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

Food Safety & Applied Nutrition (FSAN) Directorate

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GUIDELINES FOR PRODUCTION INSPECTION OF MICRO SCALE FOOD MANUFACTURING FACILITIES IN NIGERIA (NEW APPLICANTS)

1. **General**

1.1. These Guidelines are for the general public and in particular, individuals intending to engage in the manufacture of packaged food products on a micro scale.

1.2. Micro Scale food enterprises are manufacturing facilities with staff strength of 1 to 5 staff and have minor scope and capacity.

1.3. It prescribes the minimum Good Hygiene Practices (GHP) requirements for the facilities, controls to be used in manufacturing, processing and packaging of food products to ensure the safety of the product.

1.4. It is necessary to emphasize that no food product shall be manufactured, imported, advertised, sold, distributed or used in Nigeria unless it has been registered in accordance with the provisions of Food, Drugs and Related Products (Registration, etc.) Act Cap F33 LFN 2004.

1.5. A food product should not be manufactured and offered for sale in Nigeria unless the facility has been inspected and Certificate of Listing is issued to the product by NAFDAC.

1.6. The under listed products are exempted under micro scale enterprises:

1.6.1. Meat and meat products (except dried)
1.6.2. Poultry and poultry products
1.6.3. Fish and fish products (except dried)
1.6.4. Milk and dairy products
1.6.5. Packaged cooked rice, beans or fresh vegetables
1.6.6. Baked potatoes
1.6.7. Beverages.
1.6.8. Packaged Water

1.7. These products are exempted because they are high risk products

Step I

2. **Application : On-Line Application**

Log on to NAFDAC Product Registration Portal – www.napams.org. with an email as username, password. Key in Tax Identification Number (TIN) issued to your company by Federal Inland Revenue Service (FIRS) and click on validate TIN.

Once TIN is validated, click on save.

Step II

3. **Scan and upload the following inspection documents**

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3.1. An application letter for facility inspection should be address to the Director General, NAFDAC, Attention: The Director, Food Safety and Applied Nutrition (FSAN) Directorate. The applicant should provide the exact location address (NOT P.O. Box), functional e-mail address and telephone number(s).
3.2. Evidence of Business Incorporation or evidence of Business name.
3.3. Evidence of Trademark Registration.
3.4. Coloured artwork of Product Label (front view image, back view image, whole view image, side view image and back view image).
3.5. Company organogram showing name, designation and qualification of key personnel.
3.6. Appointment & acceptance of offer of employment by Key Personnel.
3.7. Credentials of Key Personnel.
3.8. Standard Operating Procedures (Production, Quality Control, Cleaning, Customer Complain, Recall, Distribution, etc.)
3.9. Propose a tentative date of inspection and submit the application.
3.10. Food handler test/ medical fitness certificate for production staff should include the following parameter Stool test, Sputum test, Widal test, Hepatitis B test, Urine test.
3.11. List of raw materials and their sources.
3.12. Certificate of analysis of finished products.
3.13. Certificate of analysis of raw materials.
3.14. List of equipment for production.
3.14.1. Personnel file (Education/Training Certification as applicable).
3.14.2. Certificate of fumigation.

Step III

4. **Inspection**

4.1. The Inspection is conducted as scheduled. Where the Inspection is unsatisfactory a Non-Conformance is issued and communicated to the company. For satisfactory Inspection, registration samples are taken at the end of the inspection for laboratory analysis while the inspection reports are forwarded to Registration and Regulatory Affairs Directorate for further processing.

5. **Tariffs**

5.1. Online generated.

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5.2. Click on Generate invoice: The system will automatically generate invoice for payment of necessary registration fees.

REQUIREMENTS FOR MICRO SCALE FOOD FACILITY IN NIGERIA

1. **Personnel**
   - 1.1. Personnel strength should be between1 to 9.
   - 1.2. Persons engaged in micro-scale food enterprise should have either basic education or adequate training and requisite experience.
   - 1.3. Personnel should wear protective apparel such as overall, head cover, nose and mouth mask and hand gloves to protect products from contamination.
   - 1.4. Personnel should practise good sanitation and hygiene habits.
   - 1.5. 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

2. **Building/Facilities**
   - 2.1. Building can either be a purpose-built structure or part of an existing building **comprising of one or more dedicated rooms**.
   - 2.2. The production area should not open directly into any source of contamination (toilet, bathroom, etc.)**.** This **production area** should be a standard room or one or more dedicated rooms **with dedicated entrance and exit**.
   - 2.3. It should be adequate for the orderly placement of equipment and materials to prevent mix-ups between different materials.
   - 2.4. Windows and entrance doors should be screened with insect-proof nets and the doors should be self-closing to prevent contamination.
   - 2.5. Adequate ventilation and lighting should be provided.
   - 2.6. The facility should be kept clean at all times.
   - 2.7. Raw materials and finished products should be stored on pallets or shelves.

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3. **Equipment**
   3.1. The parts of the equipment that make contact with food product(s) should be made of non-toxic/non-reactive materials such as food grade stainless steel.
   3.2. Equipment should be washed and dried before and after use.

4. **Raw/Packaging Materials and Source**
   4.1. Raw and packaging materials should be purchased from traceable sources.
   4.2. They should be of good quality and standards.
   4.3. All incoming materials should be stored under appropriate storage conditions.

5. **Environmental Sanitation**
   5.1. There must be provision for hygiene station to wash and dry hands
   5.2. Waste should be disposed in an appropriate manner.
   5.3. Fumigation should be carried out quarterly.
   5.4. Toilets and hand-washing facilities should be appropriately located away from the production area and kept clean.
   5.5. Eating, drinking and smoking should not be permitted in the production area.

6. **Distribution System**
   6.1. Record of product distribution network must be properly kept for easy recall of defective products. Distributors' names, addresses, telephone; email addresses, batch number, production date and expiry date etc. should be obtained.

7. **Transportation and Handling**
   7.1. Products should be handled and transported under condition that prevents deterioration, contamination, spoilage and breakage to ensure that the product quality is maintained up to the time of delivery to the consumer.

8. **Labelling**
   8.1. The product label shall comply with existing NAFDAC Pre-packaged Food (Labelling) Regulations and any other relevant Regulations.
   8.2. Product should be labeled adequately in English language and should contain the following: composition/ingredient(s) listing, net weight/volume of content, manufacturer's address, batch number, production and best before dates, storage

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condition, method of preparation/use where necessary and NAFDAC Registration Number.

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
Apapa-Oshodi Expressway, Isolo, Lagos

NAFDAC website: www.nafdac.gov.ng
E-mail address: foodsafety.nutrition@nafdac.gov.ng
Telephone no.: +234 906 095 6907

All submissions should be made at the Office of the Director, FSAN, 2nd Floor, NAFDAC Office Complex, Isolo Industrial Estate, Oshodi-Apapa Express Way Isolo, Lagos or the nearest NAFDAC Office (outside Lagos).

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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?		

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

Result

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

Positive	Negative

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Case Summary

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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