|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Supplier/Manufacturer Details** | | | | | | | | | | | |
| 1.1) Corporate Name: | | | | | | | | | | | |
| 1.2) Facility Address: | | | | | | | | | | | |
| 1.3) Telephone number: | | | | | | Fax number: | | | | | |
| 1.4) Company website: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1.5) List of contacts: | | | | | | | | | | | |
| Title | | Name | | | | | | Phone # | email address | | |
| Quality assurance manager | |  | | | | | |  |  | | |
| Production manager | |  | | | | | |  |  | | |
| Sales manager | |  | | | | | |  |  | | |
|  | | | | | | | | | | | |
| 1.6) Do you directly supply product to Krinos? YES NO | | | | | | | | | | | |
| 1.7) Description of products to be supplied to Krinos Foods: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1.8) Are you a manufacturer, a distributor or a broker? : | | | | | | | | | | | |
| 1.9) Do you use a co-packer to produce products you supply to Krinos? | | | | | | | | | | YES | NO |
| **If you are a distributor, a broker or use a co-packer, please also send this questionnaire to the actual manufacturer(s)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1.10) Products produced in the facility: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1.11) Is your facility registered with the FDA? | | | | | YES , **Please provide#** : | | | | | | NO |
|  | | | | | | | | | | | |
| **Section 2: Manufacturing and Quality Control** | | | | | | | | | | | |
| 2.1) Are you accredited to a GFSI-recognized scheme? YES, please provide a copy of certification document. Go to question 2.4) NO, please continue to question 2.2) | | | | | | | | | | | |
| 2.2) Do you have a food safety plan or system, HACCP, or any risk management plan? | | | | | | | | | | YES | NO |
| 2.3) Is there any annual third party food safety/GMP audit of your facility?  YES, please provide document  NO | | | | | | | | | | | |
| 2.4) Have you been cited for any regulatory non-compliance issue or received any warning letter in the past 3 years?  YES, please provide details:  NO | | | | | | | | | | | |
| 2.5) Have you experienced any recall in the past 3 years?  YES, please provide details including recall class:  NO | | | | | | | | | | | |
| 2.6) Do you use genetically modified organisms (GMO) ingredients? | | | | | | | | | | YES | NO |
| 2.7) Do you handle any of the following allergens and/or its derivatives either as finished products or as raw ingredients in products? **Please give answer to each individual allergen listed below.** | | | | | | | | | | | |
| Crustaceans (such as shrimp, crab, lobster) | | | | | | | | | | YES | NO |
| Eggs | | | | | | | | | | YES | NO |
| Fish | | | | | | | | | | YES | NO |
| Milk | | | | | | | | | | YES | NO |
| Peanuts | | | | | | | | | | YES | NO |
| Sesame | | | | | | | | | | YES | NO |
| Soy | | | | | | | | | | YES | NO |
| Tree nuts (such as almonds, cashews, walnuts, etc.) | | | | | | | | | | YES | NO |
| Wheat | | | | | | | | | | YES | NO |
| 2.8) Do you have an allergen control program? | | | | | | | | | | YES | NO |
| 2.9) Do you have designated OR shared equipment, tools, production line, area for each allergen you handle? | | | | | | Shared equipment and production line | | | Designated equipment and production line | | |
| 2.10) Do you have a foreign object detection system?  YES, If yes please indicate below  Metal Detector  X-ray Machine  Other: | | | | | | | NO, please explain how the foreign objects are controlled: | | | | |
| 2.11) Do your all finished products pass through a foreign object detection system? | | | | | | | | | | YES | NO |
| 2.12) Do you have a documented glass and brittle plastic breakage policy on site? | | | | | | | | | | YES | NO |
| 2.13) Do you carry out tests on incoming raw materials and/or finished products? | | | | | | | | | | | |
| YES, If yes please indicate below | | | | | | NO, if no please skip to question 2.16) | | | | | |
| Microbiological testing: | | | | | | | | | | | |
| Chemical testing: | | | | | | | | | | | |
| Others: | | | | | | | | | | | |
| 2.14) Do you have your own testing facilities? | | | | | | | | | | YES | NO |
