**244 – DF - Approved Supplier Form**

**Approved by: Cinthia Lopez**

**Current Revision: January 2020**

This form must be filled out for each facility shipping out product to our company.

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| **Company Information**Name:Nature and Scope of Business:Address: Phone:FDA Registration Number: |

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| **Food Safety Contact** **Primary**Name and Title:Company Phone Number:Cell Phone Number: Email:  **Secondary / Back-Up** Name and Title:Company Phone Number:Cell Phone Number: Email:  |

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| **Question** | **YES** | **NO** | **N/A** | **ADDITIONAL INFORMATION** |
| Do you have a written food safety policy? |  |  |  |  |
| In accordance to FSMA rule for preventative control for human food, do you have a food safety plan for products developed in your facility.  |  |  |  |  |
| Has a food safety risk assessment been undertaken? |  |  |  |  |
| Do you have Sanitation Standard Operating Procedures (SSOP’s)? |  |  |  |  |
| Do you have an employee hygiene program? |  |  |  |  |
| Do you have a training program established? |  |  |  |  |
| Do you have a pest control program? |  |  |  |  |
| Do you have a recall program? |  |  |  |  |
| Do you have full traceability? |  |  |  |  |
| Do you have a system for handling customer complaints? |  |  |  |  |
| Do you have an allergen control program on-site? |  |  |  |  |
| Do you have a supplier approval program? |  |  |  |  |
| Are there any third-party audits conducted to your facility  |  |  |  |  |
| What food safety certifications do you have for each facility from which you ship out product. |  |  |  |  |

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| **Products Supplied**Please describe all the products supplied to Peddler’s Son Produce: |