

Order of the Minister of Agriculture and Maritime Fisheries No. 244-13 of 4 Rabii I 1434 (16 January 2013) relating to the health authorization and approval of establishments and companies of the animal feed sector and the food sector other than retail sales and collective catering.

(OG n°6158 of 6 June 2013, page 1978)

THE MINISTER OF AGRICULTURE AND MARITIME FISHERIES,

Having regard to Decree No. 2-10-473 of 7 Shaoual 1432 (6 September 2011) adopted for the application of certain provisions of Law No. 28-07 relating to the health safety of food products, in particular its Articles 6, 8, 9, 16, 17, 18, 23, 26 and 27,

ORDERS:

Chapter 1:

**Provisions relating to applications for health authorization
or approval and the related documentation**

Article 1. Pursuant to Article 6 of Decree No. 2-10-473, any application for health authorization or approval concerning:

- Establishments and businesses in the food sector, excluding retail and collective catering;
- Establishments and companies in the animal feed sector;
- Establishments and companies in the food sector involved in the handling of products derived from sea fishing and marine aquaculture,

must be submitted using the forms provided in Annexes I-1 and I-2 of this Order.

The application must be accompanied by the following documentation:

I. Administrative Component of the Authorization or Approval File

1) Applicant Identification

- For individuals: A copy of the national identity card or residence permit.
- For legal entities:
 - A copy of the identity card or residence permit of the person responsible for the application and a document proving their authority to act on behalf of the entity;
 - A copy of the company's articles of association;
 - A copy of the commercial register certificate.

2) Premises Identification

- A copy of the building permit for the relevant premises;
- Depending on the case, either a document proving the address of the premises, or a copy of the nationality certificate and a valid fishing license for fishing vessels.

II. Technical Component of the Authorization File

- 1) A location plan (scale 1:1000) and a detailed layout plan (scale 1:100 to 1:300), indicating the location, boundaries, layout, dimensions of workspaces and storage areas, drinking water supply, wastewater disposal, staff facilities, toilets, equipment, water points, product flow, staff movement, waste management circuits.
- 2) Technical data sheet, including:
 - a) Nature of the activity
 - b) Site description (water, electricity, sanitation)

- c) Total and covered surface area
 - d) Health description of premises, equipment, and operating conditions (staff numbers, seasonality, etc.)
 - e) Product categories and trade names
 - f) List of raw materials and ingredients, with descriptions and origins
 - g) List of packaging and wrapping materials
 - h) Detailed production flowcharts
 - i) Planned daily and/or annual production and storage capacity
 - j) Means of transport (if applicable)
- 3) Procedures Manual based on good hygiene practice guides. If no such guides exist, its development must bear in mind:
- the requirements of Articles 32 and 33 of Decree No. 2-10-473 which include measures for identifying and minimizing risks and establishing a traceability system for food products.
 - the requirements provided for in Articles 36 and 37 for animal feed activities.

However, for fishing vessels not fitted with a freezing system and not conducting treatment and/or processing operations, only the documents and items specified in 2)-a), 2)-d), and 3) are required.

III. Technical Component of the Approval File

- 1) Documents listed in Section II.1) and 2)
- 2) A self-monitoring program manual, aligned with Articles 32, 33, and 41 of Decree No. 2-10-473 and with Articles 36, 37, and 41 in the case of animal feed businesses

However, for fishing vessels fitted with a freezing system and conducting on board treatment and/or processing operations, only the documents specified in II.2-a), 2-d), 2-f), 2-g), 2-j), and III.2) are required.

Article 2. The technical file for fish markets and wholesale markets must include the documents in Section II.1) and 2), and the manual mentioned in III.2).

For shellfish packaging and/or purification facilities, the same documents are required, along with a study demonstrating the effectiveness of the purification system (if purification is conducted).

Article 3. In accordance with Article 6 of Decree No. 2-10-473, applications must be submitted to the designated authorities outlined in said article, accompanied by the administrative and technical documentation referred to above.

For establishments and companies referred to in 2) of article 6 of Decree No. 2-10-473, applications and files must be submitted in triplicate to the Directorate of Maritime Fishing Industries, or the Maritime Fisheries Delegation at the company's location, or the Maritime Fisheries Delegation of the port where the vessel operates.

A copy of the application and file, along with the deposit receipt, must also be sent to the relevant department of the National Office for Food Safety.

