



COVID-19 MPI Essential Businesses Register

As an essential MPI service we require you to complete this form UNLESS you have 5 or less people in your workplace (including the owner) and can achieve 2 metre social distancing, including travel to and from work. There is no fee for this form.

Email this form to: approvals@mpi.govt.nz

1. Registrant Details			
Full Name of Operator			
NZBN Number			
Other Registration Types	<input type="checkbox"/> ACVM Act GMP ID : <input type="checkbox"/> Animal Products Act RMP ID : <input type="checkbox"/> Biosecurity Services ID : <input type="checkbox"/> Fisheries Services ID (FishServe Client Number): <input type="checkbox"/> Food Act FCP/NP ID: <input type="checkbox"/> Wine Act WSMP ID: <input type="checkbox"/> Other – please specify type and ID:		
Contact Person and Title		Phone	
		Mobile	
		Email	

2. Business Details	
Business Sector	<input type="checkbox"/> Beverages (alcoholic) <input type="checkbox"/> Beverages (non-alcoholic) <input type="checkbox"/> Canned products <input type="checkbox"/> Dairy <input type="checkbox"/> Distribution (dry/cold storage, transport) <input type="checkbox"/> Eggs <input type="checkbox"/> Fish/seafood <input type="checkbox"/> Frozen fruits/vegetables <input type="checkbox"/> Grain products (flour, breads, oats, seeds) <input type="checkbox"/> Honey
NOTE Tick all that are applicable	



	<input type="checkbox"/> Horticulture (growers, packers) <input type="checkbox"/> Infrastructure / supply chain (including packaging) <input type="checkbox"/> Ingredients (sugar, salt, fats/oils) <input type="checkbox"/> Inedibles (rendering, wool, hides/skins) <input type="checkbox"/> Farm Supplies / Farm Contractors <input type="checkbox"/> Meals/prepared foods <input type="checkbox"/> Petfood/feeds <input type="checkbox"/> Poultry Meat <input type="checkbox"/> Red Meat <input type="checkbox"/> Veterinary Medicines / Veterinary services <input type="checkbox"/> Biosecurity Services <input type="checkbox"/> Animal Welfare <input type="checkbox"/> Other – please specify:
Number of employees	<p>How many workplaces / premises / facilities / operating locations are there?</p> <p>What number of employees are at each premise / facility / Operating location (show numbers by location)</p> <p>What number of employees do you already have working from home?</p>



3. BCP During Covid 19: Complete the following questions.	
How do your processes protect your workers and the public by reducing the potential spread of COVID-19?	
How are you ensuring that workers and others at work are observing social distancing to and from work, during work and during rest breaks?	
What personal hygiene steps have you put in place for workers to reduce the likelihood of virus spread at work?	
What existing, or additional personal protective equipment could you introduce that would reduce the likelihood of virus spread at work?	
What steps are you taking to limit access to your plants apart from essential workers?	
How are you isolating staff, or parts of your workplace, so that virus spread would be contained should it occur?	
What arrangements have you put in place for staff to report any illness and remove themselves from work?	
What arrangements have you put in place for staff to report any suspected exposure to COVID-19?	
What actions would you take should a staff member be suspected of or confirmed as having COVID-19?	
How do you ensure that staff at particular risk of COVID-19 identify themselves and are isolated from work?	
How will you ensure that your workers observe 'stay at home' rules at the conclusion of each working day?	

Ministry for Primary Industries
Manatū Ahu Matua



Applicant Statement	<p>I confirm the information supplied in this application is truthful and accurate to the best of my knowledge, and I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator.</p> <p>Signature _____ Date _____</p>
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