|  |  |  |  |
| --- | --- | --- | --- |
| Suppliers Name: |  | Country: |  |
| Address: |  | Phone: |  |
| City: |  | Main Contact: |  |
| State/Province: |  | Contact Phone: |  |
| Zip: |  | Contact Email: |  |

Enter information about your facility

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | Facility State or province: |  |
| Facility Address: |  | Facility zip or postal code: |  |
| Facility City: |  | Facility Phone: |  |
| Reviewer’s name? |  | DUNS# |  |

Enter information about your foreign

Assessment area

|  |  |  |  |
| --- | --- | --- | --- |
| Who is conducting the assessment? |  | | |
| What is the date of the assessment? |  | | |
| What is the name of the person being interviewed? |  | | |
| What is the title of the person being interviewed? |  | | |
| How was this supplier assessment conducted? | Phone In person Fax Email  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| What do they supply? | ☐ Food Supplier High Risk  ☐ Food Supplier Low Risk☐ Packaging Primary Supplier  ☐ Packaging Secondary Supplier ☐ Packaging Tertiary Supplier | | |
| Does your facility that delivers to our facility have any of the big 8 allergens on their premises at any time? | Yes No If yes, which one(s);  wheat, shellfish, scale fish, soy,  dairy, peanuts, tree nuts, eggs | | |
| Does the facility have an allergen control program? | Yes No | | |
| Is the facility registered with the FDA or USDA? | Yes No If yes which one(s);  FDA USDA | | |
| Does the facility have a food safety plan? | Yes No If yes, which one(s);  HACCP, HARPC, BRC, GlobalGAP,  FSSC 22,000 IFS, PrimusGFS,  SQF,  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| If the facility has a food safety plan, when was it last successfully audited by a third party? | Date: | | |
| Did we receive a copy of their certification? | Yes No | | |
| If the facility has been audited in the last 12 months. What where their finding? | Passed In progress failed | | |
| If the facility had a SUCCESSFUL 3rd party audit in the last 12 ask for a copy of the auditor’s report and attach it to the assessment. | | | |
| Does your facility have an Approved Supplier List? | | | Yes NoNA |
| Does your facility have a Certified Supplier Program? (COA's, letters of guarantee) | | | Yes NoNA |
| Does your facility have a Customer Complaint Procedures? (tracking) | | | Yes NoNA |
| Does your facility have an Employee Training Program? | | | Yes NoNA |
| Does your facility engage any temporary employs? | | | Yes NoNA |
| Does your facility have a Food Defense Plan? (Security) | | | Yes NoNA |
| Does your facility have a Foreign Material Policy? | | | Yes NoNA |
| Does your facility have a Glass Policy? | | | Yes NoNA |
| Does your facility have an Incoming & Shipping Inspection Program? | | | Yes NoNA |
| Does your facility have an Instrument Calibration Program? | | | Yes NoNA |
| Does your facility conduct internal Plant HACCP & GMP Audits? | | | Yes NoNA |
| Does your facility keep Material Safety and Data Sheets on file? | | | Yes NoNA |
| Does your facility have a Chemical Hygiene Program? | | | Yes NoNA |
| Does your facility have a Metal Detector Program / Policy? | | | Yes NoNA |
| Does your facility have a Micro Testing Program? | | | Yes NoNA |
| Does your facility have a Mock Recall Program? Records on file? | | | Yes NoNA |
| Does your facility have a net Weight Control Program? | | | Yes NoNA |
| Does your facility have a Pest Control Program? | | | Yes NoNA |
| Does your facility have a Preventative Maintenance Program? | | | Yes NoNA |
| Does your facility have a Product Recall Program/Recall Team? | | | Yes NoNA |
| Does your facility have a Return Program? | | | Yes NoNA |
| Does your facility have a Rework Program? | | | Yes NoNA |
| Does your facility have a Specification Manuals? | | | Yes NoNA |
| Does your facility have a Storage Program? | | | Yes NoNA |
| Does your facility have a Supplier Ingredient Testing Program? | | | Yes NoNA |
| Does your facility have a Temperature Monitoring? | | | Yes NoNA |
| Does your facility have a Water Testing Program / Policy? | | | Yes NoNA |
| Does your facility have a Written HACCP Program? (XYZ COMPANY Products) | | | Yes NoNA |
| Does your facility have a Written Master Cleaning Schedule? | | | Yes NoNA |
| Does your facility have a Written Plant GMP Procedures / Policy? | | | Yes No |
| Does your facility have a Written Sanitation and Cleanup Procedures? | | | Yes No |
| Does your facility have Written SOPs? | | | Yes No |
| How long are Quality Assurance Records retained? | | 1 2 3 4 5 6 7 Years | |
| Does this supplier seem to have a healthy food safety culture? | | | Yes No |
| Additional information: | | | |

Signatory Information

|  |  |  |  |
| --- | --- | --- | --- |
| Print Authority Name: | Sign Authority Name: | Enter Signatory Title: | Date of Signing: |
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