

**FSA/operator agreed recommended methods of operation (RMOP) for removal of SRM bovine vertebral column in authorised cutting plants**

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| --- | --- |
| Establishment name | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Establishment approval number | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Establishment address | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Name of the food business operator | Click or tap here to enter text. |

## Notes for filling out the table

**Column 1** - Lists the required stages of the vertebral column VC removal process

**Column 2** - Must be completed to show all the facilities, systems and procedures necessary to ensure that the requirements of the TSE Regulations can be met.

**Column 3** - Must be completed to identify the specific job title of the cutting plant staff responsible.

|  |  |  |
| --- | --- | --- |
| **Required step** | **Description of facility, system and control procedure meeting the requirement** | **Personnel responsible** |
| **1. Advance notice of arrival of consignment** | Click or tap here to enter text. | Click or tap here to enter text. |
| **2. Receipt of carcases for VC removal at additionally licenced cutting plant** | Click or tap here to enter text. | Click or tap here to enter text. |
| **3. SRM VC Removal** | Click or tap here to enter text. | Click or tap here to enter text. |
| **4. SRM disposal** | Click or tap here to enter text. | Click or tap here to enter text. |
| **5. Cleansing and disinfection** | Click or tap here to enter text. | Click or tap here to enter text. |
| **6. Identification mark** | Click or tap here to enter text. | Click or tap here to enter text. |

The above details must not be changed without first giving written notice to your official veterinarian and obtaining their agreement to the intended change. All the procedures within this protocol become binding between the parties as from (date)

## Food Business Operator

|  |  |
| --- | --- |
| Name in BLOCK LETTERS | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature | Signature |

## FSA Official Veterinarian

|  |  |
| --- | --- |
| Name in BLOCK LETTERS | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature | Signature |

## FSA Field Veterinary Leader

|  |  |
| --- | --- |
| Name in BLOCK LETTERS | Click or tap here to enter text. |
| Date | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Signature | Signature |

Please submit the completed application form (ABP 7-6) and completed RMOP to the Approvals Team at [approvals@food.gov.uk](mailto:approvals@food.gov.uk)