| 2.15) Do you use an accredited laboratory for testing of raw materials and/or products? | | | | | | | | | | YES | NO |
| Please provide name and address of laboratory | | | | | | | | | | | |
| Name of laboratory: | | | | | | | | | | | |
| Address of laboratory: | | | | | | | | | | | |
| 2.16) How are finished products coded for traceability? Please indicate | | | | | | | | | | | |
| Lot number | | | | Production date | | | | | Expiration date | | |
| Others, please specify: | | | | | | | | | | | |
| 2.17) Do you have a specification for packaging materials? | | | | | | | | | | YES | NO |
|  | | | | | | | | | | | |
| 2.18) Do you monitor temperature of the products throughout the transit? | | | | | | | | | | YES | NO |
| 2.19) Do you supply ORGANIC products to Krinos Foods? | | | | | | YES, **please provide a copy of certificate** | | | | | NO |
| 2.20) Do you supply KOSHER products to Krinos Foods? | | | | | | YES, **please provide a copy of certificate** | | | | | NO |
| 2.21) Do you import/purchase any raw materials from any supplier outside of your country (foreign supplier)? | | | | | | | | | | YES | NO |
| 2.22) Do you supply any imported product to Krinos? | | | | | | | | | | YES | NO |
| IF YOU ANSWERED "NO" TO **BOTH** QUESTION **2.21) AND 2.22)**, SKIP TO QUESTION 2.25) | | | | | | | | | | | |
| 2.23) Do you have a hazard analysis for each food item that is imported? | | | | | | | | | | YES | NO |
| 2.24) How do you evaluate the risk of imported products and performance of your import suppliers? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.25) Do you inspect all incoming raw materials? | | | | | | | | | | YES | NO |
| 2.26) Do you have Sanitation Standard Operating Procedures (SSOPs)? | | | | | | | | | | YES | NO |
| 2.27) Do you have a written cleaning schedule (Master Sanitation Schedule) for all areas of the facility? | | | | | | | | | | YES | NO |
| 2.28) Are cleaners/sanitation team trained to comply with all health and safety aspects of chemical handling? | | | | | | | | | | YES | NO |
| 2.29) Do you have a preventive maintenance program? | | | | | | | | | | YES | NO |
| 2.30) Are procedures regularly monitored, reviewed and changed where applicable? | | | | | | | | | | YES | NO |
| 2.31) Do you maintain up to date product specifications for all products? | | | | | | | | | | YES | NO |
| 2.32) Do you have documented calibration procedures for measuring instruments? | | | | | | | | | | YES | NO |
| 2.33) Do you have full traceability of your products including ingredients and packaging materials? | | | | | | | | | | YES | NO |
| 2.34) When was your last mock recall/traceability exercise? | | | | | | Date: | | | | | |
| 2.35) What is the % effectiveness of your latest mock recall? | | | | | | %effectiveness: | | | | | |
| 2.36) What inspections, testing or analysis are made on finished products and with what frequency? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 2.37) Do you keep records on customer complaints? | | | | | | | | | | YES | NO |
|  | | | | | | | | | | | |
| **Section 3: Pest Control** | | | | | | | | | | | |
| 3.1) Do you have a pest control contract? | | | | | | | | | | | |
| YES >>> | Name of pest control company: | | | | | | | | | | |
| NO>>> | Who is responsible for pest control in your facility? | | | | | | | | | | |
| 3.2) How frequent are the pest control inspections being perform? Please specify. | | | | | | | | | | | |
| Weekly | | Bi-Weekly | | | | Monthly | | | | Other: | |
| 3.3) Are pest control records maintained and available for inspection? | | | | | | | | | | YES | NO |
| 3.4) Who is responsible for the corrective action for pest control issue? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section 4: Personnel Hygiene** | | | | | | | | | | | |
| 4.1) Are all employees trained in food hygiene and food safety? | | | | | | | | | | YES | NO |
| 4.2) Do all employees undergo refresher training annually? | | | | | | | | | | YES | NO |
| 4.3) Are training records kept for all employees? | | | | | | | | | | YES | NO |
| 4.4) Do you provide protective clothing for all food handlers? | | | | | | | | | | YES | NO |
