

Temporary Transitional Facilities for Sea Containers Procedure for Application and Approval

December 2009

This document applies to temporary approvals for imports of sea containers only and can not apply to other risk goods subject to an Import Health Standard.

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Definitions

BACC Biosecurity Authority Clearance Certificate

BNZ-STD-TFGEN the Standard for General Transitional Facilities for Uncleared Goods

IHS Import Health Standard

MAFBNZ MAF Biosecurity New Zealand

TF Transitional Facility approved under section 39 of the Biosecurity Act 1993

The Act The Biosecurity Act 1993

1. Introduction

All imported sea containers must be unpacked at an approved TF as per section 39 of the Biosecurity Act 1993 (the Act) and the <u>IHS for Sea Containers from any country</u>.

Some specialised imported consignments may be eligible for import to a temporary transitional facility. Examples of this may include but are not limited to:

- new shop fit outs;
- new plant and machinery that requires specialised unloading or equipment that is of a nature that means minimal handling is desirable;
- one–off importations of equipment to remote locations (eg irrigation equipment, ski lifts or refrigerated buildings); or
- exhibition material that will be used once, repacked, and re-exported.

In cases such as these a location may be approved by MAFBNZ as a temporary TF for the unpacking of sea containers.

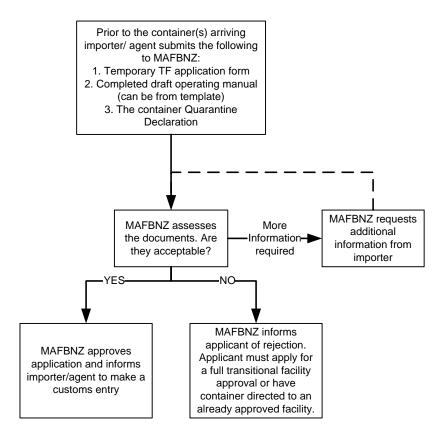
This procedure applies only to sea containers, and excludes:

- any other risk goods subject to an IHS;
- sea containers carrying goods that can be easily unpacked at a fully approved TF and transported;
- facilities within self-storage facilities.

In the above instances facilities must apply for a full approval under the standard BNZ-STD-TFGEN.

2. Approval of a Temporary Transitional Facility and Operator

Any person wishing to have a place approved as a temporary TF for sea containers should follow the procedure below. This should be done as early as possible to avoid delays in processing times.



Application forms and example operating manual available in the appendices to this document.

Operator requirements

A TF must have an Operator, and the Operator will be the person responsible for management of the TF and all associated biosecurity procedures.

Operating manual

A TF must have a site operating manual that has been approved by MAFBNZ describing the container delivery and unloading process on-site including the actions that will be taken if contaminants are found. If the container is unpacked under the supervision of MAFBNZ then this process must also be outlined in the operating manual. Send in the operating manual with your initial application. A template operating manual is available in Appendix 1 of this document.

Operating manuals may cover a single site or multiple sites. If multiple sites are covered then each site must have a copy of the operating manual accessible on site.

Hardstand requirements

Applicants must provide evidence that a hardstand area exists at the proposed TF for the container to be delivered on, or have an equivalent system in place to deal with this. This can be done by submitting digital photographs to MAFBNZ with the application or by having a MAFBNZ Inspector conduct a preliminary site visit. Where an equivalent system is used a hard area able to be swept must be available at the front of the container during unloading. The location of the hardstand area at the facility must be included as a diagram in the operating manual. If a site visit by MAFBNZ is required then the importer should allow an extra weeks time for this to occur.

Facility approval

Applicants that meet all the required criteria will be approved in writing, and the applicant will be advised to make a Customs entry.

After a facility has been approved the importer or their agent should then submit the following documentation to the MAFBNZ clearance service¹:

- Copy of the approval certificate
- BACC application coversheet
- quarantine declaration
- bill of lading
- invoice or other documentation describing the goods
- any other certification relating to the goods or consignment.

In due course the applicant will receive:

- a copy of the temporary authorisation for a transitional facility
- a BACC authorising the external inspection at the port of first arrival and any further actions
- a summary of charges to date or notice of the final amount to be invoiced

The importer or their agent should then monitor the port system in the usual manner to determine the status of the consignment as it passes through the arrival process. After taking delivery of the consignment the importer must then comply with the conditions of the temporary approval with respect to inspection, MAF supervision and reporting requirements.

Conditions of Approval

Temporary TF approvals will have an expiry date and be subject to other conditions as follows:

- they will apply to a specific location once only;
- they will apply to a specific consignment;
- they will name an approved Operator;
- they must have in place a documented operating manual (either single or multi-site) approved by MAFBNZ; and
- Operators or Accredited Persons must follow any instruction or direction from MAFBNZ.

The conditions applicable to each temporary TF approval will depend on various factors including:

- the country of origin of the container;
- the location of the temporary facility;
- the presence (or otherwise) of restricted wood packaging;
- the documentation accompanying the consignment;
- the type of cargo; and

• the person who will supervise the unpacking (either a MAFBNZ Inspector or an Accredited Person).

3. Multi-site Approvals

Where approval is being sought for multiple locations a multi-site approval may be applied for. Multi-site approvals may be applied for as one application, and the submitted operating manual must contain details of all locations to be approved. The types of activities that may be eligible for multi site approval include (but are not limited to) the following:

• Travelling entertainment troupes (circuses, touring shows, etc); and

¹ Contact the MAFBNZ Clearance Service at: http://www.biosecurity.govt.nz/biosec/org/structure/clearance

• New shop/ plant fit outs at multiple locations in industrial parks.

If you believe your application meets the requirements of a multi-site approval, contact MAFBNZ to discuss the options prior to applying.

4. Costs

Charges for approval of a temporary transitional facility will be as per the current Biosecurity Costs Regulations. Charges will include time taken by an Inspector to conduct any Inspection, including travel time, and time taken processing any paperwork and reviewing any operating manuals.

Your company name here

Temporary Transitional Facility Operating Manual

For facilities importing

Sea Containers

Version 1

November 2009

Note: This document is a sample only. You may edit and change this document. Specific requirements and sections of relevance should be added or removed as applicable. This template applies to temporary transitional facilities only.

Facility Trading Name:				
Address:				
Operator Name:				
Deputy Operator Name (if	required):			
Contact Numbers:				
Table of Contents				
Introduction and scope				2
				2
				3
Staff and training				4
Procedures		••••	•••••	4
				4
Hygiene				5
Records				5
Treatment of container.				6
Contingency plans				6
Close down procedure				6
				7
Introduction and sc	ope	4		
Describe below the compar	ny's functions a	and purpose in relati	ion to biosecui	rity and what the facility
is approved to import.			<i>y</i>	
Th:	C	14.		
This temporary transitional	racinty is appr	roved to import sea	containers froi	m
for the purposes of				
Remember: The approval of facility structure) listed.	of the facility w	ill be limited to the	scope (import	ed goods, activities and
MAF contact details				
Include the relevant contac	t details for you	ur nearest MAF offi	ce here.	
Address:				
Phone no:				
Fax no:				
Inspector's name:				
Email:				
	Emergenc	y hotline: 0800 8	80 99 66	

Temporary facility location

Describe the location of the temporary facility below. Include a map of the location and a floor plan showing the:

- a) location of significant other buildings or features (for example roads or houses) on a site plan;
- b) general layout of the facility clearly identifying any work areas, offices, exit and entry doors etc; and
- c) sea container hard stand and devanning area (the MAF area)



Staff and training

List relevant facility staff below:			
Operator:Contact Phone number:			
Accredited Person	Approval number	Date of Expiry	
		4	
If necessary a list of Accredited Persons can be adde	d as an appendix to this	document.	
List any other staff responsible for functions related	to biosecurity within the	e facility below.	
A.	D. I		
Name	Role		
			
Describe what training plan is in place for biosecurit necessary for their roles. How will other general staf standard? Records of training must be kept.			
Procedures	,		
Fill in the relevant sections below (as applicable).			
Container procedure			
Where will the container be placed on arrival?			
What paperwork will be examined and what instructions will be looked for on the paperwork?			
Indicate the parts of a container that will be looked a	t by the AP and the prod	cess he/she will follow.	
After the container is unpacked describe what will h container?		at might be in the	

Sample Operating Manual Company XYZ Version 1 December 2009

page 4

Describe how access to the container will be controlled and monitored during devanning:
NOTE: If any contamination is found in the container during devanning, the AP must complete a log sheet online, or fax it to MAFBNZ.
IMPORTANT: If any live animals including spiders and insects are found, close the container immediately and call MAF on 0800 809966 for guidance.
Hygiene
The facility must be kept clean at all times. Describe how this will be achieved:
Describe how the container area is prepared or cleaned between uses. (Note: ensure there is no debris or vegetation on the container pad or within 3 metres):
Describe the procedures for holding and disposing of quarantine waste:
Describe the vermin and weed control programme that will be used if required:
What cleaning equipment is available (what is in your "MAF kit")? It should contain the following:
 ☑ A broom ☑ A dustpan and brush ☑ A torch ☑ A can of dual purpose insecticide
✓ A secure lidded and lined quarantine bin for storage of contaminants.
Describe the regime for checking facility hygiene and cleanliness. What will be checked?
Records
Describe what records are kept and where they are kept. Include facility records and consignment records (see Annex A in the guidance document to the Standard for a full list). Note the following records should be maintained:
 ☑ The completed Container Logsheet ☑ A copy of the BACC and Customs delivery order for the container ☑ All MAF Correspondence ☑ Records of disposal of waste from MAF Quarantine bin ☑ Pest control records

✓ Records of any s✓ A copy of this p	rocedure
✓ A copy of the fa	
Treatment of contained	r
Describe the actions that	t will be taken if contamination is discovered on the container.
If fumigation is necessa	ry list your preferred treatment provider and their contact details:
Business name: _ Contact person: _ Phone no:	
Fax: _ Mobile no.: _ Email:	
A list of MAF approved	treatment providers can be found at: govt.nz/regs/trans/treat/approved
Contingency plan	ns .
the facility (for example	by plans in place to manage any significant biosecurity risks associated with e, if an AP is not available, possible breaches of security, essential loss of electrical power or emergency situations).
Describe any risks spec these risks.	ific to the facility and the mitigation measures that will be taken to minimise
Close down proc	edure
	ben when the facility is closed. What will happen with biosecurity waste? MAF?

This procedure is authorised by	
Operators name	
Signature	Date



Appendix 2: Application form



Application for Approval TEMPORARY TRANSITIONAL FACILITY FOR SEA CONTAINERS

This is a (tick one):				
Note: All applications must include a copy of the operating m If receiving sea containers AND risks goods the applicant is			on of goods to	o be held.
ii receiving sea containers AND risks goods the applicant is	not engible for a tempora	ιι γ αμρι υναι.		
Details of approval				
Importers Name:		Company:		
Broker/ Customs Agent Name:		Company:		
Postal Address:	1			Post Code:
Phone Number: ()	Mobile:		Fax: ()
Address of temporary facility:	T			
Suburb:	City:			Post Code:
Email Address for MAF communications:				
Name of Operator: Mr / Mrs / Miss / Ms / Dr (First Na	ama)	(Surna	amo)	
Dates the approval is required	arrie)	(Sullic	апте)	
(t-t	tart date:	E	End date:	
Is this a multi-site application?	Yes No			
(NOTE: for multi site applications the overall approval may be maximum of 30 days. Ensure that the operating manual control				
Details of goods to be imported				
Estimated number of containers: C	ountries of origin:			
Types of cargo being transported and countries of origin of cargo (full description of all goods):				
Is the area that the container will be unloaded on seale	ed? Yes	☐ No		
If yes – how will you prove this? (tick one)	☐ MAF v	isit 🗌 Photo	ograph (atta	ch photograph)
Do the containers have valid Quarantine Declarations?	?	☐ No		
Will a trained Accredited Person be present at unloading?				

List the nominated MAF Accredited Persons contracted to unload containers				
Name	MAF AP Number (if registered)	Trained		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		
	the three areas and the second se			
List the reasons for approval as a temporary transitional facility (e.g. why	the items require special nandling or car	nnot go to a regular 1F)		
Final checklist				
☐ I have read and understand the document "Temporary Transitional Facilit	ies for Sea Containers Procedure for Ap	plication and Approval"		
☐ I have attached a draft operating manual				
I agree to pay for all costs associated with this application and any ongoing	ng monitoring of the approval			
Declaration				
I, Transitional Facility for sea containers in accordance with Section 39 of the Bio	, being the applicant for appreciately 4ct 1993, declare that to the he	pproval of a temporary		
above information is true and correct. I understand that failure to complete any	of the above information may result in re			
by MAF Biosecurity New Zealand. I accept to pay all costs associated with this application and any ongoing approval.				
Signature:	Date:			
MAF USE ONLY				
Risk Screening	OFG Manager			
☐ Meets criteria ☐ Does not meet criteria	☐ APPROVED ☐ DECL	INED		
Name:	Name:			
Temporary Approval Code:	Signed:			
Conditions of Approval:				