



**Creation Foods Company
Supplier Approval Questionnaire**

Table of Contents

1. SUPPLIER INFORMATION	3
2. CONTACT INFORMATION.....	3
3. RECENT INSPECTIONS & INCIDENTS	3
4. INBOUND & OUTBOUND PRACTICES	4
5. ALLERGENS.....	4
6. TEMPERATURES	4
7. PACKAGING & LABELING	5
8. SUPPLIER APPROVAL.....	5
9. POLICIES & PROCEDURES.....	5
10. SUSTAINABILITY PRACTICES.....	7
11. DOCUMENTS REQUIRED	7

Please complete Sections 1 to 11. All details provided to Creation Foods Canada will be treated as confidential and only used to support the Supplier Approval of our food safety program.

1. SUPPLIER INFORMATION

**Separate questionnaires are required for each facility supplying Creation Foods.*

Supplier Name: _____

Date: _____

(MM-DD-YYYY)

Manufacturing Facility: _____

Street Address

Apartment/Unit #

City

Province

Postal Code

2. CONTACT INFORMATION

Emergency Contact (24 Hour Crisis, Recalls, etc.)

Contact Name: _____

Contact Position: _____

Contact Phone #: _____

Contact Email: _____

General Manager

Contact Name: _____

Contact Fax #: _____

Contact Phone #: _____

Contact Email: _____

Senior Technical Services, Quality Assurance or Food Safety Representative

Contact Name: _____

Contact Fax #: _____

Contact Phone #: _____

Contact Email: _____

Sales Representative

Contact Name: _____

Contact Fax #: _____

Contact Phone #: _____

Contact Email: _____

3. RECENT INSPECTIONS & INCIDENTS

Please provide details of any recalls or other incidents related to food safety that occurred within one year. For each incident, please provide the date, details, volume affected, and indicate if the CFIA was involved.

Date of Most Recent
Regulatory Inspection: _____

Inspecting Agency: _____

Deficiencies Noted: _____

Date of Most Recent
Third Party Inspection: _____

Inspecting Agency: _____

Score: _____

Deficiencies Noted: _____

4. INBOUND & OUTBOUND PRACTICES

- 4.1 Does the manufacturing facility have an **Incoming** Material Control and/or Inspection Program implemented? Yes No N/A
- 4.2 Does the manufacturing facility have an **Outgoing** Material Control and/or Inspection Program implemented? Yes No N/A
- 4.3 Are inbound deliveries and carriers inspected? Yes No N/A
- 4.4 Are outbound deliveries and carriers inspected? Yes No N/A
- 4.5 Are lot codes and manufacturing dates recorded? Yes No N/A
- 4.6 Are temperature logs maintained for incoming time & temperature-sensitive ingredients? Yes No N/A
- 4.7 Are any raw materials stored in a freezer at -18°C or lower? Yes No N/A
- 4.8 Are any raw materials stored in a cooler at 4°C or lower? Yes No N/A
- 4.9 Are Certificates of Analysis required for any ingredients used within the facility? Yes No N/A

If yes, list the ingredients

5. ALLERGENS

- 5.1 Does the facility have an Allergen Control Program? Yes No N/A
- 5.2 Please list the allergens present in the product(s) & handled in the same facility.
-
-

- 5.3 Are allergenic materials stored separate from other ingredients? Yes No N/A
- 5.6 Are allergens handled on separate lines to avoid cross contamination? Yes No N/A
- 5.7 Has any necessary allergen-cleaning procedure been validated through protein testing of the equipment or finished product? Yes No N/A

6. TEMPERATURES

- 6.1 Does the manufacturing facility supply its customers with time & temperature-controlled foods? Yes No N/A
- If so, please list:*
-
-

- 6.2 Please describe the program for maintenance of the temperature control chain:
-
-

6.3 Does the facility handle or process other time & temperature-controlled foods? Yes No N/A *If so, please list:*

6.4 If answered “Yes” to 6.3, please describe measures to separate risk posed by time & temperature-controlled foods to foods that are and/or will be purchased by Creation Foods.

This question may have been answered above if Creation Foods receives time/temperature controlled foods from the facility – please note this.

7. PACKAGING & LABELING

- 7.1 Are products that will be supplied to Creation Foods be labeled for individual retail sale? Yes No N/A
- 7.2 If not, are your products labeled according to federal and/or provincial requirements? Yes No N/A
- 7.3 Do your labels include **Country of Origin, Net Weight, Nutritional Information** (Nutrition Facts Table), and **Allergen Declaration** (mandatory and _____ precautionary)? Yes No N/A

8. SUPPLIER APPROVAL

Does the facility have its own Supplier Approval Program that captures:

- 8.1 Letters of Continuing Guarantee Yes No N/A
- 8.2 Assurances of General Liability Insurance Yes No N/A
- 8.3 Operating and/or Food Processing Licenses Yes No N/A
- 8.4 HACCP Plans or HACCP Plan Summaries Yes No N/A
- 8.5 Recent third party audit reports, inspection reports and/or summaries Yes No N/A
- 8.6 Ingredient Specifications Yes No N/A
- 8.7 Recall Traceability Program Yes No N/A

9. POLICIES & PROCEDURES

9.1 Does the facility have Hold Management Procedures in place to identify, isolate, Yes No N/A evaluate, and dispose of materials where the quality or food safety of the

finished products or raw materials are compromised?

Please describe procedures for Hold:

- 9.2 Does the facility have a current and verified HACCP program in place? Yes No N/A
- 9.3 Does the facility operate any Critical Control Points (CCPs)? Yes No N/A

9.4 Does the facility carry out internal audits of its food safety program? Yes No N/A

9.5 List CCPs

(Critical limits, monitoring frequencies, etc. will be outlined in supplied copy of HACCP Plan)

9.6 List protective devices used in line to prevent foreign material contamination?
(e.g. screens, filters, magnets, etc.)

9.7 Does the facility have a Plastic and Glass Control Policy and/or Program to prevent plastic and glass contamination within the product? Yes No N/A

9.8 Is the finished product subjected to any type of testing prior to being released for shipment? Yes No N/A

9.9 Are metal detectors or x-ray machines used on the finished product? Yes No N/A

9.10 Does the facility have a system to identify and trace individual lot numbers of all raw materials used in a particular finished product batch? Yes No N/A

9.11 Does the facility have a Product Recall Plan in place? Yes No N/A

9.12 Does the facility have a written personnel Good Manufacturing Practices (GMP) Policy? Yes No N/A

9.13 Are all employees and visitors in processing areas trained in GMP and Food Safety practices with training records maintained? Yes No N/A

9.14 Does the facility have a documented Pest Management Program in place to control rodents, insects, and birds? Yes No N/A

9.15 Is the Pest Management Program contracted, or is it handled in-house? Yes No N/A

9.16 If contracted out, please include the Pest Control Contractor and the last inspection date.

9.17 Does the facility employ a certified Pest Control Operator on site? Yes No N/A

9.18 Does the facility have a documented Sanitation Program in place, including a Master Sanitation Schedule and written Sanitation Standard Operating Procedures (SOP)? Yes No N/A

9.19 Is the sanitation contracted, or is it handled in-house? Yes No N/A

9.20 Does the facility have a documented Preventative Maintenance (PM) Program in place, including a PM schedule and procedures? Yes No N/A

9.21 Is the facility licensed to process food according to State and local statutes and regulations? Yes No N/A

9.22 Has the facility completed registration requirements to comply with the *Bioterrorism Preparedness and Response Act*? Yes No N/A

9.23 Does the facility have a Food Plant Security or Defense Program in place? Yes No N/A

9.24 If applicable, please provide a production code cipher for the container code that appears on each individual retail unit. For instance, if your container code reads: Best Before Jun 12 2011 F24 P 12:30, you would explain what each character of the code represents, "June 12 2011 represents a two year shelf life (product was manufactured on June 12, 2009), F24 = production line F, filler number 24, P = Peoria, IL manufacturing plant, 12:30 = 24 hour clock time."

9.25 If applicable, have you AND your suppliers had a third party audit completed to ensure Good Agriculture Practices (GAP) and/or Good Handling Practices (GHP) within the past 12 months? Yes No N/A

10. SUSTAINABILITY PRACTICES

10.1 Do you have any environmental sustainability certifications or programs? Yes No N/A
If so, please provide details:

10.2 Do you have any ethical sourcing certifications or programs? Yes No N/A
If so, please provide details:

11. DOCUMENTS REQUIRED

11.1 Please provide current copies of the following documents:

- Letter of Continuing Guarantee
- Copy of most recent Third Party Audit Certification
- Copy of most recent Food Regulatory Inspection Report
- Ingredient Specifications

Creation Foods Canada shall review the Supplier Approval Program annually and as needed. You, the Supplier, are obligated to notify us if any information detailed in Sections 1 to 11 changes within the year of signing.

First Name, Last Name
Name of Company
Representative

Signature of Company
Representative

(MM-DD-YYYY)
Date of Signing