National Agency for Food & Drug Administration & Control (NAFDAC)

Food Safety &Applied Nutrition (FSAN) Directorate

GUIDELINES FOR INSPECTION & REQUIREMENTS FOR BREAD AND BAKED PRODUCTS MANUFACTURING FACILITY.

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1. General

1.1. These Guidelines are for the general public and in particular, manufacturers of Bread and Baked products in Nigeria.

1.2. It prescribes the minimum Good Hygiene Practice (GHP) and Good Manufacturing Practice (GMP) requirements for the facilities and controls to be used in manufacturing, processing and packaging of Bread and Baked products to ensure that they meet quality standards.

1.3. It is necessary to emphasize that, no food product shall be manufactured, imported, advertised, offered for sale, distributed or used in Nigeria unless it has been registered in accordance with the provisions of NAFDAC Act CAP N1 (LFN) 2004, other related Legislations and the accompanying Guidelines.

Step I

2. Application

2.1. An application for Inspection on company's letter head should be made to the Director General, National Agency for Food and Drug Administration and Control (NAFDAC) on NAPAMS portal (www.napams.org)

Attention: The Director, Food Safety and Applied Nutrition (FSAN) Directorate, NAFDAC Office Complex, Isolo, Lagos State. The following information should be indicated in the letter;

2.1.1 Exact factory location address (NOT P.O. Box)

2.1.2. Functional e-mail address and telephone number(s).

2.2. The application letter should be uploaded with copies of the following documents in the order below;

2.2.1. Label/Packaging materials (Art work could be presented).

2.2.2. Evidence of payment to the Agency

2.2.3.Evidence of Business Incorporation or evidence of Business name.

2.2.4.Evidence of Registration of Brand Name with Trademark Registry in the Ministry of Industry, Trade and Investment. This should be done in the name of the owner of the Trademark/Brand name as the case may be.

2.2.5.Contract Manufacturing Agreement (where applicable)

2.2.6.SOP Index (list of SOPs ie for production, recall, distribution, consumer complain, cleaning of equipment and environment, which will be reviewed during inspection of facilities)

2.2.7. Food handler's certificate for production staff which should includethe

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following tests: Sputum, Hepatitis B, Widal, Stool, Urinary test (carried out bi-annually)

2.2.8. Current fumigation Certificate (carried out quarterly).

2.2.9. Certificate of analysis of raw materials.

2.2.10. Certificate of analysis of finished product.

2.2.11. HACCP plan.

2.2.12. Any other relevant documents.

Step II

3. **Registration and Payment on NAPAMS**

3.1. Receipts for payments is generated on NAPAMS

Step III

4. **Submission of Application**

4.1. The application letter, accompanying documents and evidence of payment are forwarded by the Liaison office of the Director (LOD), Food Registration and Regulations Directorate to LOD FSAN Directorate, Isolo, Lagos State

Step IV

5. **Scheduling of Inspection**

5.1. LOD FSAN moves the application on NAPAMS to the divisional head in respect of the product for scheduling of inspection in conjunction with the company

Step V

6. **Inspection**

6.1. The Inspection is conducted as scheduled.

6.2. For unsatisfactory inspection, a Non-Conformance is issued and communicated to the company through the NAPAMS portal.

Step VI

7. **Issuance of Registration Number**

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7.1. Satisfactory Inspection report and laboratory report are uploaded on NAPAMS, and the NAFDAC Registration (Listing) number is issued to the company online.

8. **Tariffs**

8.1. Please refer to Tariff section

9. **Note:**

9.1. The Master Baker (Production Manager) must be present for the inspection.

9.2. Two sets of documents must be submitted during the inspection.

9.3. Bread and Baked products shall not contain potassium bromate and saccharin.

9.4. Bread and Baked products must be packaged and labelled before sales and distribution.

9.5. Supermarkets operating bakeries as part of their operations may apply to utilize a single bread NAFDAC registration number per variant for all their outlets Nationwide. This will also be applicable to bakeries with a chain of outlets for Bread and Baked products with the same variant but application for inspection and listing approval has to be done for each outlet accordingly.

9.6. Failure to respond promptly to queries or enquiries raised by NAFDAC on the application (within 15 working days) will automatically lead to the closure of the Application.

9.7. Failure to respond to concerns raised by NAFDAC on the application or inspection, will automatically lead to delay in further processing of the application.