Chapter 2: Provisions relating to Health Inspections

Article 4. Health inspections for initial authorization or approval, as well as regular inspections (Articles 8 and 16 of the Decree), must be documented in the official inspection report, drafted using the forms in Annexes II-1 or II-2.

Article 5. Pursuant to Article 9 of the Decree, the health opinion by the National Office for Food Safety must follow the model outlined in Annex III and be attached to the relevant inspection report.

Chapter 3: Issuance, Suspension, Withdrawal, and Updating of Authorizations and Approvals

Article 6. As per Article 27 of the Decree, health authorizations and approvals shall follow the models provided in Annexes IV and V.

These are delivered to the applicant by any method that confirms receipt.

Article 7. Suspensions decision, taken as per Article 17 of the Decree, shall be issued using the model in Annex VI and notified to the operator within 10 working days of the inspection that revealed non-compliance.

In cases where immediate withdrawal is required, in application of Article 18, the decision is notified immediately to the concerned operator.

Article 8. Updates to health authorizations or approvals (as per Article 26) shall be processed by the issuing department upon receipt of documentation from the new operator justifying the change.

Chapter 4: Miscellaneous and Final Provisions

Article 9. The National Office for Food Safety and the Directorate of Maritime Fishing Industries shall jointly issue a procedural note detailing how inspections shall be carried out for establishments mentioned in Article 5(2), including fishing vessels. Inspection programs shall comply with Articles 21 and 22 of the Decree.

Article 10. This Order shall be published in the Official Gazette.

Rabat, 4 Rabii I 1434 (16 January 2013).

The Minister of Agriculture and Maritime Fisheries, Aziz AKHANNOUCH

Annex I-1:

APPLICATION FORM FOR HEALTH AUTHORIZATION / APPROVAL ⁽¹⁾

*For an establishment or company in the food and animal feed sector
(other than products of sea fishing and marine aquaculture)*

(Article 1 of Order no. 244-13 of 4 Rabii I 1434 (16 January 2013))

☐ Request for authorization

☐ Request for approval

I-IDENTIFICATION OF THE APPLICANT

Natural person :

National Identity Card / Residence Card:.....

Address :.....

.....

Legal entity :

Company name:.....RC:.....

Identity of the person in charge :

National Identity Card / Residence Card:.....

Capacity of the

signatory:.....

Address:.....

.....

II-IDENTIFICATION OF THE PREMISES

Building permit number:

Address :

.....

.....

Postcode

Prefecture / Province.....

Tel:.....

Fax.....

Email address.....

Identity of the operator if different from the applicant:

Name :.....

First name.....

National Identity Card / Residence Card:.....

Position.....

III-REQUEST FOR AUTHORIZATION / APPROVAL ⁽¹⁾

I, the undersigned,operator of the premises of the establishment/company, request a health authorization/approval ⁽¹⁾ for the following activity(ies):

1.

2.

SIGNATURE OF THE APPLICANT

On / /at

Stamp of the establishment or company

Name and surname of the signatory:

.....



Signature

PART RESERVED FOR ONSSA:

Application and file received on / /

Application receipt number :



RECEIPT OF SUBMISSION OF APPLICATION FOR AUTHORIZATION / APPROVAL ⁽¹⁾ AND ACCOMPANYING FILE : (not equivalent to health authorization/approval)

Application and file received on / /

Application receipt number :

⁽¹⁾ Strike out what is not applicable.

Annex I-2

APPLICATION FORM FOR HEALTH AUTHORIZATION / APPROVAL ⁽¹⁾

For an establishment or company handling sea fishing or marine aquaculture products, and derivatives thereof, such as fish oils and fishmeal

(Article 1 of Order No. 244-13 of 4 Rabii I 1434 (16 January 2013))

☐ Request for authorization

☐ Request for approval

I-IDENTIFICATION OF THE APPLICANT

Natural person :

National Identity Card / Residence Card:.....
Address :.....
.....

Legal entity :

Company name:.....RC:.....
Identity of the person in charge:.....
National Identity Card / Residence Card:
Capacity of the signatory:.....
Address:.....
.....

II-IDENTIFICATION OF THE PREMISES, FISH MARKET, VESSEL

Building permit number:
Address :.....
.....
Postcode:.....
Prefecture / Province:

Tel:.....
Fax:.....
Email address:.....

