able to be cleaned to the required standard

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C. Identification and Documentation

YES NO

1. **Velvet correctly tagged with NVSB tags**
View any velvet in freezers to ensure tagging is correct
2. **Tags recorded in NVSB Velvet Record Book**
Ensure tag numbers are recorded in record book
3. **Velvet Status Declaration Form**
Site the VSD book, or individual status declaration forms, ensure correctly filled out. Ensure the velvetter/PIC completely understands the legality of making any false declarations on VSD
4. **Inventory records of velvet**
For a farmer, this can be an up-to-date velvet record book, with the number of animal's velveting, and the copies of the outgoing VSDs.

Auditor Name: (Print): _____

Signature _____

Corrective actions required: _____

Agreed time frame to complete corrective actions: _____

Signed _____

Date _____