



## COMPANY INFORMATION – Corporate and Manufacturing

### 1. Food Safety Programs

	Requirements	Yes	No	Comment
a.	A formal, written HACCP plan based on NACMCF or Codex 7 principles is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	A formal, written Food Safety plan based on FSMA requirements is in place: <ul style="list-style-type: none"> <li>▪ Hazard Analysis completed</li> <li>▪ Risk-Based Preventive Control system</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Foreign material controls (e.g., filter, strainer, metal detector) are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	Chemical hazard controls (e.g., proper storage, labeling and training) are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	Microbiological controls (e.g., proper storage, SSOP and training) are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	Glass, hard plastic, and ceramics control program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g.	A documented incoming and outgoing trailer inspection program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 2. Good Manufacturing Practices (GMP)

	Requirements	Yes	No	Comment
a.	A written GMP policy is established.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Documented GMP training is provided to all employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Documented GMP self-audit is being conducted on a regular basis. Written corrective action plans are developed and updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 3. Quality Assurance Procedures

	Requirements	Yes	No	Comment
a.	Written procedures for all QA functions such as trailer inspection, product testing, production monitoring are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Documented QA tests on raw ingredients and finished products are conducted on a regular basis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Documented QA task training is provided for all responsible employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	A documented non-conforming product hold and disposition program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	Documented traceability procedures in place that can link incoming raw materials with finished products, and enable finished products to be traced from the plant and off-site storage and first tier customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	A formal, documented customer complaint handling program is established. Corrective actions are documented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g.	Critical manufacturing process control points and limits are identified, monitored, documented and controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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### 4. Internal/Third Party Audits

	Requirements	Yes	No	Comment
a.	Documented self-audits (e.g., GMP, HACCP, QA) are conducted on a regular basis. Written corrective actions are developed and updated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	A 3 <sup>rd</sup> Party GFSI audit (e.g. BRC, SQF Level 2 or 3, FSSC 22000, or ISO 22000) is conducted annually to identify improvement opportunities in food safety and/or quality programs on a regular basis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 5. Food Defense Programs

	Requirements	Yes	No	Comment
a.	A formal Food Security Program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Is our plant registered under the FDA Bioterrorism Act?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	A formal Operational Risk Management Program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	A formal Business Crisis Management and Continuity Plan is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	A formal Contingency and Emergency Response Plan is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	A formal Product Recall Program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g.	Mock recalls are conducted at least twice a year.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
h.	Has this facility had an actual product recall within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i.	Has this facility had an FDA 483 within the last 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j.	Written guidelines for handling regulatory inspection are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k.	A log of all visitors to the plant is maintained and visitors are trained on basic GMPs and Food Defense.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 6. Pest Control Program

	Requirements	Yes	No	Comment
a.	A documented pest control program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	An external licensed service provider is used to conduct pest control monitoring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 7. Sanitation Program

	Requirements	Yes	No	Comment
a.	A formal, documented sanitation program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Master Sanitation and Cleaning schedules are established.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Written sanitation and cleaning procedures are established for each task listed in the master schedules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	All cleaning and sanitation chemicals used are safe for use in food manufacturing plants as indicated on labels or letter of guarantee from supplier.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	Documented pre-operation inspection program is in place to verify the sanitary conditions of food processing equipment and critical areas prior to release for	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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	production.			
f.	Documented ATP or other swabbing is conducted to monitor the effectiveness of cleaning and sanitation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 8. Maintenance Program

	Requirements	Yes	No	Comment
a.	A documented preventive maintenance program is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Each preventive maintenance task has an established schedule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Written guidelines are in place to ensure food protection during maintenance activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	Maintenance personnel are trained on GMP especially those pertaining to food processing equipment and building maintenance.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 9. Training Program

	Requirements	Yes	No	Comment
a.	A documented training program is in place for all employees that handle food products.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Each work task has an established SOP or SSOP.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Written guidelines are in place to ensure food protection during all operational activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	All involved personnel are trained on relevant Prerequisite Programs, and re-trained annually as required by FDA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 10. Sanitary Transportation Program

	Requirements	Yes	No	Comment
a.	A documented Sanitary Transportation Program for food products, ingredients, or food contact packaging materials is in place, as required under FSMA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Each involved plant person and all carriers are trained in the relevant aspects of Sanitary Transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Written guidelines are in place to ensure food protection during all operational activities involving transportation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	All special handling requirements including temperature requirements are clearly addressed in our Sanitary Transportation Program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### 11. Allergen Management

	Requirements	Yes	No	Comment
a.	A formal allergen management/control program that addresses handling, labeling, storing, scheduling, cleaning and rework is in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b.	Routine documented training on allergen management / control is provided for all responsible employees.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c.	Raw ingredients, work-in-progress and rework products listings that identified allergens are in place.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
d.	Allergen containing raw ingredients, work-in-progress and rework products are properly labeled and stored.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e.	Common equipment is adequately cleaned and inspected prior to start up and during change over.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
f.	Allergen testing and validation is conducted in-house.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	