Identity of the operator if different from the applicant:
Name :.....
First name :.....

National Identity Card / Registration or Residence Card:.....
Position :.....

Section reserved for fishing vessels

Name of vessel:.....
Registration number:.....

Fishing license number:.....
Port of operation:

III-REQUEST FOR AUTHORIZATION / APPROVAL ⁽¹⁾

I, the undersigned, operator of the premises or owner of the vessel (insert the name of the establishment/company or vessel).request a health authorization/approval ⁽¹⁾ for the following activity(ies):

1.
2.

SIGNATURE OF THE APPLICANT

On /.../.....at

Stamp of the establishment or company

Name and surname of the signatory:

.....


Signature

PART RESERVED FOR THE MARITIME FISHERIES DEPARTMENT:

Application and file received on /.../.....

Application receipt number :

Names of the person and department that received the file:



RECEIPT OF SUBMISSION OF APPLICATION FOR AUTHORIZATION / APPROVAL ⁽¹⁾ AND ACCOMPANYING FILE:

(not equivalent to health authorization/approval)

Application and file received on /.../.....

Application filing receipt number :

⁽¹⁾ Strike out what is not applicable.

Annex II-1

DR-ONSSA.....	<h1 style="text-align: center;">REPORT</h1> <p style="text-align: center;">of health inspection of establishments and companies operating in the food and animal feed sectors (other than sea fishing and marine aquaculture products)</p> <p style="text-align: center;">(Article 23 of Order No. 2-10-473 of 7 Shaoual 1432 (6 September 2011))</p>		Report No.
Service of.....			
Purpose of the inspection: <input type="checkbox"/> Authorization/approval ⁽¹⁾ <input type="checkbox"/> Regular visit			
Establishment or business or premises inspected			
Company name : Address : Tel : Fax: E-mail :		Operator: Contact person during the inspection: - Identify : - Quality : Nature of activity: Production capacities :	
Additional information:			
Names and qualifications of authorized agents: 		- Date of inspection: - Date of previous inspection: - Date and number of authorization or approval (in the case of a routine health inspecton) :	
Observations other than those on page 2:			

⁽¹⁾ Strike out what is not applicable.

DESCRIPTION OF INSPECTED BUILDINGS, PREMISES, INSTALLATIONS, EQUIPMENT AND VERIFIED DOCUMENTS, NON-COMPLIANCE ISSUES RECORDED (*) AND CORRECTIVE MEASURES AND TIMETABLE (*)				
	Compliance Yes No		Corrective measures to be taken	Implementation schedule
1.Implementation (including development):				
2. Design and layout:				
3.Premises and related:				
4. Sanitary facilities:				
5. Equipment:				
6. Staff:				
7. Operation (**)				
8.Good Practice Guide / HACCP System				
9. Traceability documents				

Conclusion :
Signatures of the inspecting agents:

(*) attach a description sheet of the establishment

(**) during routine inspections

Annex II-2

Page 1

MINISTRY OF AGRICULTURE AND MARITIME FISHERIES DEPARTMENT OF MARITIME FISHERIES DELEGATION OR DIPM	<h1 style="margin: 0;">REPORT</h1> <p style="margin: 5px 0;"><i>of health inspection of establishments and companies handling sea fishing or marine aquaculture products, and derivatives thereof, such as fish oils and fishmeal</i></p>	Inspection report number.....
(Article 23 of Order No. 2-10-473 of 7 Shaoual 1432 (6 September 2011))		
Purpose of the inspection: <input type="checkbox"/> Authorization / Approval <input type="checkbox"/> Regular visit		
Establishment or business or premises visited		
Company name: Address : Name and registration number (1): Activity port (1): Tel : Fax: E-mail :	Local operator, fish market or wholesale market, ship owner, captain or ship's skipper: Contact person during the inspection: - Identify : - Quality : Activity : Production capacities :	
Additional information:		
Members of the commission / identity and title Representative: Directorate of Maritime Fishing Industries / Maritime Fisheries Delegation where applicable: ONSSA representative: 	- Date of inspection: - Date of previous inspection (if applicable): - Date of authorization or approval (in the case of a routine health visit):	

