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

Food Safety & Applied Nutrition (FSAN) Directorate

GUIDELINES FOR REGISTRATION OF PACKAGED EDIBLE VEGETABLE OIL BY DISPENSERS UNDER MICRO SCALE IN NIGERIA

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Step I

1. General Information

1.1 These guidelines are for the general public and in particular, individuals intending to engage in the manufacture and/or packaging of vegetable oil.

1.2 It prescribes the minimum Good Hygiene Practices (GHP) requirements for the facilities, controls to be used in processing and packaging of Vegetable oil to ensure wholesomeness and safety of the product.

1.3. Micro scale food enterprises are manufacturing facilities with staff strength of 1 to 9 and have minor scope and production capacity.

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

1.5. A pre-packaged and/or labelled food product shall not be manufactured in Nigeria unless the facility has been inspected and Certificate of Listing is issued to the product by NAFDAC.

Step II

2. On-Line Application/Documentation

2.1. An online application for product registration shall be submitted through www.napams.org with the following documents.

NOTE; Applicant should validate their TIN at FIRS or State Tax office to access the NAPAMS portal

2.1.1. An application for product registration and inspection of facility to the Director General, NAFDAC, Attention: The respective Zonal Director. The applicant should provide the exact location address (NOT P.O Box), functional E-mail address and telephone number(s).

2.1.2. Evidence of Business name registration/Certificate of Incorporation (CAC).

2.1.3. Evidence of Trademark Registration (Optional)

2.1.4. Product Label(s)

2.1.5. Certificate of analysis of Finished product (which shall include level of fortification with Vitamin A). The Certificate of Analysis can be obtained from the supplier.

2.1.6. Current Fumigation Certificate of production facility

2.1.8 Food handler's certificate/medical fitness certificate for production staff which should include the following parameters: Sputum test, Stool test, Urinary test, Widal test, Hepatitis B Test.

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Step III

3. Submission of Application

3.1. The hard copies of application letter and all documents listed above which were uploaded during the online application are submitted at the NAFDAC State Office.

3.2. SOP Index (list of SOPs i.e. for Production, Recall, Distribution, Consumer complaints, Cleaning of equipment and Environment which will be reviewed during inspection of facilities).

3.3. List of raw materials and their source(s)

3.4. A notarized Copy of Contract Agreement for Supply of the vegetable oil between supplier(s) of the product and the dispensing/packaging company should be forwarded. The supplier(s) must be NAFDAC registered manufacturer**(s)** of vegetable oil who must also commit to the supply of vegetable oil that is adequately fortified with Vitamin A and its transportation via dedicated vegetable oil tankers.

Step IV

4. Vetting of Documents

4.1. Upon successful vetting of application, an inspection is scheduled.

Step V

5. Inspection

5.1. The inspection is conducted as scheduled. Where the inspection is unsatisfactory a Non-Conformance letter is issued to the company for correction of all observed GMP Non- conformances. For satisfactory Inspection, registration sample(s) is/are taken at the end of the inspection for laboratory analysis.

Step VI

6. Sub-Approval

6.1. Following satisfactory inspection and laboratory report, the product is scheduled for Sub-approval at the State office.

6.2. Products approved at the Sub-Approval meetings will be compiled and forwarded for Zonal Approval by the Zonal Approval Committee, while products that were stepped-down will be re-presented at the next Sub-approval Meeting after necessary correction(s) are made with regards to the observed lapses.

Step VII

7. Zonal Approval/Issuance of NAFDAC Registration Number (NRN**)**

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7.1. Products approved by the Zonal Approval Committee will be issued a Notification of Registration by the respective Zonal Director while product(s) that were not approved will be re-presented at the next Zonal Approval Meeting.

7.2 Notifications of Registration issued for approved products can be accessed by the applicant through their NAPAMS accounts.

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REGISTRATION 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 oradequate training and requisite experience as minimum qualification.

1.3. Personnel should wear protective apparel such as overall, head cover, nose and mouth maskand 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:

1.Typhoid Vaccination Certificate (valid for 3 years from last vaccination date).

2. Hepatitis A Vaccination Certificate

3. 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 residential building that may be adapted for packaging of the vegetable oil.

2.2. The production area, including other parts of the factory should not be exposed to any source of contamination (toilet,bathroom, open market, and public areas). The factory should be a standard room or one or more dedicated rooms.

2.3. Space allocation should be adequate to allow for free – flow/uni-directional flow of personnel and material. It should also be adequate for the orderly placement of equipment and materials (stainless steel tanks and stainless-steel filling machine, food grade plastics 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.

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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.

3. Equipment

3.1. Surfaces which make contact with food product(s) should be made of non-toxic/non-reactive materials such as food grade stainless steel, food grade plastics, food grade materials.

3.2. Equipment should be washed thoroughly with clean hot water and dried before and after use.

3.3. Equipment should be well enclosed in the production room/area (not exposed to external sources of contamination.

3.4. Equipment should be in restricted area away from external interference and dust.

4. Raw/Packaging Materials and Source

4.1. Raw and packaging materials should be purchased from traceable sources.

4.2. Packaging materials should be of good quality and standards (Food grade stainless steel, food grade plastics (PVC), food grade polyethylene).

4.3. All incoming materials should be stored under appropriate sanitary and storage conditions.

4.4. Records of purchase/receipts/invoices/waybills must be maintained.

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 batch. Distributors' names, addresses, telephone; email addresses, batch number, production date and best before date etc. should be obtained.

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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. Label

8.1. The product label shall comply with Extant NAFDAC Pre-packaged Food Labeling Regulations and any other **applicable** food labeling 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 condition, method of preparation/use where necessary, Eye logo with inscribe letter A at the center (for Vitamin A identification) and NAFDAC Registration Number.

9.0. Tariff:

Please visit: https:// www.nafdac.gov.ng/resources/nafdac-tariff for details.
All correspondences should be addressed to;
Director-General (NAFDAC),

Attn: The respective Zonal Director

website:https://www.nafdac.gov.ng

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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

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.

Signature: …… Date: ……

Name……..

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

Official Stamp

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