## CHECKLIST FOR SUBMITTING UCFM PRO FORMA

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|  | **Comment or tick box** |
| Completed pro forma |  |
| Cure information and label |  |
| Starter culture information sheet |  |
| Product label |  |
| A copy of the output from *E. coli* inactivation model (see *Guidelines for manufacturing UCFM in NSW* for more information) |  |
| Additional process information not captured in this form |  |

* If you have permission to manufacture UCFM, email the completed pro forma with signed declaration and required documents to food.sciencesupport@dpi.nsw.gov.au
* If you do not currently hold a licence with permission to manufacture UCFM, you **must** send your licence application and pro forma to food.licensing@dpi.nsw.gov.au.

For more information on licensing, please refer to the website: <http://www.foodauthority.nsw.gov.au/ip/licensing>

* For more information, please contact the NSW Food Authority on 1300 552 406

## UCFM DECLARATION

I certify that the information detailed in this UCFM process pro forma is an accurate description of the ingredients and process used for the product specified.

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| Name  |  |
| Position |  |
| Signature |  |
| Date |  |

## INFORMATION REQUIRED FOR The ASSESSMENT

The following information is required for a technical assessment of your UCFM process to confirm that the procedure will produce a safe product. **Incomplete information will slow down the approval process**. Most food laboratories will be able to assist with any analytical testing required to complete this pro forma.

**COMPANY** **INFORMATION**

|  |  |
| --- | --- |
| Licensee Name |  |
| Licence Number |  |
| Contact Person |  |
| Email Address |  |

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| * + - 1. Product information
 |
| The product name in this pro forma **must match** the name on the label/tag during manufacturing and the label of final product.***Please attach the label of the product at the end of the pro forma*** |
| 1a | Product name |  |
| 1b | Diameter | mm |
| 1c | Type of casing |  |
| 1d | Frequency of manufacturing(e.g. daily, weekly, once a month, twice a year) |  |
| 1e | Batch size(e.g. 5 kg, 10 kg, 200 kg, 500 kg) | kg |

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| * + - 1. Raw meat supply & quality
 |
| 2a | The name of the meat supplier |  |
| 2b | Meat temperature when received[[1]](#footnote-1) | □ Frozen | □ chilled <5°C | □ other please specify \_\_\_\_\_ |
| 2c | Meat storage temperature | □ Frozen | □ chilled <5°C | □ other please specify \_\_\_\_\_ |
| 2d | Meat temperature at mincing | □ Frozen | □ chilled <5°C | □ other please specify \_\_\_\_\_ |
| 2e | If different temperature meats e.g. frozen and chilled, are mixed at mincing, please specify the approximate weight ratio. | □ not applicable | Ratio: |
| 2f | Criteria used to reject the raw meat (e.g. microbiological criteria, temperature).Please be specific |  |
| 2g | Maximum time the batter mix is stored before filling of casing | hours |
| 2h | Temperature of meat at filling | °C |
| 2i | What happens to any leftover meat in the filler? |  |

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| * + - 1. Ingredients used in the batter mix **per batch**

***Please attach a photograph of the label and manufacturer’s specification of the cure*** |
| 3a | Type of lean meat used (e.g. beef / pork / lamb / other meat species - specify) |  |
| 3b | Amount of lean meatIf different types of meat are used, specify the amount for each type | kg |
| 3c | Type of fat used (e.g. beef / pork / lamb fat / fat from other species - specify) |  |
| 3d | Amount of fatIf different types of fat are used, specify the amount for each type | kg |
| 3e | Salt | g |
| 3f | Curing mix brand  |  |
| Cure name |  |
| Amount of cure added | g |
| or Nitrite (potassium nitrite or sodium nitrite) | g |
| or Nitrate (potassium nitrate or sodium nitrate) | g |
| 3g | Acidifiers - please specify type and amount:* Glucono delta lactone (GDL)
 | g |
| * Wine
 | g/ml |
| * Vinegar
 | g/ml |
| * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | g |

|  |  |  |
| --- | --- | --- |
| 3h | Sugar – please specify type and amount:* Sucrose (white sugar)
 | g |
| * Lactose
 | g |
| * Dextrose
 | g |
| * Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | g |
| 3i | All other ingredients (e.g. dried spices for seasoning, olives, truffle etc) and the corresponding amount |  |

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| * + - 1. Starter culture
 |
| Standard 4.2.3 of the Code specifies that the fermentation of a UCFM must be initiated using a starter culture.***Please attach the starter culture information sheet*** |
| 4a | Brand of starter culture |  |
| 4b | Starter culture name (as stated on the label)  |  |
| 4c | Microorganisms in starter culture |  |
| 4d | How is the starter culture stored?(e.g. refrigerated, frozen, room temperature) |  |
| 4e | Recommended optimum fermentation temperature of culture |  |
| 4f | Reconstitution method used (if any)(e.g. tap water or distilled water, and time) |  |
| 4g | Amount of starter culture added per batch | g |

