

Address

Date:

Supersedes:

### Supplier Approval Form

Supplier:

- Address
- Contact person & Title
- Contact phone number
- Contact email:

Suppliers file documents:

- Certificate of insurance on file: **yes/no** Insurance expiration date: \_\_\_\_\_
- Safety data sheets on file: **yes/no** File location: \_\_\_\_\_
- Submission of COA with each shipment: **yes/no**
- Ingredient & Packaging suppliers:
  - Specifications agreed to and on file: **yes/no**
  - Allergen statements: Contains: **yes/no** or Precautionary label (may contain): **yes/no**
  - List Allergens:
  - Continuing guarantee on file: **yes/no**
  - Lot key code explanation on file: **yes/no**
  - Third Party audit on file e.g. GFSI etc.: **Yes/No** Date of audit \_\_\_\_\_
    - Nonconformance and corrective actions also in file: **yes/no**
  - High risk ingredient/supplier from hazard analysis: **yes/no**
    - What assurance from this supply source that food safety systems are in place and operating to effectively mitigate the risk (Ref Document Supplier Control Pre #1): e.g. kill step, metal detection, environmental monitoring, etc.

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- Label suppliers:
  - Allergen review check on incoming labels: Yes/No Reference document: \_\_\_\_\_
- Contract service suppliers:
  - Date of last training to ensure specifications are met: \_\_\_\_\_
- Is this an import supplier: yes/No
  - Certificate of compliance on file: yes/No

Alternate document on file: \_\_\_\_\_

JWI: File for each supplier is maintained with the above information in the individual supplier file.

Verified by:

Date:

Address

Date:

Supersedes:

Artisan Dairy Producer Food Safety Initiative