

Farm Name _____

DOC 3.34 SUPPLIER APPROVAL QUESTIONNAIRE

Please complete the following details and return as soon as possible. All details provided to us will be treated as confidential and only used to support the approved supplier requirements of our food safety program.

Please return the completed form to: _____

ADMINISTRATIVE SECTION

Corporate Name: _____

Division Name: _____

Company Website: _____

Facility Address: _____

Company Contact Information

Key Contact Name: _____

Telephone Number: _____

Fax Number: _____

Email: _____

Description of Product to be Supplied

Product Name: _____

Description: _____

Other products produced

In the facility: _____

Food Safety Section Part 1

Accredited HACCP or Food Safety System in Place

Date of Validity: _____

ISO 22000				FSEP				SQF			
YES		NO		YES		NO		YES		NO	
QMP				Other HACCP Accreditation				Other Food Safety System			
YES		YES		NO		NO		YES		NO	
Name: _____											

Food Safety Section Part 2

Question	YES	NO	N/A	ADDITIONAL INFORMATION
Do you have a written food safety policy?				
Has a food safety risk assessment been undertaken?				
Do you have a food safety plan, product protection program, risk management plan, HACCP, or other food safety system?				
Do you have Sanitation Standard Operating Procedures (SSOP's)?				
Do you have an employee hygiene program?				
Are personnel trained in food hygiene and safety?				
Do you have a pest control program?				
Are cross-contamination risks controlled?				
Do you have a recall program?				
Do you have full traceability?				
Do you have a system for handling customer complaints?				
Do you have allergens on-site (if, yes please fill in an Allergen Checklist)?				
Do you have an allergen control program on-site?				
Do you have a supplier approval program?				
Are manufacturing instructions documented?				
Do you carry out any auditing, either internal or external?				
Do you carry liability insurance?				
Do you have any other food safety controls in place?				Describe:

Issue Date: _____

Developed by: _____ Date last revised: _____

Authorized by: _____ Date authorized: _____

Food Safety Section Part 3

****Must be completed by the supplier before Approval can be granted****

I hereby declare that to the best of my knowledge the answers contained within this questionnaire are true and accurate. I understand that the information will be used in the evaluation process to assess the named organization's suitability as a supplier.

FORM COMPLETED BY:

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____

TEL. NO.: _____

Please return the completed form to: _____

**For internal use only:
QA APPROVAL**

Approval GRANTED / REJECTED (delete as appropriate)

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____