05/2014 rev.

Pennsylvania Department of Agriculture
Bureau of Food Safety and Laboratory Services
717-787-4315
www.EatSafePA.com

Dear Owner of a Deer Processing Establishment,

As a participant in the Hunters for Sharing the Harvest program your deer processing establishment must be compliant with federal and/or state laws. Enclosed are the necessary forms and applications for obtaining a Registration from the Pennsylvania Department of Agriculture under the Food Safety Act of 2010 (3 C.S. §§5721 – 5737) as a custom **deer processor**. This registration application and inspection requirements has been specifically developed in partnership with and in consultation with the Hunters Sharing The Harvest Program's deer processor/directors Rick Fetrow, Kip Padgelek and Lorne Peters. Our goal is to minimize any inconvenience and make registration easy, while ensuring uniform food safety criteria and quality control in the future. Please note the integrity of the HSH venison charity is a foremost concern, and this change is a state requirement that will yield long-term positive benefits for you as a processor, as well as for the ultimate consumers receiving food assistance.

If your processing establishment is approved and inspected by USDA, US Department of Agriculture, and those same processing facilities are used for custom deer processing, you do not need Registered with the PA Department of Agriculture (PDA). Only facilities **not** inspected by USDA and who are providing custom deer processing services require registration and inspection by PDA. If any additional retail food store or food processing operation exists at this same establishment, please contact the Department to discuss proper licensing.

The enclosed material must be fully completed and returned to the appropriate Regional Office as listed below. Please note failure to provide all required information could delay your application approval. The Department of Agriculture, Regional Food Sanitarian and/or Supervisor, will review the application and contact you to if further information or clarification is needed, or if approved to schedule a registration inspection prior to your opening for operation. If your application is disapproved, you will receive a written letter stating the reasons for the application disapproval. Applications can be resubmitted at any time. Please allow 3 – 4 weeks for processing.

DO NOT SEND MONEY WITH THIS APPLICATION. Registration fees will be collected at the time of the Inspection. NO CASH accepted, checks or money orders only, payable to Commonwealth of PA. Initial registrations and annual renewals are $35.00

Sincerely,
The Bureau of Food Safety & Laboratory Services Staff

MAILING ADDRESSES: **The Pennsylvania Department of Agriculture**
Bureau of Food Safety and Laboratory Services
Followed by the address below….

Region 1 (Clarion, Crawford, Elk, Erie, Forest, Jefferson, McKean, Mercer, Venango and Warren)
13410 DUNHAM RD, MEADVILLE PA 16335 814-332-6890 Fax: 814-333-1431

Region 2 (Cameron, Clinton, Columbia, Lycoming, Northumberland, Montour, Potter, Snyder, Tioga and Union)
542 COUNTY FARM RD, SUITE #102, MONTOURSVILLE PA 17754 570-433-2640 Fax: 570-433-4770

Region 3 (Bradford, Carbon, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Wayne and Wyoming)
RT 92 SOUTH, PO BOX C, TUNKHANNOCK PA 18657 570-836-2181 Fax: 570-836-6266

Region 4 (Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Indiana, Lawrence, Washington and Westmoreland)
226 DONOHOE RD, SUITE 101, GREENSBURG PA 15601 724-832-1073 Fax: 724-832-1013

Region 5 (Bedford, Blair, Cambria, Centre, Clearfield, Fulton, Huntingdon, Juniata, Mifflin and Somerset)
Martinsburg Commons 403 E. Christiana St. Martinsburg PA 16662 814-793-1849 Fax: 814-793-1869

Region 6 (Adams, Cumberland, Dauphin, Franklin, Lebanon, Lancaster, Perry and York)
ROOM 100, 2301 NORTH CAMERON ST., HARRISBURG PA 1711 717-346-3223 Fax: 717-346-3229

Region 7 (Berks, Bucks, Chester, Delaware, Lehigh, Montgomery, Northampton, Schuylkill, Philadelphia)
1015 BRIDGE RD, COLLEGEVILLE PA 19426 610-489-1003 Fax: 610-489-6119

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APPLICATION FOR CUSTOM DEER PROCESSING

As a registered deer processor, you may label your product or packaging, publications, advertisements, etc… with the following abbreviation: **"Reg. Penna. Dept. Agr."**

This Application is intended for one establishment location

APPLICATION FOR: Deer Processors- Processing of wild caught and field dressed deer only, and not under USDA inspection.

