SUPPLIER ASSESSMENT QUESTIONNAIRE INSTRUCTIONS:

1. Please send the completed preliminary survey to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Typed Copy Only).

2. Please send the requested document package along with the preliminary survey. The survey is not considered complete without the requested documents.

3. If you have any questions, please contact:

Supplier Name:

Subsidiary of (if applicable):

Vendor Category: Producer Distributor / Broker

Address:

Phone: Fax:

Web Site:

1. List of your locations, include address and Quality Assurance contact for each of those locations that supply product
2. List of sales contact, customer service and technical services including quality assurance and emergency contacts for use in the event of a product recall.
3. Current Insurance Certificate (with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be listed as additional certificate holder)
4. Continuing Product Guarantee for all items you supply to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
5. Most recent 3rd party Food Safety Audit from each location that supplies products to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. An explanation of and an example of your lot coding system.
7. Sign and return attached \_\_\_\_\_\_\_\_\_\_ indemnity form.
8. Sign and return attached Supplier Acknowledgement Regarding the Interdiction of Child Labor, Slave Labor, Sexual Exploitation and Trafficking (or your company equivalent).
9. Complete technical information for each items presently sold to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

 Product Specifications

 Label With Ingredient Statements

 Nutritional Information (with Trans Fat Data)

 GMO Statement

 Allergen Statement

Please attach the following documents and check list when you send the survey:

 Country Of Origin Letter

 SDS (Safety Data Sheet)

 Kosher Certificate (where applicable)

 W9 Tax ID number

SUPPLIER ASSESSMENT QUESTIONNAIRE

Are materials supplied to \_\_\_\_\_\_\_\_\_\_ manufactured in more than 1 location? Yes No

Yes, please fill out separate assessment form for each location. List materials supplied from each location.

Do you belong to any trade organization? Yes No

Yes, List organization:

Do you have written / documented SOP's? Yes No

Does your facility have a documented HACCP program? Yes No

Yes, List CCPs and Critical Limits: (Use separate page if needed)

Is the HACCP Program verified and validated? Yes No

Yes, by whom?

Does your facility have a written allergen control program? Yes No

Yes, Explain:

Do you have an incoming raw material inspection program, with written specifications for all raw materials used in your process? Yes No

Yes. Explain:

Are all your products from materials to finished products, including re-worked materials, clearly identified and traceable? Yes No

Do you have COAs accompany each lot/shipments to \_\_\_\_\_\_\_\_? Yes No

Do you have a recall program and when was your last recall / mock recall? Yes No

Yes, Explain:

Do you have a pest control program? Yes No

In house or use third party licensed operators? Explain:

Do you have a Food Defense program? Yes No

Yes, Explain:

Do you have a sanitation program? SSOP's? Yes No

Yes, Explain:

Do you have a program for Physical Hazards / Foreign Material Control? Yes No

Do you have a documented glass and brittle plastic control program? Yes No

Which foreign material control measures are used at the facility? (Check where available)

Metal Detector: Frequency of Tests

1. Ferrous

2. Non Ferrous

3. Stainless

4. In line Rare Earth Magnets

5. Sifters / Filters / Screens:

6. Other Devices (such as X-Ray):

Do you have a program for control of Chemical Hazards? Yes No

Which chemicals are tested? (Check where applicable)

Pesticides

Mycotoxins

Banned Color Additives (e.g.: Sudan Red)

Toxic Chemicals

Heavy Metals

Do you have a weight & Volume control program? Yes No

What is your Maximum Allowable Variation?

The undersigned Supplier hereby certifies that the information and responses provided herein are true and complete and hereby authorizes representatives from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to audit the facilities, operations and responses described or disclosed in the attached questionnaire with a 48 hour notice."

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signatory

Print Name:

Title:

Phone:

Date:

Email: