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| 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 QuestionnairePlease 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: