



7660 Mill Road, RR 4 GUELPH, ONTARIO N1H 6J1

T: 519.763.4558

[www.oimp.ca](http://www.oimp.ca)

F: 519.763.4164

[mpas@oimp.ca](mailto:mpas@oimp.ca)

As you take on the task of meeting the new regulatory requirements of O. Reg. 31/05, the Ontario Independent Meat Processors, your industry organization, is offering assistance by providing Assessment Services **at no cost** to help you with this challenge.

- ✓ Learn where your operation meets the regulation
- ✓ Identify areas that may require change
- ✓ Learn how and where to start
- ✓ Receive cost estimates
- ✓ Find out about resources and funding programs that can help

Included in the assessment is a foot print of your current facility and the proposed changes.

If you are an Operator of a Free Standing Meat Plant in Ontario that must comply with the requirements of O. Reg. 31/05 under the *Food Safety and Quality Act, 2001* you are eligible for this **free** service. To take advantage of this service, return the completed application as soon as possible to:

OIMP Assessment Services  
7660 Mill Road, RR 4  
Guelph, ON N1H 6J1  
Fax: (519)763-4164  
Email: [mpas@oimp.ca](mailto:mpas@oimp.ca)

Applications will be processed on a first come first serve basis.

For more information on the Assessment Services, please call 519-763-4558 ext 223 or email [mpas@oimp.ca](mailto:mpas@oimp.ca).



## Assessment Services Application Form

For assistance completing this application please call 519-763-4558 Ext 223.

Plant Information		
Establishment / Plant / GST / Business Number (provide one)		
Name of Operation		
Mailing Address		
City / Town / Municipality		
Postal Code		
Physical Address (if different from mailing)		
City / Town / Municipality		
Postal Code		
Contact Person		
Title		
Telephone Number		
Fax Number		
E-mail		
Hours of Operation (check all that apply)		
<b>Day</b>	<b>Hours of Operation</b>	<b>Peak Processing Day</b>
Monday	_____	<input type="checkbox"/>
Tuesday	_____	<input type="checkbox"/>
Wednesday	_____	<input type="checkbox"/>
Thursday	_____	<input type="checkbox"/>
Friday	_____	<input type="checkbox"/>
Saturday	_____	<input type="checkbox"/>
Sunday	_____	<input type="checkbox"/>
Seasonal Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Plant Size		
Plant area (sq. ft.)		
Number of Employees		
Part time		
Full time		
Permits (check all that apply)		
<input type="checkbox"/>	Building Permits	
<input type="checkbox"/>	Ministry of Environment (MOE) Permits	
<input type="checkbox"/>	Other Regulatory Licenses (specify) _____	

<b>Markets</b>	
<b>Markets</b>	<b>% of Business</b>
Retail	_____
Wholesale	_____
Catering	_____
Custom	_____
Freezer Orders	_____
Farmers Markets	_____
Hotel / Restaurant / Institution	_____
<b>Facilities (check all that apply)</b>	
<input type="checkbox"/>	Kill floor
<input type="checkbox"/>	Inedible room or area
<input type="checkbox"/>	Cooler(s)
<input type="checkbox"/>	Freezer (s)
<input type="checkbox"/>	Cutting room
<input type="checkbox"/>	Refrigerated cutting room
<input type="checkbox"/>	Further processing room
<input type="checkbox"/>	Refrigerated further processing room
<input type="checkbox"/>	Curing / brine room
<input type="checkbox"/>	Refrigerated curing/brine room
<input type="checkbox"/>	Sausage kitchen
<input type="checkbox"/>	Smokehouse
<input type="checkbox"/>	Chiller for further processed non ready to eat
<input type="checkbox"/>	Chiller for further processed ready to eat
<input type="checkbox"/>	Further processed packaging room
<input type="checkbox"/>	Refrigerated further processed packaging room
<input type="checkbox"/>	Packing room
<input type="checkbox"/>	Box storage area
<input type="checkbox"/>	Retail outlet
<input type="checkbox"/>	Dry storage area
<input type="checkbox"/>	Spice room
<input type="checkbox"/>	Chemical storage room
<input type="checkbox"/>	Shipping area
<input type="checkbox"/>	Refrigerated shipping area
<input type="checkbox"/>	Receiving area
<input type="checkbox"/>	Washroom(s)
<input type="checkbox"/>	Hand washing station(s) (not including washroom)
<input type="checkbox"/>	Sanitizer(s)
<b>Processing (check all that apply)</b>	
<input type="checkbox"/>	Fresh processed meats (e.g. fresh sausage)
<input type="checkbox"/>	Uncooked smoked meats (cold smoked - e.g. cold smoked sausage)
<input type="checkbox"/>	Meat products cured only (not smoked - e.g. corned beef)
<input type="checkbox"/>	Cured and smoked products (cold smoke or heated to low temperature – e.g. bacon)
<input type="checkbox"/>	Cured and cooked meat products (e.g. fully cooked ham)
<input type="checkbox"/>	Cured, cooked and smoked meat products - e.g. fully cooked smoked ham)
<input type="checkbox"/>	Cured, fermented and cold smoked (fermented dried sausage products)
<input type="checkbox"/>	Cooked products (not cured or smoked – e.g. meatloaf)
<input type="checkbox"/>	Canned products
<input type="checkbox"/>	Other (specify) _____

