



Ingredient Specification Requirements (updated 1.2.09)

Supplier Information			
Supplier Name:		Phone Number:	
Address:		FAX Number:	
Contact Name:		E-mail:	
Title:			
Product Information			
Product Name:		Product Code:	
Product Description (include pack size):			
Ingredient Statement & Declared Ingredient Statement:			
Allergens: (see table)			
Lot Code and Description:			
Storage Temp:		Shelf Life:	
Analytical Specifications			
Moisture %:		Salt %:	
Protein %:		pH:	
Fat %:		a _w :	
Density:		Viscosity w/Method:	
Acid:			
Microbial Specifications			
TPC:		Listeria:	
Coliform:		Yeast:	
e. Coli:		Mold:	
Salmonella:		Other Pathogens:	
Organoleptic Specifications			
Taste:		Color:	
Flavor:		Texture:	
Aroma:			
Other Information			
HACCP Program:	Attach flow diagram	COA on each lot (required):	
Letter of Guaranty:	Attach	Vegetarian (Y/N):	
Country of Origin:		Vegan (Y/N):	
Kosher (Y/N):			



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Nutritional Information (state per 100g and analytical method used)

Allergens and Other Sensitive Ingredients

Please complete the following table for each product supplied. Indicate YES or NO for each item. If applicable, indicate the name of the ingredient present in the product.

Column I indicates the allergens that may be found in the product, from addition or from cross contamination.

Column II indicates the allergens present in other products that are run on the same equipment but at a different time.

Column III indicates whether any allergens are present in your plant.

Component	I (in product)	II (in other products)	III (present in plant)
Peanut or its derivatives, e.g., Peanut pieces, protein, oil, butter, flour, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tree Nuts (almonds, Brazil nuts, cashews, hazelnuts (filberts), hickory, macadamia nuts, pecans, pine nuts (pinyon, pinon), pistachios and walnuts or their derivatives.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Milk and Dairy Products , e.g. lactose, casein, milk caseinate, cheese, cream, whey and yogurt powder, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eggs or its derivatives , e.g., frozen yolk, egg white powder and egg protein isolates, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fish or its derivatives , fish protein and extracts, etc. for example surimi, cod, anchovies, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish (including crab, crayfish, lobster, prawn and shrimp) and Mollusks (including snails, clams, mussels, oysters, cockle and scallops) or their derivatives, e.g., extracts, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soy or its derivatives , e.g., lecithin, tofu and protein isolates, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wheat or its derivatives , e.g., flour, wheat gluten, starches, brans, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Celery - root, stalk, leaves (not seeds)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seeds - cottonseed, poppy, sesame, sunflower	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sulfites , e.g., sulfur dioxide and sodium metabisulfites, etc. (indicate ppm, if present)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monosodium Glutamate (MSG)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
BHT, BHA, TBHQ	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have procedures to avoid cross contamination of the product with the allergens not present in the product but noted in Columns II and III?

Yes No



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Certification of Accuracy

Please attach a finished product label to this form for each product. If, for any reason, there are any modifications to this product, you are responsible for updating your records including labels and specifications, and notifying us immediately.

Name:		Company:	
Signature:		Date:	