9.8. Please note that the clock stops once Non-Conformances are issued.

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REQUIREMENTS FOR BREAD AND BAKED PRODUCTS MANUFACTURING FACILITY

1. Organization and Personnel

1.1. There should be an adequate number of qualified personnel to perform assigned duties.

1.2. Each personnel engaged in Bread and Baked products manufacturing should have

1.2.1. Basic education

1.2.2. Adequate training/Experience

1.3. Personnel should wear protective apparel such as overall, head cover, nose and mouth masks and hand gloves to protect products from contamination.

1.4. Personnel should practice good sanitation and hygienic habits.

1.5. All personnel should have access to medical treatment and checks for communicable diseases and the records should be kept within the facility.

1.6. Food Handlers test/ medical fitness certificate for production staff should include the following:

a.Typhoid Vaccination Certificate (valid for 3 years from last vaccination date).
b. Hepatitis A Vaccination Certificate
c. Laboratory Investigation
i. Stool microscopy, culture and sensitivity
ii. Hepatitis A Antigen

Note:

See Appendix I for Medical Examination for Food Handlers along the Food Supply Chain as contained in the National Guidelines for Food Handlers' Medical Test 2024

1.7. There should be adequate training for employees in the particular operations that they perform.

2. Building and Facilities

2.1. Building(s) used in manufacturing, processing and packaging of Bread and Baked products should be adequately located, constructed and of suitable dimensions to facilitate cleaning and maintenance.

2.2. The building should have adequate space for the orderly placement of equipment and materials to prevent cross-contamination.

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2.3. The building should be appropriately designed to maintain free flow of personnel and materials.

2.4. There should be defined areas of adequate size to accommodate the different operations in a logical order of production flow corresponding to the sequence of the operations. The operational areas should include:

2.4.1. Cloakroom (Changing room)

2.4.2. Toilet facilities (which should not open directly into the production area)

2.4.3. Raw Materials Section

2.4.4. Packaging Materials Section

2.4.5. Production Section

2.4.6.Cooling section (screened to prevent contamination from insects and rodents).

2.4.7. Finished Products Section

2.5. Floors, walls and ceilings should have smooth hard surfaces that can be easily cleaned and disinfected when necessary.

2.6. Ceiling boards should be made of non-asbestos and non-flaking material.

2.7. Windows and entrance doors should be screened with insect-proof net and the doors should be self-closing to prevent contamination.

2.8. Adequate ventilation, cooling and lighting should be provided in all areas to facilitate easy identification of materials, cleaning, maintenance and proper operations.

2.9. Pallets or shelves should be provided for storage of raw materials, packaging material.

2.10. Shelving should be provided for storage of finished product.

3. Equipment

3.1. The design, material, construction, location and maintenance of equipment should be such as to make them adequate and suitable for their intended use. Their layout and design must aim to minimize the risk of cross-contamination and permit effective cleaning and maintenance in order to avoid cross contamination, build-up of dust, dirt, food particle or any other contaminant that can affect the quality of the product. The parts of the equipment that make contact with products should be made of non-toxic/non-reactive materials such as food grade stainless steel.

4. Water Treatment Process

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4.1. Water used in the production of Bread and Baked products and washing of production equipment should be potable water (Drinking water).

5. Raw/Packaging Materials

5.1. Raw and packaging materials should be of good quality in order to produce quality products.

5.2. All incoming materials should be stored under appropriate storage conditions.

6. Environmental Sanitation and Personnel Hygiene

6.1. Appropriate sanitation measures should be taken to avoid contamination and risks of all kinds.

6.2. The entire factory should be cleaned frequently and thoroughly in accordance with the Standard Operating Procedure (SOP) for cleaning.

6.3. Equipment should be thoroughly cleaned in strict compliance to the SOP.

6.4. Toilet and washing facilities should be appropriately located, designed and equipped. The sanitation shall be maintained in a strict compliance to the SOP for cleaning.

6.5. Eating, drinking and smoking should not be permitted in the production and storage areas.

6.5.1. Persons known to be suffering from communicable diseases or with wounds should be excluded from duty until they are certified medically fit again.

6.5.2. Waste should be adequately disposed of in strict compliance with the SOP.

6.6. Effective pest control program should be in place.

7. Consumer Complaint and Recall

7.1. All consumer complaints must be thoroughly investigated and documented by technical personnel. The outcome of investigation should be communicated to management in order to prevent future occurrence. If a recall is decided upon, it should be done quickly using the production batch history through the product distribution records. All records of recalled products must be kept. In event of any recall, NAFDAC must be fully notified of all actions from the period of receipt of consumer complaint, during investigation and actual recall activity.

