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 supplier facility

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

Assessment area

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of the imported food: | Common name of imported food: | Any FDA warning letter? | Are FDA alerts? | Meets requirements for certification under FD&C Act 801(q) | Other government warnings or alerts? | Additional Comments: |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |
|  |  | Yes No | Yes No | Yes No | Yes No |  |

Signatory information

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