



Rural Payments and Inspections Division

**2016 – Food and Feed Law (SMR 4)**

**General Details**

Main Location Code

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Business Reference No.

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A. List all location codes **visited** for this report (including MLC if visited)

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Origin of inspection (tick appropriate box)

<b>Risk</b>	<input type="checkbox"/>	
<b>Random</b>	<input type="checkbox"/>	
<b>Target</b>	<input type="checkbox"/>	<b>Question No(s):</b>

B. Notice of inspection (1= unannounced, 0-3 hrs; 2= 3-24 hrs; 3= 24-48 hrs; 4= >48 hrs)

If 2, 3 or 4 please give reason for notice

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C. Date of Inspection

		/			/		
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D. Person(s) present at or involved in this inspection

RPID	FARMER / AGENT

Food and feed law checks are conducted under the following legislation –

- The Feed (Hygiene and Enforcement) (Scotland) Regs 2005
- The Official Feed and Food Controls (Scotland) Regs 2009
- Part IV of the Agricultural Act 1970
- The Transmissible Spongiform Encephalopathies (Scotland) Regs 2010
- Regulation (EC) No.852/2004 on the hygiene of foodstuffs
- The Animal Feed (Scotland) Regulations 2010
- The Food Hygiene (Scotland) Regulations 2006
- The Feed (Sampling and Analysis and specified undesirable substances) (Scotland) Regulations 2010
- The Genetically Modified Animal Feed (Scotland) Regs 2004
- Regulation (EC) No. 183/2005 laying down requirements for feed hygiene

## Livestock (food producing animals)

- 1 Does the farmer have any livestock?  
If **No go to 13**
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- 2 Is the farmer feeding unsafe feed?  
*e.g. contamination of grain or fodder by mould growth; pest infestation*
- | Yes                                 | No                       |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- S4.B2
- 3 Has bought-in feed been purchased from approved sources?
- | Yes                      | No                                  |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- S4.A19
- 4 Does the farmer administer veterinary medicinal products?
- | Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
- 5 If **Yes to 4**, has the farmer;
- got complete records detailing the use of veterinary medicinal products?  
**Records must contain:**
    - **animal ID;**
    - **medicine used;**
    - **date of the treatment and;**
    - **withdrawal period.**
  - used veterinary medicinal products according to the label conditions?  
**Breaches include:**
    - **not stored correctly;**
    - **past their use-by dates;**
    - **not used in accordance with the instructions/dosage;**
    - **withdrawal periods contravened.**
- | Yes                      | No                                  |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- S4.A21
- | Yes                      | No                                  |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- S4.A17

- |    |  |     |    |  |  |        |
|----|--|-----|----|--|--|--------|
| 6  | Are on farm feed transport vehicles and feeding equipment (in particular when used to deliver and distribute medicated feed) periodically cleaned?   | Yes | No |  |  | S4.A16 |
| 7  | Does the farmer have a feed distribution system that ensures the right feed is sent to the right destination including storage areas and equipment which help avoid contamination?           | Yes | No |  |  | S4.A15 |
| 8  | Is a TB test due in the calendar year?   | Yes | No |  |  |        |
| 9  | If <b>Yes to 8</b> , is the testing window still open?   | Yes | No |  |  |        |
| 10 | If <b>No to 9</b> , is the test still to be carried out or was it carried out after the end of the testing window?   | Yes | No |  |  | S4.A18 |
| 11 | Does the farmer have facilities to keep new animals separate from the rest of the herd/flock to confirm whether or not they are free from diseases transmissible to humans through food?     | Yes | No |  |  | S4.A18 |
| 12 | Have there been any notifiable disease outbreaks and/or indicators of potential outbreaks (abortions) which the farmer has failed to notify to the APHA (or report to relevant authorities)? | Yes | No |  |  | S4.A18 |

**Egg producers**

- |    |   |     |    |  |  |        |
|----|---|-----|----|--|--|--------|
| 13 | Does the farmer sell eggs?  | Yes | No |  |  |        |
| 14 | If <b>Yes to 13</b> , prior to sale, are eggs kept in a clean, dry environment, free from extraneous odour, effectively protected from shocks and out of direct sunshine? | Yes | No |  |  | S4.A31 |

## All farmers

15 Has there been a food or feed safety incident on the farm?

*e.g. chemical spill contaminating food or feed; dairy washings entering the milk tank*

Yes No

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16 If **Yes to 15**, has the farmer carried out the following;

- Initiated procedures to withdraw unsafe food or feed from the market and informed the local authority and the Food Standards Scotland?
- Destroyed unsafe feed?
- Informed consumers for the reason of the withdrawal of the food or feed, if it has reached them?
- Recalled unsafe food or feed, if there is no other way of achieving a high level of health protection?
- Immediately told both the local authority and the Food Standards Scotland, if food which has been supplied or intended to sell, could be injurious to health and of the actions taken to prevent risks to the final customer?