(1) for fishing vessels

DESCRIPTION OF INSPECTED BUILDINGS, PREMISES, INSTALLATIONS, EQUIPMENT AND VERIFIED DOCUMENTS, NON-COMPLIANCE ISSUES RECORDED (*) AND CORRECTIVE MEASURES AND TIMETABLE (*) (For fishing vessels, use only sections 4 to 9)				
	Compliance		Corrective measures to be taken	Implementation schedule
	Yes	No		
1.Implementation (including development):				
2. Design and layout:				
3.Premises and related:				
4. Sanitary facilities:				
5. Equipment:				
6. Staff:				
7. Operation (**)				
8.Good Practice Guide / HACCP System				
9. Traceability documents				

Conclusion :
Signatures of the inspecting agents:

(*) **attach a description sheet of the establishment**

(**) **during routine visits**

Annex III
Health notice template
(Article 5 of Order No. 244-13 of 4 Rabii I 1434 (16 January 2013))

Page 1

DR ONSSA of SV of	ONSSA HEALTH NOTICE (For fishing vessels, use only sections 4 to 10)	Health notice number
Purpose of the inspection: <input type="checkbox"/> Authorization / approval <input type="checkbox"/> Routine inspection		
ONSSA veterinarian / mandated veterinarian: -identify : - order number (mandated veterinarian):		- Date of inspection:
Establishment or business or premises or fish market, wholesale market or vessel inspected:		
Company name: Address : Name and registration number (fishing vessel):		Contact person during the inspection: Activities :
Non-compliance issued recorded:		
<u>1.Implementation:</u>		
<u>2.Premises and related:</u>		
<u>3. Design and layout:</u>		
<u>4. Condition of equipment:</u>		

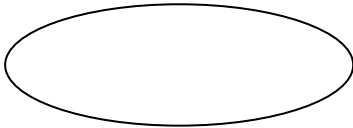
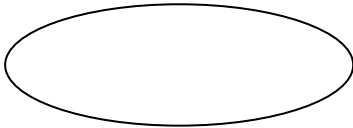
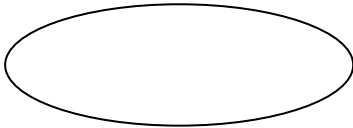
<u>5. Technical parameters of the devices</u>
<u>6. Staff:</u>
<u>7. Sanitary facilities:</u>
<u>8. Operation</u> ^(*) :
<u>9. Good Practice Guide / HACCP System :</u>
<u>10. Traceability documents</u> ^(*)
Notice and signature of the ONSSA veterinarian or the mandated veterinarian:

^(*) during routine inspections

Annex IV: Models of health authorizations

(Article 6 of Order No. 244-13 of 4 Rabii I 1434 (16 January 2013))

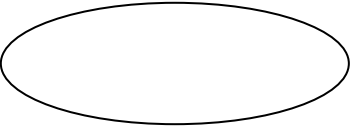
1- Model of authorization / food products other than products of maritime fishing and marine aquaculture

<p>NATIONAL OFFICE FOR FOOD SAFETY ----- REGIONAL DIRECTORATE OF..... ..Service</p>	<p>Health authorization for establishments and companies operating in the food sector excluding sea fishing and marine aquaculture products الترخيص على المستوى الصحي لمؤسسات ومقاولات القطاع الغذائي باستثناء منتجات الصيد البحري وتربية الأحياء المائية بالمياه البحرية (المادة 5 من القانون رقم 28-07)</p>	<p>المكتب الوطني للسلامة الصحية للمنتجات الغذائية ----- المديرية الجهوية..... مصلحة.....</p>																		
<table border="0"><tr><td data-bbox="98 529 728 574">Following the health inspection of:</td><td data-bbox="730 529 1464 574">...../...../.....</td><td data-bbox="1467 529 2002 574">تبعاً للزيارة الصحية بتاريخ:</td></tr><tr><td data-bbox="98 576 728 622">The establishment / company:</td><td data-bbox="730 576 1464 622"></td><td data-bbox="1467 576 2002 622">المقولة: /المؤسسة</td></tr><tr><td data-bbox="98 624 728 670">Located at</td><td data-bbox="730 624 1464 670">.....</td><td data-bbox="1467 624 2002 670">الكائن ب.....</td></tr><tr><td data-bbox="98 671 728 766">Is authorized on health grounds for the exercise of activity(ies)</td><td data-bbox="730 671 1464 766">.....</td><td data-bbox="1467 671 2002 766">مرخص لها على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة ب :</td></tr><tr><td data-bbox="98 767 728 813">Under the number:</td><td data-bbox="730 767 1464 813">.....</td><td data-bbox="1467 767 2002 813">تحت رقم :</td></tr><tr><td data-bbox="98 815 728 1099">Official stamp and signature</td><td data-bbox="730 815 1464 1099"></td><td data-bbox="1467 815 2002 1099">الطابع الرسمي والإمضاء</td></tr></table>			Following the health inspection of:/...../.....	تبعاً للزيارة الصحية بتاريخ:	The establishment / company:		المقولة: /المؤسسة	Located at	الكائن ب.....	Is authorized on health grounds for the exercise of activity(ies)	مرخص لها على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة ب :	Under the number:	تحت رقم :	Official stamp and signature		الطابع الرسمي والإمضاء
Following the health inspection of:/...../.....	تبعاً للزيارة الصحية بتاريخ:																		
The establishment / company:		المقولة: /المؤسسة																		
Located at	الكائن ب.....																		
Is authorized on health grounds for the exercise of activity(ies)	مرخص لها على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة ب :																		
Under the number:	تحت رقم :																		
Official stamp and signature		الطابع الرسمي والإمضاء																		

2 - Model of the authorization / products of marine fishing, marine aquaculture and products and derivatives, such as fish oils and fishmeal

MINISTRY OF AGRICULTURE AND MARITIME FISHERIES DEPARTMENT OF MARITIME FISHERIES DIRECTORATE OF MARITIME FISHING INDUSTRIES	Health authorization for establishments and companies in the sector of maritime fishing, marine aquaculture and derivative products الترخيص على المستوى الصحي لمؤسسات و مقاولات قطاع الصيد البحري وتربية الأحياء المائية بالمياه البحرية و المنتجات المشتقة من الصيد البحري (Article 5 of Law No. 28-07, Article 9 of Decree No. 2-10-473)	وزارة الفلاحة والصيد البحري قطاع الصيد البحري مديرية صناعات الصيد البحري
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Following the health inspection of / / The establishment / company: Located at Or The ship named “.....” registered under number..... Home port: Is authorized on health grounds for the exercise of activity(ies) Under the number:	تبعا للزيارة الصحية بتاريخ: المؤسسة / المقولة: الكائنة ب..... أو السفينة المسماة '.....': المسجلة تحت رقم ميناء الربط: مرخص لها على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة ب..... تحت رقم:
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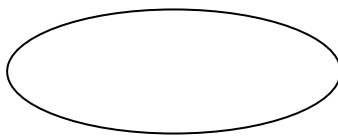
Official stamp and signature		الطابع الرسمي والإمضاء
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3: Model of authorization for animal feed

NATIONAL OFFICE FOR FOOD SAFETY ----- REGIONAL DIRECTORATE OFService	Health authorization for establishments and companies operating in the animal feed sector الترخيص على المستوى الصحي لمؤسسات و مقاولات قطاع تغذية الحيوانات (المادة 5 من القانون رقم 28-07)	المكتب الوطني للسلامة الصحية للمنتجات الغذائية ----- المديرية الجهوية مصلحة
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Following the health inspection of :	تبعا للزيارة الصحية بتاريخ : / /
The establishment / company : Located at :	المؤسسة / المقولة: : الكائنة ب :
Is authorized from a health perspective for the exercise of activity(ies) :	مرخص لها على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلق(ة) ب : تحت رقم: :
Under the number: :	

Official stamp and signature






الطابع الرسمي والإمضاء

Appendix V: Models of health approvals

(Article 6 of Order no. 244-13 of 4 Rabii I 1434 (16 January 2013))

1- Model of approval / food products other than maritime fishing and marine aquaculture products

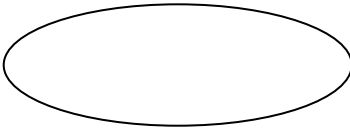
<p>NATIONAL OFFICE FOR FOOD SAFETY ----- REGIONAL DIRECTORATE OFService</p>	<p>Health approval of establishments and companies in the food sector excluding products from sea fishing and marine aquaculture الاعتماد على المستوى الصحي لمؤسسات و مقاولات القطاع الغذائي، باستثناء منتجات الصيد البحري وتربية الأحياء المائية بالمياه البحرية (المادة 5 من القانون رقم 28-07)</p>	<p>المكتب الوطني للسلامة الصحية للمنتجات الغذائية ----- المديرية الجهوية..... مصلحة.....</p>																		
<table border="0"><tr><td data-bbox="100 526 784 598"><p>Following the health inspection of :</p></td><td data-bbox="784 526 1456 598"><p>.....//</p></td><td data-bbox="1456 526 2027 598"><p>تبعاً للزيارة الصحية بتاريخ :</p></td></tr><tr><td data-bbox="100 598 784 646"><p>The establishment / company::</p></td><td data-bbox="784 598 1456 646"></td><td data-bbox="1456 598 2027 646"><p>المؤسسة / المقاوله:..... :</p></td></tr><tr><td data-bbox="100 646 784 694"><p>Located at :</p></td><td data-bbox="784 646 1456 694"><p>.....</p></td><td data-bbox="1456 646 2027 694"><p>الكائنة ب..... :</p></td></tr><tr><td data-bbox="100 694 784 742"><p>Is approved on the health plan for the exercise of activity(ies):</p></td><td data-bbox="784 694 1456 742"><p>.....</p></td><td data-bbox="1456 694 2027 742"><p>تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب..... :</p></td></tr><tr><td data-bbox="100 742 784 790"><p>Under the number::</p></td><td data-bbox="784 742 1456 790"><p>.....</p></td><td data-bbox="1456 742 2027 790"><p>تحت رقم:..... :</p></td></tr><tr><td data-bbox="100 790 784 1117"><p>.....:</p><p>Official stamp and signature</p></td><td data-bbox="784 790 1456 1117"></td><td data-bbox="1456 790 2027 1117"><p>الطابع الرسمي والإمضاء</p></td></tr></table>			<p>Following the health inspection of :</p>	<p>.....//</p>	<p>تبعاً للزيارة الصحية بتاريخ :</p>	<p>The establishment / company::</p>		<p>المؤسسة / المقاوله:..... :</p>	<p>Located at :</p>	<p>.....</p>	<p>الكائنة ب..... :</p>	<p>Is approved on the health plan for the exercise of activity(ies):</p>	<p>.....</p>	<p>تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب..... :</p>	<p>Under the number::</p>	<p>.....</p>	<p>تحت رقم:..... :</p>	<p>.....:</p> <p>Official stamp and signature</p>		<p>الطابع الرسمي والإمضاء</p>
<p>Following the health inspection of :</p>	<p>.....//</p>	<p>تبعاً للزيارة الصحية بتاريخ :</p>																		
<p>The establishment / company::</p>		<p>المؤسسة / المقاوله:..... :</p>																		
<p>Located at :</p>	<p>.....</p>	<p>الكائنة ب..... :</p>																		
<p>Is approved on the health plan for the exercise of activity(ies):</p>	<p>.....</p>	<p>تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب..... :</p>																		
<p>Under the number::</p>	<p>.....</p>	<p>تحت رقم:..... :</p>																		
<p>.....:</p> <p>Official stamp and signature</p>		<p>الطابع الرسمي والإمضاء</p>																		

2 - Model of approval / products of marine fishing, marine aquaculture and derivatives, such as fish oils and fishmeal

MINISTRY OF AGRICULTURE AND MARITIME FISHERIES DEPARTMENT OF MARITIME FISHERIES DIRECTORATE OF MARITIME FISHING INDUSTRIES	Health approval of establishments and companies handling maritime fishing, marine aquaculture products and derivatives ----- ا لاعتتماد على المستوى الصحي لمؤسسات و مقاولات قطاع الصيد البحري وتربية الأحياء المائية بالمياه البحرية و المنتجات المشتقة من الصيد البحري (Article 5 of Law No. 28-07, Article 9 of Decree No. 2-10-473) (المادة 5 من القانون رقم 28.07 والمرسوم رقم 2.10.473)	وزارة الفلاحة والصيد البحري ----- قطاع الصيد البحري ----- مديرية صناعات الصيد البحري
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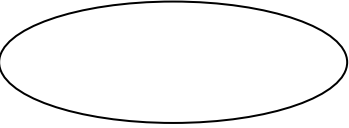
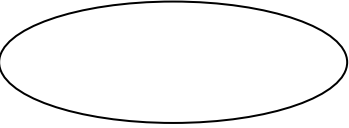
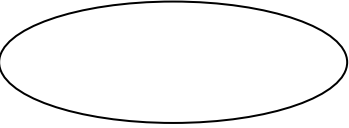
Following the health inspection of:	تبعا للزيارة الصحية بتاريخ :
The establishment / company::	المؤسسة / المقولة::
Located at:	الكائنة ب.....
Or The ship named: registered under number.....:	أو السفينة المسماة '': المسجلة تحت رقم ميناء الربط:
Home port:	
Is approved on the health plan for the exercise of activity(ies)	تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب..... تحت رقم:
Under the number:	

