



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚས་དང་སློན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
BHUTAN FOOD AND DRUG AUTHORITY
INSPECTION SERVICES



FEASIBILITY REPORT

Name of the meat Business Operation:	Application Number
Address of the FB:	Name of the Top Manager/Representative:
Phone No of the FB:	Email of the FB:
Product Category:	Products planned to be manufactured:
	Licensing Criteria:

Date of Inspection:	Type of Inspection: Feasibility
Inspection Team:	a) _____ (Team Leader)
	b) _____ (Team Member)
	c) _____ (Team Member)

Participants in the Opening and closing Meeting:

Name of Key Personnel	Designation of Key Personnel	Opening Meeting (Date)	Closing Meeting (Date)

Details of Concerns

S. No	Requirement	Concerns raised by the inspector	Response or Actions proposed by FBO	Proposed Follow-up date



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཆས་དང་སློན་རིགས་དབང་འཛིན།

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FEASIBILITY REPORT

Recommendation: _____

Dated:

Signature of Inspection Team Leader

<i>Doc. No: BAFRA-IS-FM-158</i>	<i>Prepared by: Technical Focal</i>	<i>Approved by: Division Head</i>	<i>Page 2 of 2</i>
<i>Issue No: 02</i>	<i>Issue Date: 15 March 2023</i>	<i>Revision No: 00</i>	<i>Revision Date: --</i>