



Ministero della Salute

Direzione generale per l'igiene e la sicurezza degli alimenti e la nutrizione
Ufficio 2

Via Giorgio Ribotta 5- 00144 Roma

0013193-31/03/2022-DGISAN-MDS-P

Trasmissione elettronica
N. prot. DGISAN in Docsa/PEC

ASSESSORATI ALLA SANITA'
REGIONI E PROVINCIA AUTONOMA DI
TRENTO
SERVIZI VETERINARI
LORO SEDI

ASSESSORATO ALL'AGRICOLTURA
PROVINCIA AUTONOMA
DI BOLZANO
SEDE

E p.c

Associazioni di Categoria – settore carni

Associazione di Categoria- settore della pesca

ANCIT ancit@conservieriittici.it

Oggetto: ARABIA SAUDITA- export delle carni e relativi prodotti delle specie bovina ed ovi-caprina e delle conserve ittiche. Modifica delle procedure per inserimento delle aziende nella lista degli impianti abilitati ad esportare.

Si fa seguito alle note DGISAN prot. N° 60825 datata 14/10/2019 e n°15507 datata 14/04/2021 con le quali erano state date indicazioni sulle procedure da seguire per l'esportazione di carni e relativi prodotti delle specie bovina ed ovi-caprina e delle conserve ittiche nonché l'iscrizione degli impianti italiani nella lista delle aziende abilitate dalla SFDA, competente Autorità saudita.

A tal proposito, la nostra Ambasciata a Riad ci ha comunicato che le competenti Autorità saudite, al fine di consentire l'aggiornamento delle liste degli stabilimenti dei settori in oggetto autorizzati ad esportare verso il loro Paese, hanno modificato le procedure richiedendo la compilazione di appositi formulari che devono essere redatti in tutte le loro parti (allegati 1 e 2).

Pertanto, pur restando in piedi tutte le condizioni previste dalle pregresse comunicazioni di questo Ufficio, predisposizione della manifestazione d'interesse e verbale sopralluogo della ASL, anche gli anzidetti formulari potranno essere inviati allo scrivente Ministero, per il tramite delle Regioni e dei Servizi Veterinari territorialmente competenti, sia tramite pec del MS (dgsan@postacert.sanita.it) sia all'indirizzo di posta elettronica: a.garofano@sanita.it.

Nell'invitare codesti Assessorati a voler cortesemente informare di quanto sopra i Servizi Veterinari territorialmente competenti, nonché gli Enti e gli operatori commerciali interessati, si ringrazia per la collaborazione.

IL DIRETTORE DELL'UFFICIO 2
-DGISAN
F.to* Dott. Pietro Noè

Referente:

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* "firma autografa sostituita a mezzo stampa, ai sensi dell'art.3, comma 2, del D.Lgs. n. 39/1993"

نموذج طلب تحديث قائمة المنشآت المعتمدة للحوم والمنتجات الغذائية
(إضافة، إزالة، تعديل)

**Form to update the list of approved establishments for food products
(Addition ,Delisting ,Amendments)**

ترغب (الجهة الرقابية) في (اسم الدولة) بإجراء تحديث على قائمة المنشآت المعتمدة للحوم والمنتجات الغذائية من خلال التعديلات الواردة أدناه، وعليه تؤكد الجهة الرقابية بأن المنشآت أدناه مسجلة لديها وخاضعة لرقابتها ومطبقة لاشتراطات صحة الغذاء ([هنا](#)) والمواصفة القياسية رقم (1694) "القواعد العامة لصحة الغذاء"، واللائحة الفنية رقم 21 (الشروط الصحية في مصانع الأغذية والعاملين بها) المعتمدة لدى الهيئة.

The (competent authority) in (name of the country) requests to update the list of approved establishments for Meat and food products through the amendments listed below, and accordingly, the competent authority confirms that the following establishments fulfill the SFDA Food Hygienic Requirements ([here](#)), the SFDA.FD 1694 standard “*General Principles Of Food Hygiene*”, and the SFDA.FD 21 technical regulation “*Hygienic Regulations For Food Plants And Their Personnel*”.

