|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Supplier Information | | | | | | | | | | | |
| 1.1 | Company Address Information | | | | | | | | | | |
| Name of company: | | | |  | | | | | | | |
| Address: | | | |  | | | | | | | |
| Telephone number: | | | |  | | | | | | | |
| Fax number: | | | |  | | | | | | | |
| Web address: | | | |  | | | | | | | |
| 1.2 | Contact Information (Please provide details of an available contact) | | | | | | | | | | |
| Name: | | | |  | | | | | | | |
| Position: | | | |  | | | | | | | |
| Telephone number: | | | |  | | | | | | | |
| Fax number: | | | |  | | | | | | | |
| Email address: | | | |  | | | | | | | |
| HACCP / Quality Standards and Certifications | | | | | | | | | | | |
| 2.1 | | Do you hold certification(s) against any recognized food safety/quality standards by a accredited third party body e.g. ISO 9001, 14001, 22000, BRC, SQF? If yes, please provide a copy of certificate(s). | | | | | Yes | | No | | N/A |
| 2.2 | | Do you hold accreditation, certification or registration by any regulatory agency or body? If yes, please provide a copy of certificate or documentation | | | | | Yes | | No | | N/A |
| 2.3 | | Supplier is HACCP based? | | | | | Yes | | No | | N/A |
| 2.4 | | Supplier has GMP implemented? | | | | | Yes | | No | | N/A |
| Quality Management | | | | | | | | | | | |
| Do you have procedures established to maintain the safety and integrity of the products supplied to Name of Company?  If ‘YES’ please provide the document reference number / identification. | | | | | | | | | | | |
| 3.1. | | | Quality Policy / Manual | | Yes | No | | N/A | |  | |
| 3.2 | | | Cleaning/Sanitation Program | | Yes | No | | N/A | |  | |
| 3.3 | | | Pest Control Program | | Yes | No | | N/A | |  | |
| 3.4 | | | Maintenance Program for Equipment and Buildings | | Yes | No | | N/A | |  | |
| 3.5 | | | Housekeeping and Hygiene | | Yes | No | | N/A | |  | |
| 3.6 | | | Staff Training | | Yes | No | | N/A | |  | |
| 3.7 | | | Purchasing | | Yes | No | | N/A | |  | |
| 3.8 | | | Incoming and Outgoing Trailer Inspection | | Yes | No | | N/A | |  | |
| 3.9 | | | Allergen Controls | | Yes | No | | N/A | |  | |
| 3.10 | | | Documentation Control | | Yes | No | | N/A | |  | |
| 3.11 | | | Record Retention Policy | | Yes | No | | N/A | |  | |
| 3.12 | | | Internal Audit / Self-Inspection Program | | Yes | No | | N/A | |  | |
| 3.13 | | | Supplier and Raw Material Approval and Performance Monitoring | | Yes | No | | N/A | |  | |
| 3.14 | | | Specifications | | Yes | No | | N/A | |  | |
| 3.15 | | | Change Control | | Yes | No | | N/A | |  | |
| 3.16 | | | Corrective Action | | Yes | No | | N/A | |  | |
| 3.17 | | | Control of Non-Conforming Product | | Yes | No | | N/A | |  | |
| 3.18 | | | Traceability | | Yes | No | | N/A | |  | |
| 3.19 | | | Complaint Handling | | Yes | No | | N/A | |  | |
| 3.20 | | | Do you have a recall system/procedure in place? | | Yes | No | | N/A | |  | |
| 3.21 | | | Chemical and Physical Product Contamination Control | | Yes | No | | N/A | |  | |
| 3.22 | | | Product Inspection and Testing | | Yes | No | | N/A | |  | |
| 3.23 | | | Calibration and Control of Measuring and Monitoring Devices | | Yes | No | | N/A | |  | |
| 3.24 | | | Do you have a food defence system in place? | | Yes | No | | N/A | |  | |
| Allergen Control Questionnaire Please answer the following questions. If “No” please give the reason. | | | | | | | | | | | |
| 4.1 | | | Do you provide specifications including allergen checklists along with products we order every time? | | Yes  No | | | | | | |
| 4.2 | | | Does your facility certified for “*free from*” designation, including allergens?  Who is the certifier? | | Yes  No | | | | | | |
| 4.3 | | | *Company Name* requires notification of products when ingredient changes and allergen info updates made by the suppliers. How quickly can these notifications of changes be made? | |  | | | | | | |
| 4.4 | | | Do you have control measures between processing or distributing *allergen containing* products and *allergen free* products? How are spills of these products managed to ensure no cross contamination occurs? | | Yes  No | | | | | | |
| 4.5 | | | Do you perform allergen training to your production employees? | | Yes  No | | | | | | |
| 4.6 | | | Is the lunchroom/restroom of your facility isolated or far from the processing area? | | Yes  No | | | | | | |

Additional Comments: