



Ministry for Primary Industries Register for Safe Practice

The primary industries have been included on the list of essential services.

<https://www.mpi.govt.nz/covid-19-essential-primary-sector-service-registration/>

The Ministry for Primary Industries (MPI) now needs assurances from industries and businesses that their processes protect workers and the public by limiting interactions and reducing the potential spread of COVID-19. This includes businesses that supply essential support to a primary industries essential service.

MPI will do all they can to support the sector through this process, but they need these assurances so that businesses are able to operate.

If you provide an essential service, MPI requires you to register with them and following that, they will ask you critical questions about how you intend to stop any spread of COVID-19.

There are simple questions operators can ask themselves before registering:

- Do you have 5 or fewer people (including the owner) working at each business site?
- Can you achieve social distancing measures between staff in your workplace, including travelling to and from work?
- If you answer YES to both of those questions, then you do not need to register and do not need to fill in the form.
 - If you answered NO to either of these questions, you MUST fill in the form.
 - If in doubt, fill in the form.

In the meantime, keep operating and continue to implement your safety practices to protect workers and prevent the spread of COVID-19.

Businesses should be registered by 5:00pm on Friday 27 March 2020.

As an essential primary sector business or service, you must complete the form UNLESS:

- There are five or fewer people (including the owner) working at each business site, and
- You can achieve social distancing measures, including travelling, to and from work.

Registration process: Go to <https://www.surveymonkey.com/r/COVID19Registration>

There is no fee for this form. You will be asked the following questions:

1. Full name of operator
2. NZBN Number
3. Other Registration Type
 - ACVM Act GMP ID:
 - Animal Products Act RMP ID:
 - Biosecurity Services ID:

- Fisheries Services ID (FishServe Client Number):
- Food Act FCP/NP ID:
- Wine Act WSMP ID:
- Other – please specify type and ID:

4. Contact Person

- First name
- Last name
- Position title
- Email address
- Phone number
- Mobile

5. Business sector (tick all that are applicable)

- Animal Welfare
- Beverages (alcoholic)
- Beverages (non-alcoholic)
- Biosecurity Services
- Canned products
- Dairy
- Distribution (dry/cold storage, transport)
- Eggs
- Farm Suppliers/Farm contractors
- Fish/seafood
- Frozen fruits/vegetables
- Grain products (flour, breads, oats, seeds)
- Honey
- Horticulture (growers, packers)
- Infrastructure/supply chain (including packaging)
- Ingredients (sugar, salt, fats/oils)
- In edibles (rendering, wool, hides/skins)
- Meals/prepared foods
- Pet food/feeds
- Poultry Meat
- Red Meat
- Veterinary Medicines/Veterinary Services
- Other – please specify:

Number of Employees

6. How many workplaces / premises / facilities / operating locations are there?

7. What number of employees are at each premise / facility / operating location (show numbers by location)

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	▼
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8. What number of employees do you already have working from home?

BCP During Covid 19: Complete the following questions.

9. How do your production processes protect your workers and the public by reducing the potential spread of COVID-19?

10. How are you ensuring that workers and others at work are observing social distancing to and from work, during work and during rest breaks?

11. What personal hygiene steps have you put in place for workers to reduce the likelihood of virus spread at work?

12. What existing, or additional personal protective equipment could you introduce that would reduce the likelihood of virus spread at work?

13. What steps are you taking to limit access to your workplaces apart from essential workers?

14. How are you isolating staff, or parts of your workplace, so that virus spread would be contained should it occur?

15. What arrangements have you put in place for staff to report any illness and remove themselves from work?

16. What arrangement have you put in place for staff to report any suspected exposure to COVID-19?

17. What actions would you take should a staff member be suspected of or confirmed as having COVID-19?

18. How do you ensure that staff at particular risk of COVID-19 identify themselves and are isolated from work?

19. How will you ensure that your workers observe 'stay at home' rules at the conclusion of each working day?

Applicant Statement

20. I confirm the information supplied in this application is truthful and accurate to the best of my knowledge, and I am authorised to make this application as the operator or a person with legal authority to act on behalf of the operator.

Please note that this is general advice only and will vary for each specific situation. In addition, this continues to be an evolving situation. For specific and current advice relating to your unique situation, please get in touch with an expert from our employment team.