| If yes, please indicate type(s) of protective clothing provided: | | | | | | | | | | | |
| Apron | | | Boots | | | Gowns/Overall | | | | Hat/Cap | |
| Beard covers | | | Gloves | | | Hairnet | | | | Other: | |
| 4.5) Is there any reusable protective clothing used? | | | | | | | | | | YES | NO |
| IF YOU ANSWERED "NO" TO QUESTION 4.5), SKIP TO QUESITON 4.8) | | | | | | | | | | | |
| 4.6) How often are reusable protective clothing changed and cleaned? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 4.7) Who is responsible for reusable protective clothing cleaning? | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 4.8) Are lockers available for employees to ensure no personal belongings are taken into production areas? | | | | | | | | | | YES | NO |
| 4.9) Are employees provided with separate areas for eating and drinking? | | | | | | | | | | YES | NO |
| 4.10) Do you request a medical release documentation or a doctor note from employee who returns to work following illness? | | | | | | | | | | YES | NO |
| 4.11) What is the company policy on wearing of jewelry? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 4.12) What is the company policy on smoking? | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Section 5: Procedures for supplier approval** | | | | | | | | | | | |
| 5.1) Do you have a documented supplier approval program? | | | | | | | | | | YES | NO |
| 5.2) Do you audit raw material suppliers? | | | | | | | | | | YES | NO |
| 5.3) Do you only use approved suppliers? | | | | | | | | | | YES | NO |
| 5.4) Do you require raw material suppliers to provide food safety documentation? | | | | | | | | | | YES | NO |
| 5.5) Do you require certificate of analysis (COA) and/or certificate of conformances from your suppliers? | | | | | | | | | | YES | NO |
|  | | | | | | | | | | | |
| **Section 6: Document Checklist** | | | | | | | | | | | |
| Please use this checklist to ensure all required information has been included with your return. | | | | | | | | | | | |
| 6.1) Fully completed food safety questionnaire | | | | | | | | | | YES | NO |
| 6.2) Letter of continuing guarantee | | | | | | | | | | YES | NO |
| 6.3) Product specification sheet **including nutritional data** for every item supplied to Krinos  The supplier:  1. Agrees that all products supplied to Krinos Foods LLC. will conform to all current specifications for each of the products.  YES NO  2. Agrees to inform Krinos Foods LLC. prior to any change to any specification for any of the products listed. YES NO  3. Agrees to allow access to test/analysis records and/or sample of any batch/lot (if applicable) of product supplied to Krinos Foods LLC. by request. YES NO | | | | | | | | | | YES | NO |
| 6.4) Food safety Certificate/Third party ***audit certificate* and *report* in ENGLISH language.**  Please specify. | | | | | | | | | | YES | NO |
| BRC | | | FSSC22000 | | | | | SQF | | Other: | |
| 6.5) HACCP plan | | | | | | | | | | YES | NO |
| 6.6) Non-GMO statement (if applicable) | | | | | | | | | | YES | NO |
| 6.7) Kosher Certificate (if applicable) | | | | | | | | | | YES | NO |
| 6.8) Organic Certificate (if applicable) | | | | | | | | | | YES | NO |
|  | | | | | | | | | | | |
| I hereby declare that to the best of my knowledge the answers contained within this questionnaire are true and accurate. | | | | | | | | | | | |
| this questionnaire is completed by: | | | | | | | | | | | |
| Name: | | | | | | | | | | | |
| Position: | | | | | | | | | | | |
| Contact info: | | | | | | | | | | | |
| Signature: | | | | | | | | | | Date: | |
|  | | | | | | | | | | | |
| Please send the completed form and supporting document to nuttapornp@krinos.com or upload your documentation in our food safety supply chain system. | | | | | | | | | | | |
| Please contact Jimmy Tse (jimmyt@krinos.com) or Nuttaporn Pothiwit (nuttapornp@krinos.com) to request your user name and password to access our food safety supply chain system. | | | | | | | | | | | |
| Thank you very much for your cooperation. | | | | | | | | | | | |
| Krinos Foods | | | | | | | | | | | |