#### **FIFTH SCHEDULE**

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(Made under Regulation 9(1)

## **ANIMAL FEED PREMISES INSPECTION CHECKLIST**

1.0 General information		
1.1 Name of Premises		
Ward	ysical address of Premises: Amlet/ Street, Village, Disrtict, Region, TIN No	
	stal Address, Fax mail	
1.4 Re	gistration number of the Premises(Where applicable)	
1.5 Category of premises (Large Scale), (Medium Scale) (Small Scale) 1.6 Installed production capacity (tones/day)		
1. Su	pervision	
	L. Name of Animal Feed Scientist Applicable for manufacturing premises)	
	2. Address of the Animal Feed ScientistEmail	
2. La	yout	

# 1.1. Manufacturing Premises

- Office.
- Changing room
- Stores
   Store for raw materials
   Store for finished products
- Processing room
- Equipment
- Power and water supply
- Toilet facilities
- Walls, floor and ceiling
- Lighting and ventilation.

#### 1.2 Storage Premises

- Good ventilation
- Fairly constant cool temperature
- Low humidity
- Good protection from rodent
- Clean, a convenient location
- Properly packed,
- Well labeled feed resources
- Easy identification
- Removal on the principal of First in First Out
- Adequate number of pallets
- Metal container should be roofed and well ventilated.

### **1.3 Selling Premises**

- Office
- Adequate number of pallets
- Stores for finished products
- Walls, floor and ceiling
- Lighting and ventilation
- Toilet facilities.

#### **1.4** Transportation Premises

- Well labeled for transportation of Animal Feed Resources only
- Registration No. of the vehicle.....
- Size (sufficient space inside)
- Adequate number of pallets
- Dust and water proof
- Proper air circulation

3. Recommendations		
Name of inspector(s) 1	Signature	
2	Signature	
Name of owner/supervisor	Signature	
Date of inspection		

Note: This form must be filled in duplicate, one copy must be given to the owner or supervisor of the Premises and the original be sent to the Director.