8. Distribution System

8.1. Record of product distribution network shall be properly kept for easy recall of defective products. Distributors' names, addresses, telegram, phone number, email etc. should be documented.

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9. Handling and Transportation

9.1. No Bread and Baked products that is not properly packaged and labeled in the factory should be sold or distributed.

9.2. Products should be handled and transported under conditions, which prevent deterioration, contamination, spoilage and mechanical damage to ensure that the product quality is maintained up to the time of delivery to the consumer.

9.3. Products should be transported in dedicated vehicles.

10. Label

10.1. Labeling should be informative, accurate and in accordance with the Agency's Pre-Packaged Food Labelling Regulations and any other relevant Regulations.

10.2. The labelling requirements include:

10.2.1. Name of product brand which must appear boldly.

10.2.2. The name and the full address of the manufacturer must be stated on the label in such a manner that it is easily readable.

10.2.3. Batch number, Date of manufacture, and Best before/Expiry date.

10.2.4. Net content

10.2.5. The ingredients should be declared in descending order of in going weight at the time of manufacture.

10.2.6. Directions for disposal of the packaging material

10.2.7. Provision shall be made for NAFDAC registration number.

10.2.8. Storage condition of product shall be indicated.

10.2.9. Allergen caution should be stated.

All correspondences should be addressed to;

Director-General (NAFDAC),
Attn: The Director
Food Safety and Applied Nutrition Directorate.
National Agency for Food and Drug Administration and Control,
2nd Floor, NAFDAC Office Complex
Isolo Industrial Estate

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Apapa-Oshodi Expressway, Isolo, Lagos
NAFDAC website: www.nafdac.gov.ng
E-mail address: foodsafety.nutrition@nafdac.gov.ng
NAPAMS website: www.napams.org
Telephone no.: +234 906 095 6907

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APPENDIX I MEDICAL EXAMINATION FOR FOOD HANDLERS ALONG THE FOOD SUPPLY CHAIN

Name:			
State of Domicile			
Nationality:		**Hospital No:**	
Address:	**Home:**	**Work Place:**	
Contact No:			

A. Declaration Form (to be completed by food handler)	**Yes**	**No**
1. Are you now, or have you over the last seven days, suffered from diarrhoea/vomiting?		
2. Have you suffered from a fever since more than one week ago?		
3. At present, are you suffering from:		
a. Skin trouble affecting hands, arms or face		
b. Boils, styes or sepsis on your fingers or hands		
c. Discharge from eye, ear, nose or gums/mouth		
4. Do you suffer from:		
a. Recurring skin or ear infection		
b. A recurring bowel disorder		
5. In the last 5 days, have you been in contact with anyone who may have been suffering from cholera?		
6. In the last 7 days, have you been in contact with anyone with diarrhoea or vomiting?		
7. In the last 21 days have you been in contact with anyone who may have been suffering from typhoid or paratyphoid or jaundice person?		
8. Have you ever had, or are you now known to be a carrier of typhoid or paratyphoid?		
9. Have you ever had, or are you now known to have typhoid fever?		

B. Physical Examination (To be completed by a doctor)	**Yes**	**No**
1. Fever		

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2. Jaundice			
3. Skin infection on hands, arms, face			
4. Boils, styes or sepsis on finger			
5. Discharge from eye, ear, nose or gums/mouth			

C. Food Handlers Vaccination Record

Name of Recipient:

Date of Birth:

Gender:

Address of Recipient: Name of Employer:

Stamped picture

Vaccine	Date of vaccination	Brand name of Vaccine	Batch Number	Signature	Next visit (Where applicable)	Comments
Typhoid Fever						
Hepatitis A						

Name of Vaccinator:
Hospital name/address:

D. Laboratory Test

1. Stool culture (if required)
   a. Typhoid
   b. Cholera
2. Other tests (if required)

Result

Positive	Negative

Case Summary

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I hereby confirm that Mr/Ms/Mrs …… Hospital no.
……..…. registration/referral no..... had undergone medical examination and found to be:

- ☐ Healthy and fit to work as food handlers
- ☐ Not fit to work as a food handler
- ☐ Can return to work on _____

I declare that all the above statements are true and complete to the best of my knowledge.
Signature: ……. Date: ……..……
Name……..
Name of Hospital or Place of Practice: ……..

Official Stamp

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