



Document No: HUB.TRS.REC.21
 Effective Date: 7/26/2022
 Revision Date: October 27, 2022
 Revised By: MDaskis
 Approved By: NRoss
 Reason for Revision: New

NEW SUPPLIER QUALIFICATION FORM

Please send finished checklist to
(*enter email*)

1. 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:			
2. 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 <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
2.3	Supplier is HACCP based?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
2.4	Supplier has GMP implemented?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
3. 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 <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3.2	Cleaning/Sanitation Program	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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3.3	Pest Control Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.4	Maintenance Program for Equipment and Buildings	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.5	Housekeeping and Hygiene	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.6	Staff Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.7	Purchasing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.8	Incoming and Outgoing Trailer Inspection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.9	Allergen Controls	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.10	Documentation Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.11	Record Retention Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.12	Internal Audit / Self-Inspection Program	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.13	Supplier and Raw Material Approval and Performance Monitoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.14	Specifications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.15	Change Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.16	Corrective Action	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.17	Control of Non-Conforming Product	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.18	Traceability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.19	Complaint Handling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.20	Do you have a recall system/procedure in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.21	Chemical and Physical Product Contamination Control	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.22	Product Inspection and Testing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	

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3.23	Calibration and Control of Measuring and Monitoring Devices	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
3.24	Do you have a food defence system in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
4. 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 <input type="checkbox"/> No <input type="checkbox"/>			
4.2	Does your facility certified for "free from" designation, including allergens? Who is the certifier?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4.3	<i>Company Name</i> 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 <i>allergen containing</i> products and <i>allergen free</i> products? How are spills of these products managed to ensure no cross contamination occurs?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4.5	Do you perform allergen training to your production employees?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
4.6	Is the lunchroom/restroom of your facility isolated or far from the processing area?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Additional Comments:

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