



**Packing Facility Check List**

Exporters Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please Tick The Appropriate Box**

**A) Facilities**

		Very Good	Good	Adequate	Poor	Very Poor	Comments
<b>1. Location</b>	Establishment/area free from objectionable odors, smoke, dust or other contaminants and are not subject to flooding						
<b>2. Roadways.</b>	Roadways serving the establishment/Packing facilities should have hard paved surface suitable for wheeled traffic.						
<b>3. Building and Facilities</b>	Office						
	Adequate Ventilation						
	Adequate Space						
	Space Area (Refer to sketch)						
	Hygiene (State before and after processing cleaning procedures)						
	Lighting						
	Drainage						
	Waste Disposal						
	Water Supply						
	Safety						
	Practicality						
	Services						
	Security						
	Fruit Fly Screening						
	Cooler/Freezer						
	Inspection Table						
	Scales						
	Pails/Trays						
	Wash Basins						

	Rubbish Bins						
	Magnifying Glass						
	Pest Sample Container						
<b>4.</b>	<b>Export Quality System</b>						
	Employees Training						
	Floor						
	Pest Control System						
	Waste Management						

**B) Employees**

i. Permanent:

---

ii. Casual:

---

iii. No. of Quality Controllers:

---

iii. No. of Quality Controllers that have gone through any training: (state training and when)

---



---

**C) Hygiene Procedures**

i. Staff:

---

ii. Facilities:

---

iii. Cooler (state how often it is cleaned and chemical used, if any):

---



---

**C) Export**

i. Estimate Quantity of Exports per week:

---

ii. Estimate rejection per week:

---

iii. Approximate time of processing (from receiving to transfer):

---



---

**D) Others**

i. Any Other Technical Expertise Received for Packing Facility:

---



---

**E) Authorizing Officer**

i. Comments & Recommendations:

---



---



---

Name:

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**F) Packing Facility Sketch Plan**