طلب الإضافة (Addition):

| <input type="checkbox"/> Addition | | | | | | | | |
|-----------------------------------|-----------------|-----------------------|-----------|-----------------|----------|-----------------------|-------------|-------------|
| No. | Approval Number | Name | City/town | Region | Activity | Type | Date listed | note Status |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| SH (Slaughterhouse) | | CP (cutting plant) | | CS (cold store) | | PP (processing plant) | | |
| MM(Minced Meat) | | MP(Meat Preparations) | | OF(Offal) | | FR (frozen) | | |

السبب Reason:

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طلب الإزالة (Delisting):

| <input type="checkbox"/> Removal | | | | | | | | |
|----------------------------------|-----------------|-----------------------|-----------|-----------------|----------|-----------------------|-------------|-------------|
| No. | Approval Number | Name | City/town | Region | Activity | Type | Date listed | note Status |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| SH (Slaughterhouse) | | CP (cutting plant) | | CS (cold store) | | PP (processing plant) | | |
| MM(Minced Meat) | | MP(Meat Preparations) | | OF(Offal) | | FR (frozen) | | |

السبب Reason:

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□ طلب التعديل (Amendments):
 1. الوضع الحالي (Current Status):

| □ Current Status | | | | | | | | |
|---------------------|-----------------|-----------------------|-----------------|-----------------------|----------|------|-------------|-------------|
| No. | Approval Number | Name | City/town | Region | Activity | Type | Date listed | note Status |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| SH (Slaughterhouse) | | CP (cutting plant) | CS (cold store) | PP (processing plant) | | | | |
| MM(Minced Meat) | | MP(Meat Preparations) | OF(Offal) | FR (frozen) | | | | |

2. الوضع الجديد (New Status):

| □ New Status | | | | | | | | |
|---------------------|-----------------|-----------------------|-----------------|-----------------------|----------|------|-------------|-------------|
| No. | Approval Number | Name | City/town | Region | Activity | Type | Date listed | note Status |
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| SH (Slaughterhouse) | | CP (cutting plant) | CS (cold store) | PP (processing plant) | | | | |
| MM(Minced Meat) | | MP(Meat Preparations) | OF(Offal) | FR (frozen) | | | | |

السبب Reason:

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| Competent authority name | Name of responsible person | signature | date | Competent authority stamp |
|---------------------------------|-----------------------------------|------------------|-------------|----------------------------------|
| ختم الجهة الرقابية | اسم الشخص المسؤول | التوقيع | التاريخ | اسم الجهة الرقابية |
| | | | | |

طريقة تعبئة قوائم الأسماك

يوجد ثلاث قوائم لمنشآت الأسماك والأحياء المائية على النحو التالي:

1. قائمة لمنشآت الأسماك والأحياء المائية صيد بحري (الأسماك التي يتم صيدها من البحار ويتم تصديرها مبردة مباشر أو يتم إجراء عمليات الفرز والتجميد فقط).
2. قائمة لمنشآت الأسماك والأحياء المائية المستزرعة (الأسماك التي يتم استزراعها في البحار والانهار والمزارع المائية ويتم تصديرها مبردة أو مجمدة).
3. قائمة لمنشآت الأسماك والأحياء المائية المصنعة (المنتجات التي تخضع للعمليات التالية: نزع الرأس والقشرة – نزع الاحشاء – التقطيع – الفيلية – التعليب – التجفيف – التدخين – التملح – الطبخ – أو تلك التي يتم عملها كـ نجت أو برجر أو سوشي.....إلخ.
في حال كانت المنشأة تقوم بتصدير أكثر من نوع يتم كتابة اسم المنشأة في كل قائمة حسب النوع.

How to fill the list of fishery establishments

There are three lists of fish and aquatic establishments as follows:

- 1- List for marine fish and aquatic products establishment (fish that are caught from sea and are exported directly chilled or carry out sorting and freezing only).
- 2- List for cultured (farmed) fish and aquatic products establishments (fish that are cultured in sea, rivers and fish pond farms and are exported chilled or frozen)
- 3- List for processed fish and aquatic products establishments (products that are subject to the following process: removing the head and skin – evisceration – cutting – fillets – canning – drying – smoking – salting – cooking – or those made as nuggets, burgers or sushi.....etc).

In the event that the facility exports more than one type category, the name of the facility is written in each list accordingly.

نموذج طلب تحديث قائمة المنشآت / السفن المعتمدة للأسماك والأحياء المائية (صيد بحري)
(إضافة، إزالة، تعديل)

Form to update the list of approved establishments / vessels for Fish and aquatic products (wild catch)

(Addition ،Delisting ،Amendments)

ترغب (الجهة الرقابية.....) في (اسم الدولة.....) بإجراء تحديث على قائمة المنشآت المعتمدة للأسماك والأحياء المائية ومنتجاتها (صيد بحري) من خلال التعديلات الواردة أدناه، وعليه تؤكد الجهة الرقابية بأن المنشآت أدناه مسجلة لديها وخاضعة لرقابتها ومطبقة لاشتراطات صحة الغذاء (هنا) والمواصفة القياسية رقم (1694) " القواعد العامة لصحة الغذاء"، واللائحة الفنية رقم 21 (الشروط الصحية في مصانع الأغذية والعاملين بها) المعتمدة لدى الهيئة.