**Please note that if temperature or time ranges (i.e. minimum - maximum) for the fermentation and maturation are provided, the assessment will use the minimum values.**

**All information recorded must be based on a trial batch.**

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| * + - 1. Fermentation
 |
| Enter the length of time that the product is at a certain temperature (not cumulative). For example, 24°C for 24 hours, then 22°C for 24 hours. Total fermentation time is 48 hours |
| 5a | Fermentation time and temperature profile | Start temperature | °C for  |
| hrs |
| Temperature 2 *(if applicable)* | °C for  |
| hrs |
| Temperature 3 *(if applicable)* | °C for  |
| hrs |
| **Total fermentation time** | **hrs** |
| 5b | Relative humidity | Start of fermentation | % |
| End of fermentation | % |
| 5c | pH | Meat batter |  |
| After 24 hrs |  |
| After 48 hrs |  |

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| * + - 1. Maturation/Drying
 |
| Enter the length of time that the product is at a certain temperature (not cumulative). For example, 20°C for 24 hours, then 18°C for 48 hours. Total maturation time is 72 hours or 3 days. |
| 6a | Maturation time and temperature profile | Temperature 1 | °C for  |
| hrs |
| Temperature 2 *(if applicable)* | °C for  |
| hrs |
| Temperature 3 *(if applicable)* | °C for  |
| hrs |
| Temperature 4 *(if applicable)* | °C for  |
| hrs |
| Temperature 5 *(if applicable)* | °C for  |
| hrs |
| Temperature 6 *(if applicable)* | °C for  |
| hrs |
| Temperature 7 *(if applicable)* | °C for  |
| hrs |
| **Total minimum maturation time** | **hrs****or** **days** |
| 6b | Relative humidity | Start of maturation | % |
| End of maturation | % |
| 6c | Weight loss at the end of maturation/drying | % |

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| * + - 1. Smoking *(if applicable)*
 |
| Enter the length of time that the product is at a certain temperature (not cumulative). |
| 7a | Smoking time and temperature profile  | Temperature 1 | °C for  |
| hrs |
| Temperature 2 *(if applicable)* | °C for  |
| hrs |
| **Total smoking time** | **hrs** |
| 7b | Relative humidity during smoking | % |
| 7c | Weight loss at the end of smoking | % |

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| * + - 1. Heat treatment *(if applicable)*
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| 8a | Heat treatment after fermentation(List the core temperature and time at that temperature) | °C for  |
| hrs |
| 8b | Heat treatment after maturation(List the core temperature and time at that temperature) | °C for  |
| hrs |

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| Are there any other processes not captured in this proforma? Specify.e.g. treatment of casings, addition of a secondary culture |  |
| * + - 1. Monitoring
 |
| The Code requires that the number of *E. coli* organisms in UCFM product must be monitored and recorded for the ingoing raw meat and product after fermentation and any subsequent processes. The Code also requires that the following must be monitored and recorded during UCFM production. ***These results must be kept for 12 months after the use-by date or best-before date***. Specify the **frequency** that each of the below is monitored and recorded |
| 9a | Raw meat testing for *E. coli*  |  |
| 9b | pH |  |
| 9c | Temperature and time of fermentation |  |
| 9d | Temperature and time of maturation/drying |  |
| 9e | Temperature and time of smoking |  |
| 9f | Weight loss or water activity |  |
| 9g | Finished product testing for *E. coli*#**#If a finished product is found to contain *E. coli* at a level of more than 3.6 cfu/g, you must notify the Food Authority** |  |
| 9h | Other testing |  |

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| * + - 1. Ready for sale
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| List the criteria for judging when your product is ready for sale |
| 10a | Water activity |  |
| 10b | pH |  |
| 10c | Weight loss | % |
| 10d | Microbiological testing |  |
| 10e | Other (please state) |  |
| * + - 1. Packaging and labelling
 |
| The name of the product on the label must match the name of product in this pro forma and all labels/tags during manufacturing. |
| 11a | Type of packaging(e.g. individually vacuum packed and loose in cartons, (x) unit in a vacuum pack) |  |
| 11b | Shelf life | days |
| 11c | Recommended storage conditions on label(e.g. room temperature, keep in cool place, refrigeration) |  |
| 11d | Lot/batch identification(provide example) |  |
| Attach the product label here |

END OF PRO FORMA

1. AS4696 specifies that a carcase must not be warmer than 7°C on its surfaces and any other carcase part must not be warmer than 5°C at the site of microbiological concern. [↑](#footnote-ref-1)