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

Food Safety & Applied Nutrition (FSAN) Directorate

GUIDELINES FOR PRODUCTION INSPECTION OF SMALL SCALE FOOD ENTERPRISES IN NIGERIA (NEW APPLICANTS)

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1. **General**

1.1. These Guidelines are for the general public and in particular, for manufacturers of pre-packaged food products on a small scale in Nigeria.

1.2. Small scale food enterprises are manufacturing facilities with staff strength of 6 to 9 staff and have minor scope and capacity.

1.3. It prescribes the minimum Good Hygiene Practices (GHP) and Good Manufacturing Practice (GMP) 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, 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.

1.5. The under-listed products are exempted under Small-scale enterprises except the applicant possesses adequate technical skills and equipment; the product(s) shall be issued a Listing Certificate of two years under this category.

1.5.1. Meat and meat products (except dried)
1.5.2. Poultry and poultry products.
1.5.3. Fish and fish products (except dried).
1.5.4. Milk and dairy products.
1.5.5. Packaged cooked rice, beans or fresh vegetables
1.5.6. Baked potatoes.
1.5.7. Beverages.
1.5.8. Packaged Water.

1.6. 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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4. Application

4.1. 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) with the following supporting documents.

4.1.1 Evidence of Business Incorporation or evidence of Business name.
4.1.2 Evidence of Trademark Registration.
4.1.3 Coloured artwork of Product Label (front view image, back view image, whole view image, side view image and back view image).
4.1.4 Company organogram showing name, designation and qualification of key personnel.
4.1.5 Appointment & acceptance of offer of employment by Key Personnel.
4.1.6 Credentials of Key Personnel.
4.1.7 Standard Operating Procedures (Production, Quality Control, Cleaning, Customer Complain, Recall, Distribution, etc.)
4.1.8 Propose a tentative date of inspection and submit the application.
4.1.9 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.
4.1.10. List of raw materials and their sources.
4.1.11. Certificate of analysis of finished products.
4.1.12. Certificate of analysis of raw materials.
4.1.13. List of equipment for production.
4.1.14. Personnel file (Education/Training Certification as applicable).
4.1.15. Certificate of fumigation.

Step III

5. Inspection

5.1. 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.

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6. Tariffs

6.1. Online generated.

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

7. Note

7.1. 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.

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

7.3. Please note that the clock stops once compliances are issued.

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REQUIREMENTS FOR SMALL SCALE FACILITY IN NIGERIA

1. **Personnel**
   - 1.1. Personnel strength should be between 10 and 49.
   - 1.2. Persons engaged in small 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 practice 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 2 or more dedicated rooms arranged to ensure free flow of production activities.
   - 2.2. The rooms must be demarcated from existing residential accommodation and none should open directly into any source of contamination (toilet, bathroom, personal kitchen, pet house etc.)
   - 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 net 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. **Finished Product Store**
   3.1. All finished products must be stored in a place appropriate to the product following safe handling practices to prevent contamination and adulteration caused by insect, household chemicals, water damage and insanitary condition.

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

5. **Raw/Packaging Materials and Sources**
   5.1. Raw and packaging materials should be purchased from traceable sources.
   5.2. They should be of good quality and standards.
   5.3. All incoming materials should be stored under appropriate storage conditions.

6. **Quality Control**
   6.1. Small scale food enterprises are required to send a sample of their finished products to a public analyst for a comprehensive analysis and document same.

7. **Environmental Sanitation**
   7.1. There must be provision for hygiene station to wash and dry hands.
   7.2. Waste should be disposed in an appropriate manner.
   7.3. Fumigation should be carried out quarterly.
   7.4. Toilets and hand-washing facilities should be appropriately located away from the production area and kept clean.
   7.5. Eating, drinking and smoking should not be permitted in the production area.

8. **Consumer Complaint and Recall**
   8.1. All consumer complaints must be thoroughly investigated and documented. Step must be taken 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.
   8.2. All records of recalled products must be kept.

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8.3. In event of recall, NAFDAC must be fully notified of all actions at receipt of consumer complaint, during investigation and all of actual recall activity.

9. **Distribution system**

9.1. Record of product distribution network must be properly kept for easy recall of defective products. Distributors' names, addresses, fax, phone, email etc. should be obtained.

10. **Transportation and Handling**

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

11. **Label**

11.1. Product label shall comply with the Pre-Packaged Food Labelling Regulations or any relevant Regulations.

11.2. Product should be labeled adequately in English language and should contain the following: composition/ingredient(s) list, net weight/volume of content, address of manufacturer, batch number, production and best before dates, storage condition, direction for use where necessary and NAFDAC Registration Number.

11.3. Any nutritional claim(s) should be substantiated.

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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?		

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

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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

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

Result

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.

Official Stamp

Signature: ……. Date: ……..……

Name……..

Name of Hospital or Place of Practice: ……..

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