NAME OF THE BUSINESS: _____

NAME OF THE LEGAL OWNER OF THE BUSINESS: _____

PHYSICAL ADDRESS OF PROCESSING ESTABLISHMENT:

_____
Street Number and Name City State Zip Code

_____ _____
County Township/Borough

___(_____)_____ ____(_____)_____
Phone Number Fax Number

_____ ____(___ ___)_____
Email Address Cell Number or Alternate Phone Number

MAILING ADDRESS (If Other Than Above):

_____ _____ _____ _____
Street Address City State Zip Code

WATER: The Establishment is using: (Check which one applies)

☐ A public / municipal water supply.
Water Company Name (example: Pa American Water)_____

☐ Non-municipal / private water supply (example: well water) regulated by DEP. DEP, Department of Environmental Protection, can be reached at 717-787-9633.

☐ Non-public water supply (one not regulated by DEP**). If you are on a private well that is not inspected by DEP, you must have a water test done on your well water.** Contact an approved water testing laboratory in your area to make arrangements for this water testing. A **coliform** and **nitrate/nitrate** test must be performed and a current satisfactory water test must be attached to this application or made available at the registration inspection.

SEWER: The Establishment is using: (Check which one applies)

☐ A municipal/public sewage disposal system. Name of Sewage Authority: _____

☐ A non-public sewage disposal system (examples; Sand mounds, holding tanks). Note: You must have sewage disposal system that is legally approved by your municipality and is functioning properly.

TRASH- MEAT SCRAP DISPOSAL:

☐The Food Establishment trash collector is _____(company name)

☐List any other refuse or waste collection companies that you use (ex: grease collection, food scraps, meat rendering, or similar) _____

OPERATIONAL INFORMATION

Which **month**s of the year do you plan on processing? _____

List which **days** of the week and **times of day** you will *most likely* be processing? _____

FLOOR PLANS for NEW DEER PROCESSORS

Although NOT required by Law, New Food Establishments that would like the Department to review and provide comments on plans for their establishment to assure compliance with Codes may voluntarily submit a blue print – or simple hand-draw sketch – of the proposed food processing establishment layout and a listing of proposed equipment. Simply attach your plans to this application.

HEALTH POLICY

As a food establishment providing a food processing services to the public, it is your responsibility to assure that you and any food workers are in good health and not ill with any illness that could be transmitted in food. Please have a plan in place to deal with times when you may not be feeling well, but have processing jobs to do. An employee health policy establishes how to handle ill food workers, including you, during processing times.

ALL APPLICANTS COMPLETE

This application should be **submitted to your local Regional Office**, as listed on the cover letter.

The Applicant understands and agrees that this document is an application for the **Registration of a deer processing establishment only**. The applicant understands and agrees that only a "proprietor" of this operation may obtain the registration; and that a "proprietor" may be a person, partnership, association or corporation operating the food establishment within the Commonwealth of Pennsylvania. The applicant verifies that the person or entity listed below is the "proprietor" of the food establishment that is the subject of this application. By signature on this application the proprietor confirms that the business is operating a deer processing establishment that has been approved by the local municipality with regards to any water, sewer, zoning or building codes requirements. Additionally, any other local, state, or federal rules and regulations that may be applicable are in compliance.

The applicant verifies that all statements and information in this application are true and correct to the best of the applicant's knowledge, information and belief; and makes these statements subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn falsification to authorities.

Please complete and sign the below ownership category that best describes your business (if a corporation, LLC, LLP or Association, please continue to next page):

☐ INDIVIDUAL PERSON:

_____
Signature

_____
Legibly Print Name

_____
Date

☐ PARTNERSHIP: (one signature needed)

_____ _____
Signature-General Partner Signature-General Partner

_____ _____
Legibly Print Name Legibly Print Name

_____ _____
Date Date

OFFICIAL USE ONLY

Registration- Deer Processor STANDARDS FOR REVIEW: Chapter 57 / CFR's

☐**APPROVAL**, DATE _____. Owner was contacted with approval on _____

☐**DISAPPROVAL**, DATE_____. Owner was sent a denial letter on _____

Reasons for denial: _____

Reviewing Sanitarian; _____

☐ Corporation Or Association/Non-Profit Entity: (minimum of one signature is needed)

_____
Name of Corporation or Non-Profit Entity

_____
Signature of President / VP *(circle which)* Date

_____
Legibly Print Name

_____
Signature of Secretary / Treasurer *(circle which)* Date

_____
Legibly Print Name

☐ Limited Liability Company (LLC) or Limited Liability Partnership (LLP): (minimum of one signature is needed)

_____
Name of LLC or LLP

_____	_____
Signature – Member Date	Signature – Member Date
_____	_____
Legibly Print Name	Legibly Print Name
_____	_____
Signature – Member Date	Signature-Member Date
_____	_____
Legibly Print Name	Legibly Print Name

OFFICIAL USE ONLY
Registration- Deer Processor STANDARDS FOR REVIEW: Chapter 57 / CFR's

☐**APPROVAL**, DATE _____. Owner was contacted with approval on _____

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Reviewing Sanitarian; _____