Product Line		Sources	
<input type="checkbox"/>	Beef	<input type="checkbox"/>	Federally Inspected
<input type="checkbox"/>	Chicken	<input type="checkbox"/>	Provincially Inspected
<input type="checkbox"/>	Emu / Ostrich	<input type="checkbox"/>	Other (specify) _____
<input type="checkbox"/>	Goats		
<input type="checkbox"/>	Hogs		
<input type="checkbox"/>	Rabbit		
<input type="checkbox"/>	Sheep and lamb		
<input type="checkbox"/>	Turkey		
<input type="checkbox"/>	Veal		
<input type="checkbox"/>	Other (specify) _____		
Water Sources		Water Treatment	
<input type="checkbox"/>	Municipal	<input type="checkbox"/>	Chlorination
<input type="checkbox"/>	Drilled Well	<input type="checkbox"/>	Ultraviolet light
<input type="checkbox"/>	Dug Well	<input type="checkbox"/>	Hydrogen Peroxide
<input type="checkbox"/>	Hauled	<input type="checkbox"/>	Ozone
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	Reverse Osmosis
		<input type="checkbox"/>	Ultrafiltration
		<input type="checkbox"/>	Other (specify) _____
Disposal of Inedible Material (check all that apply)			
<input type="checkbox"/>	Burial on Premise		
<input type="checkbox"/>	Incineration on Premise		
<input type="checkbox"/>	Composting on Premise		
<input type="checkbox"/>	Outside Renderer		
<input type="checkbox"/>	Other (specify) _____		
Labelling			
Labelled Products	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Labels Contain (check all that apply)	<input type="checkbox"/>	Product Name	
	<input type="checkbox"/>	Production Date	
	<input type="checkbox"/>	Lot / Batch Code	
	<input type="checkbox"/>	Name of Plant	
	<input type="checkbox"/>	Address (including Postal Code)	
	<input type="checkbox"/>	Telephone Number	
	<input type="checkbox"/>	Nutritional Labelling	
Written/Documented Programs (check all that apply)			
	<input type="checkbox"/>	Food Handler Training	
	<input type="checkbox"/>	HACCP	
	<input type="checkbox"/>	Maintenance Program	
	<input type="checkbox"/>	Pest Control Program	
	<input type="checkbox"/>	Personal Health Policies	
	<input type="checkbox"/>	Recall Procedures	
	<input type="checkbox"/>	Sanitation Program	

## Terms and Conditions

**Privacy Policy:** The OIMP will ensure the security and integrity of personal information and keep it in a physically secure and separate location safe from loss, alteration, destruction or intermingling with other records and databases and to implement, use and maintain the most appropriate products, tools, measures and procedures to do so. Access to personal information will be restricted to those of its employees who have a need to know it and who have been specifically authorized to have such access for the purpose of providing Assessment Services.

**Conflict of Interest:** The OIMP will ensure that all employees and Assessors will be free from any conflict of interest that might cause him/her to act in any way other than an impartial or non-discriminatory manner. They will not have direct or indirect ownership or other financial interest in an establishment that the Assessor is assigned to assess; directly provide, or belong to a business or organization which provides goods and/or services to the establishment being assessed; have any immediate family relationship with the ownership or management of the establishment being assessed; have any direct or indirect financial interest in the products produced or marketed by the establishment being assessed.

**Threats to Food Safety:** During the on-site Assessments, if the Assessor identifies a situation that, in his/her opinion, constitutes an immediate threat to public health, the Assessor will notify the Meat Plant and OMAFRA immediately.

**Liability:** The Government of Ontario, Assessors, and the OIMP including its staff and members are not liable to the applicant, the applicant's heirs, administrators and assign for the personal injury, property damage, or any other damage, injury, claim or loss whatsoever arising out of this Program and the applicants participation in it.

**Termination of the Program:** The OIMP may terminate the Program at any time without notification to applicants.

The information, reports and documents provided to the applicant through the OIMP Assessment Services are solely opinions expressed by the Assessors and do not necessarily reflect those of the Government of Ontario, and the OIMP including its staff and members. These opinions are formed based on the information and materials provided by the applicant and the on-site visit of the operation.

I \_\_\_\_\_ of \_\_\_\_\_,  
Name of Applicant (Print) Meat Plant

- certify that I have read and agree to the terms and conditions outlined in this application;
- will provide access for representatives of the OIMP to visit the meat plant, examine facilities, operations, records, written programs and other information for the purpose of Assessment Services; and
- consent to operator and staff interviews as necessary for the purpose of Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date