Official stamp and signature



الطابع الرسمي والإمضاء

3: Model of approval for animal feed

<p>NATIONAL OFFICE FOR FOOD SAFETY ----- REGIONAL DIRECTORATE OFService</p>	<p>Approval on the health plan of establishments and companies in the animal feed sector الاعتماد على المستوى الصحي لمؤسسات و مقاولات قطاع تغذية الحيوانات (المادة 5 من القانون رقم 28-07 Article 5 of Law No. 28-07)</p>	<p>المكتب الوطني للسلامة الصحية للمنتجات الغذائية ----- المديرية الجهوية مصلحة</p>																					
<table><tr><td data-bbox="100 470 772 502">Following the health visit of</td><td data-bbox="772 470 1332 502">.....</td><td data-bbox="1332 470 2002 502">تبعاً للزيارة الصحية بتاريخ :</td></tr><tr><td data-bbox="100 534 772 566">The establishment / company:</td><td data-bbox="772 534 1332 566">.....</td><td data-bbox="1332 534 2002 566">المؤسسة / المقولة: :.</td></tr><tr><td data-bbox="100 566 772 598">Located at</td><td data-bbox="772 566 1332 598">.....</td><td data-bbox="1332 566 2002 598">الكائنة ب :.</td></tr><tr><td data-bbox="100 630 772 694">Is approved on the health plan for the exercise of activity(ies)</td><td data-bbox="772 630 1332 694">.....</td><td data-bbox="1332 630 2002 694">تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب.....</td></tr><tr><td data-bbox="100 694 772 726">Under the number:</td><td data-bbox="772 694 1332 726">.....</td><td data-bbox="1332 694 2002 726">تحت رقم: :.</td></tr><tr><td data-bbox="100 726 772 758">.....</td><td data-bbox="772 726 1332 758">.....</td><td data-bbox="1332 726 2002 758">.....</td></tr><tr><td data-bbox="100 853 772 885">Official stamp and signature</td><td data-bbox="772 853 1332 885"></td><td data-bbox="1332 853 2002 885">الطابع الرسمي والإمضاء</td></tr></table>			Following the health visit of	تبعاً للزيارة الصحية بتاريخ :	The establishment / company:	المؤسسة / المقولة: :.	Located at	الكائنة ب :.	Is approved on the health plan for the exercise of activity(ies)	تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب.....	Under the number:	تحت رقم: :.	Official stamp and signature		الطابع الرسمي والإمضاء
Following the health visit of	تبعاً للزيارة الصحية بتاريخ :																					
The establishment / company:	المؤسسة / المقولة: :.																					
Located at	الكائنة ب :.																					
Is approved on the health plan for the exercise of activity(ies)	تعتمد على المستوى الصحي لمزاولة النشاط أو الأنشطة المتعلقة(ة) ب.....																					
Under the number:	تحت رقم: :.																					
.....																					
Official stamp and signature		الطابع الرسمي والإمضاء																					

Annex VI:
Suspension decision template
(article 7 of order no. 244-13 of 4 rabii I 1434 (January 16, 2013))

Suspension decision

No. authorization / approval ⁽¹⁾

Madam/Sir,

Following the health inspection carried out on in the premises of the establishment, or company, fish market, wholesale market located at, or on the vessel (indicate the name and registration number)..... the following non-compliance issues or inadequacies were recorded:

- ..
- ..
- ..
- ..

Consequently, I inform you that the authorization/approval ⁽¹⁾ is suspended for the following activities:

- 1)
- 2)
- 3)

You have a period of to remedy the non-compliance issues or deficiencies indicated above.

If, after this period, it is found that the identified non-compliance issues or deficiencies have not been resolved, your authorization/approval⁽¹⁾ will be withdrawn in accordance with Article 17 of Decree No. 2-10-473 dated 7 Chaoual 1432 (6 September 2011) .

⁽¹⁾ Strike out what is not applicable.