The (competent authority.....) in (name of the country.....) requests to update the list of approved establishments for fish products (wild catch) through the amendments listed below, and accordingly, the competent authority confirms that the following establishments fulfill the SFDA Food Hygienic Requirements (here), the SFDA.FD 1694 standard “*General Principles Of Food Hygiene*”, and the SFDA.FD 21 technical regulation “*Hygienic Regulations For Food Plants And Their Personnel*”.

طلب الإضافة (Addition):

Addition

| No. | Approval Number | Name | City/town | Region | Activity | Type | Scientific name of fish | Trade Name of fish | note |
|----------|-----------------|---------------------------|-----------|--------|----------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Activity | | establishments, vessels, | | | | | | | |
| Type | | FR (frozen), CH (chilled) | | | | | | | |

السبب Reason:

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طلب الإزالة (Delisting):

Removal

| No. | Approval Number | Name | City/town | Region | Activity | Type | Scientific name of fish | Trade Name of fish | note |
|----------|-----------------|---------------------------|-----------|--------|----------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Activity | | establishments, vessels, | | | | | | | |
| Type | | FR (frozen), CH (chilled) | | | | | | | |

السبب Reason:

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- طلب التعديل (Amendments):
- الوضع الحالي (Current Status):

Current Status

| No. | Approval Number | Name | City/town | Region | Activity | Type | Scientific name of fish | Trade Name of fish | note |
|----------|-----------------|---------------------------|-----------|--------|----------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Activity | | establishments, vessels, | | | | | | | |
| Type | | FR (frozen), CH (chilled) | | | | | | | |

- الوضع الجديد (New Status):

New Status

| No. | Approval Number | Name | City/town | Region | Activity | Type | Scientific name of fish | Trade Name of fish | note |
|----------|-----------------|---------------------------|-----------|--------|----------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| Activity | | establishments, vessels, | | | | | | | |
| Type | | FR (frozen), CH (chilled) | | | | | | | |

السبب Reason:

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.....

| Competent authority name | Name of responsible person | signature | date | Competent authority stamp |
|---------------------------------|-----------------------------------|------------------|-------------|----------------------------------|
| ختم الجهة الرقابية | اسم الشخص المسؤول | التوقيع | التاريخ | اسم الجهة الرقابية |
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نموذج طلب تحديث قائمة المنشآت المعتمدة للأسماك والأحياء المائية (المستزرع)
(إضافة، إزالة، تعديل)

**Form to update the list of approved establishments for aquaculture products
(Addition ،Delisting ،Amendments)**

ترغب (الجهة الرقابية.....) في (اسم الدولة.....) بإجراء تحديث على قائمة المنشآت المعتمدة للأسماك والأحياء المائية ومنتجاتها (المستزرع) من خلال التعديلات الواردة أدناه، وعليه تؤكد الجهة الرقابية بأن المنشآت أدناه مسجلة لديها وخاضعة لرقابتها ومطبقة لاشتراطات صحة الغذاء (هنا) والمواصفة القياسية رقم (1694) " القواعد العامة لصحة الغذاء"، واللائحة الفنية رقم 21 (الشروط الصحية في مصانع الأغذية والعاملين بها) المعتمدة لدى الهيئة، وممارسات الاستزراع الجيدة (BAP).

The (competent authority.....) in (name of the country.....) requests to update the list of approved establishments for fish products (**Aquaculture**) through the amendments listed below, and accordingly, the competent authority confirms that the following establishments fulfill the SFDA Food Hygienic Requirements ([here](#)), the SFDA.FD 1694 standard “*General Principles Of Food Hygiene*”, the SFDA.FD 21 technical regulation “*Hygienic Regulations For Food Plants And Their Personnel*”, and the Best Aquaculture Practices (BAP).

طلب الإضافة (Addition):

| <input type="checkbox"/> Addition | | | | | | | | | | |
|-----------------------------------|-----------------|------|---------------------------|--------|----------|----------|------|-------------------------|--------------------|------|
| No. | Approval Number | Name | City/town | Region | Location | Activity | Type | Scientific name of fish | Trade Name of fish | note |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| Location | | | Land, River, Sea | | | | | | | |
| Activity | | | Cages, Pond, Tank | | | | | | | |
| Type | | | FR (frozen), CH (chilled) | | | | | | | |

السبب Reason:

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طلب الإزالة (Delisting):

| <input type="checkbox"/> Removal | | | | | | | | | | |
|----------------------------------|-----------------|------|---------------------------|--------|----------|----------|------|-------------------------|--------------------|------|
| No. | Approval Number | Name | City/town | Region | Location | Activity | Type | Scientific name of fish | Trade Name of fish | note |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| Location | | | Land, River, Sea | | | | | | | |
| Activity | | | Cages, Pond, Tank | | | | | | | |
| Type | | | FR (frozen), CH (chilled) | | | | | | | |

السبب Reason:

