
I. Questions and check list to assess hygienic handling practices at slaughterhouses

A. Basic information

1. Date _____
2. Code _____

B. Sociodemographic characteristics of the respondents

1. Sex: Male Female
2. Age: _____
3. Level of Education: Illiterate Informal Education Primary Education Secondary Education
Other (Specify) _____
4. Duration of working at the slaughter houses (in years)? _____
5. Duty at the slaughter houses? Veterinarian/meat inspector Stunning De-hiding
Other (specify) _____

C. Hygienic handling practices at slaughterhouses

C-1. Check list for observations

1. Stunning before slaughter: Yes No
2. Stunning method: _____
3. Waiting time to start dehidng after stunning and bleeding: _____
4. Method of carcass dressing: Vertical (hanging) Horizontal (on floor):
5. Presence of sink for washing hands in the slaughterhouse: Yes No
6. Carcass washing after evisceration: Yes No
7. Use of the following protective materials while working in the slaughterhouse:

Protective materials	Response	
	Yes	No
Apron		
white coat		
Head cover		
Gloves		
Boots		

C-2. Questions for face to face interviews

1. Do you wash your hands frequently during slaughter operation: Yes No
2. Do you wash your hands with soap: Yes No
3. Do you use the same knife for dehiding and evisceration: Yes No
4. Do you wash your hands in between activities: Yes No
5. Do you sink the knife in hot water after each activity: Yes No
6. What do you think is the possible sources for carcass contamination: Feces during evisceration hides during dehiding handlers hand knife floor hanging hook Others(specify)_____
7. What is the source of water used in the slaughterhouse: City/Municipal tap water borehole collected rain water River others (specify) _____
8. Have you ever received any training on hygienic handling of meat: Yes No
9. Have you gone for medical checkups to work at the slaughterhouse: Yes No
10. If yes, how frequent you go for medical checkup: every three months every six months once per year
11. Do you think improvements are needed to avoid contamination of carcass at the slaughterhouse:
Yes No
12. If yes, what kind of improvement: _____

II. Questions for face to face interview and check list for direct observation to assess hygienic handling practices at beef retailshops

A. Basic information

1. Date_____
2. Code_____

B. Sociodemographic of characteristics

1. Sex: Male Female
2. Age_____
3. Level of Education: Illiterate Informal Education Primary Education Secondary Education
Other (specify)_____
4. Duration of working at meat retail outlet (in years)? _____
5. Religion_____
6. Ethnicity_____

C. Hygienic handling practices at slaughterhouses

C-1. Check list for observations

1. Presence of any cover on meat display case: Yes No
2. Retail shop floor is made of : Concrete Tile Wood earthen material others(specify)_____
3. Wall and ceiling are clean or free of dust: Yes No
4. Wall painted with white color: Yes No
5. Ventilation status of display case and butchery: Good Fair Poor
Good-ventilation allows air flow into the butchery but sieves off dust and other particles
Fair-ventilation allows air flow but do not sieve dust or other particles or allows very little air flow
Poor-ventilation does not allow air flow at all
6. Presence and use of bulbs at the display case: Yes No
7. Meat cooling facility (refrigerator) at the display cabinet: Yes No
8. Presence of sink for washing hands at beef sale point: Yes No
9. Type/kind of cutting board used: Wood plastic Metal concrete Marble
10. Presence of hot water baths for dipping knives: Yes No
11. Material used to pack or wrap meat for sale: Newspaper Plastic Used paper
12. Use the following protective materials while selling or handling meat:

Protective materials	Response	
	Yes	No
Apron/white coat		
Head cover		
Gloves		

C-2. Questions for face to face interviews

1. What is the means of transporting meat from slaughterhouse to the retail shop: Open vehicle Closed vehicle Animal transport (Cart horse)
2. How frequent do you use washed the protective coat (white coat and apron): Once per day in the evening Twice per day, morning and evening Once after every two days Once per week others _____
3. Do you have a refrigerator for storage of the meat that remains from daily sale: Yes No
4. Do you wash your hands before touching meat: Yes No
5. Do you wash your hands with soap: Yes No
6. What is the source of water for use in the butchery: City/Municipal tap water borehole rain collected water river others (specify)
7. How often do you wash the following butchery surfaces and equipment:

Frequency of washing	Equipments /surfaces					
	Knife	Cutting boards	Saw/Axes	Display cabinet	Hooks	Floors
Once per day in the morning						
Once per day in the evening						
Twice per day						
More than twice						
Once in every two days						
Others (specify)						

8. Do you use detergent/disinfectant for cleaning the butchery utensils: Yes [] No []
 9. If “Yes” what types of detergent/disinfectant:_____
 10. What is the way of cleaning butchery equipment: Using cold water only [], cold water with soap [] hot water only [] hot water with soap [] wiping with pieces of fabrics [] others (specify)_____
 11. Is there routine control of flies at the retail shop: Yes [] No []
 12. If “Yes”, what is the method used to control flies: _____
 13. How long does the meat stay in your butchery before it is sold? Less than 12 hours [] One day [] Two days []
 14. Do you collect money while handling or selling meat: Yes [] No []
 15. Have you ever received any training on hygienic handling of meat: Yes [] No []
 16. Do you ever receive complaints from the consumers on the quality of the meat you sell: Yes [] No []
 17. If yes, what kind of complaint: Abdominal upsets [] Tough meat [] Dirty meat [] others []_____
 18. Have you gone for medical checkups in the last 6 months: Yes [] No []
 19. How frequent you go for medical checkup: Every three months [] very six months [] Once per year []
 20. Do you have different storage and display cabinets for offal’s and meat: Yes [] No []
 21. Do you use the same equipment’s such as knife while handling meat and the offals: Yes [] No []
 22. Do you believe that the butchery where are you working requires some improvement for better handling of meat: Yes [] No []
 23. If yes, what kind of improvement:_____
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