Yes No

S4.A1 S4.A2 S4.A3 S4.A4 S4.A5	

17 Does the farmer have a traceability system for;

- Inputs of food and feed?
  - ***name and address of supplier;***
  - ***nature and quantity of products supplied to them;***
  - ***date of transaction (delivery).***
- Outputs of food and feed?
  - ***name and address of customer;***
  - ***nature and quantity of products supplied to customer;***
  - ***date of transaction (when product left the farm).***
- And are these stored in an organised format which is readily available?

Yes No

S4.A6 S4.A7 S4.A8	

**(A minimum of 2 inputs and 2 outputs, where relevant, should be checked per enterprise group)**

18 Has the farmer received any analysis results for samples taken from food producing animals, plants, animal feed or other samples which have importance for human health?

*e.g. milk tests; silage analysis; malting barley analysis*

Yes No

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19 If **Yes to 18**, has the farmer kept a record of any analysis results?

Yes No

S4.A21	

20 If **Yes to 18**, has the farmer taken account of any adverse analysis results?

Yes No

S4.A10	

21 Has the farmer been informed of any food and feed problems identified through other official controls?  
**Other official controls include; APHA, FSS, LA**

Yes	No

22 If **Yes to 21**, has the farmer taken appropriate remedial action?

Yes	No
S4.A20	

23 Is the farmer preventing food or feed from being contaminated, by carrying out the following;

- Storing and handling waste and hazardous substances appropriately?
- Storing feed away from chemicals or any other products prohibited for use as animal feed?
- Keeping storage areas and containers clean and dry and implementing appropriate pest-control measures?
- Storing treated seed properly to prevent it being accessible to animals?
- Handling medicated and non-medicated feeds separately and storing medicated feeds in a way so they can't be fed to non-target animals by mistake?

Yes	No
S4.A9 S4.A11 S4.A12 S4.A13 S4.A14	

24 Does the farmer use plant protection products?  
**Plant protection products refers to insecticides, herbicides, fungicides, molluscicides and growth regulators**

Yes	No

25 If **Yes to 24**, has the farmer;

- got complete records detailing the use of plant protection products?

Yes	No
S4.A21	

**Records must contain:**

- **spraying date;**
- **product used;**
- **application rate and;**
- **harvest interval.**

- had any positive residue results on analysis of a food sample, that exceeds the statutory maximum residue level (MRL) for a pesticide?

Yes	No
S4.A17	

26 Does the farmer use genetically modified seeds (in feed production)?

Yes	No

27 If **Yes to 26**, does the farmer keep a record of the use of genetically modified seeds?

Yes	No
S4.A21	

28 Does the farmer use biocides (e.g. rat poison and fumigation treatments)?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

29 If **Yes to 28**, has the farmer;

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

S4.A21

- got complete records detailing the use of biocides?

**Records must contain:**

- *name of biocide and;*
- *date of the treatment*

- used biocides according to the label conditions?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

S4.A17

**Breaches include:**

- *not stored correctly;*
- *past their use-by dates;*
- *no protection from non-target species;*
- *not stored in original container;*
- *not used in accordance with the instructions/dosage;*
- *not kept out of reach of children*

30 Does the farmer carry out any Annex 2 activities?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** provide details -

**Tick**

Grain drying

Propcorn

Mixing feed

Other:

31 Is the farmer a member of a Quality Assurance Scheme?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If **Yes** provide details -

Scheme Name:

Membership Number:

**Summary of Breach Findings**

Requirement breached & Question number (e.g. SMR 4 – Q27)	Intent Negligent/ Intentional	Extent On farm/ Off farm	Severity Very low/Low/ Medium/High	Permanence Rectifiable/ Permanent	Reoccurrence 1 <sup>st</sup> offence/ 2 <sup>nd</sup> offence/ 3 <sup>rd</sup> offence

If breach(es) discovered, please leave comment(s) in section E.

**E. Inspector's comments**

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**Inspector's signature -** .....

**Name -** .....

(BLOCK CAPITALS) .....

**Grade -** .....

**Contact e-mail -** .....

**Senior Officer name -** .....

**Date -** .....

**Tel no -** .....

**Tel no -** .....

**F. Applicant / representative's comments**

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**Applicant's signature -** .....

**Name -** .....

(BLOCK CAPITALS) .....

**Date -** .....