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- طلب التعديل (Amendments):
- الوضع الحالي (Current Status):

Current Status

| No. | Approval Number | Name | City/town | Region | Location | Activity | Type | Scientific name of fish | Trade Name of fish | note | |
|----------|-----------------|------|---------------------------|--------|----------|----------|------|-------------------------|--------------------|------|--|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| Location | | | Land, River, Sea | | | | | | | | |
| Activity | | | Cages, Pond, Tank | | | | | | | | |
| Type | | | FR (frozen), CH (chilled) | | | | | | | | |

- الوضع الجديد (New Status):

New Status

| No. | Approval Number | Name | City/town | Region | Location | Activity | Type | Scientific name of fish | Trade Name of fish | note | |
|----------|-----------------|------|---------------------------|--------|----------|----------|------|-------------------------|--------------------|------|--|
| 1 | | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| Location | | | Land, River, Sea | | | | | | | | |
| Activity | | | Cages, Pond, Tank | | | | | | | | |
| Type | | | FR (frozen), CH (chilled) | | | | | | | | |

السبب Reason:

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| Competent authority name | Name of responsible person | signature | date | Competent authority stamp |
|---------------------------------|-----------------------------------|------------------|-------------|----------------------------------|
| ختم الجهة الرقابية | اسم الشخص المسؤول | التوقيع | التاريخ | اسم الجهة الرقابية |
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نموذج طلب تحديث قائمة المنشآت المعتمدة للأسماك والأحياء المائية (المصنعة)

(إضافة، إزالة، تعديل)

Form to update the list of approved establishments for Fish processed Products

(Addition ,Delisting ,Amendments)

ترغب (الجهة الرقابية.....) في (اسم الدولة.....) بإجراء تحديث على قائمة المنشآت المعتمدة للأسماك والاحياء المائية ومنتجاتها (المصنعة) من خلال التعديلات الواردة أدناه، وعليه تؤكد الجهة الرقابية بأن المنشآت أدناه مسجلة لديها وخاضعة لرقابتها ومطبقة لاشتراطات صحة الغذاء (هنا) والمواصفة القياسية رقم (1694) " القواعد العامة لصحة الغذاء"، واللائحة الفنية رقم 21 (الشروط الصحية في مصانع الأغذية والعاملين بها) المعتمدة لدى الهيئة.

The (competent authority.....) in (name of the country.....) requests to update the list of approved establishments for fish products (Processed Products) through the amendments listed below, and accordingly, the competent authority confirms that the following establishments fulfill the SFDA Food Hygienic Requirements ([here](#)), the SFDA.FD 1694 standard “*General Principles Of Food Hygiene*”, and the SFDA.FD 21 technical regulation “*Hygienic Regulations For Food Plants And Their Personnel*”.

□ طلب الإضافة (Addition):

Addition

| No. | Approval Number | Name | City/town | Region | Type | Scientific name of fish | Trade Name of fish | note |
|-----|-----------------|------|-----------|--------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

Type | Burger, Canned, Cooked, Cutting, Dried, Eviscerate, Fillet, Headless & peeled, Nuggets, salted, Smoked, Sushi, others (.....).

السبب Reason:

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طلب الإزالة (Delisting):

Removal

| No. | Approval Number | Name | City/town | Region | Type | Scientific name of fish | Trade Name of fish | note |
|-----|-----------------|------|-----------|--------|------|-------------------------|--------------------|------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

Type | Burger, Canned, Cooked, Cutting, Dried, Eviscerate, Fillet, Headless & peeled, Nuggets, salted, Smoked, Sushi, others (.....).

السبب Reason:

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- طلب التعديل (Amendments):
- الوضع الحالي (Current Status):

Current Status

| No. | Approval Number | Name | City/town | Region | Activity | Scientific name of fish | Trade Name of fish | note |
|-----|-----------------|------|-----------|--------|----------|-------------------------|--------------------|------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

Type | Burger, Canned, Cooked, Cutting, Dried, Eviscerate, Fillet, Headless & peeled, Nuggets, salted, Smoked, Sushi, others (.....).

- الوضع الجديد (New Status):

New Status

| No. | Approval Number | Name | City/town | Region | Activity | Scientific name of fish | Trade Name of fish | note |
|-----|-----------------|------|-----------|--------|----------|-------------------------|--------------------|------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

Type | Burger, Canned, Cooked, Cutting, Dried, Eviscerate, Fillet, Headless & peeled, Nuggets, salted, Smoked, Sushi, others (.....).

السبب Reason:

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| Competent authority name | Name of responsible person | signature | date | Competent authority stamp |
|---------------------------------|-----------------------------------|------------------|-------------|----------------------------------|
| ختم الجهة الرقابية | اسم الشخص المسؤول | التوقيع | التاريخ | اسم الجهة الرقابية |
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