

**Nossack Gourmet Foods - #683
Product Safety Questionnaire**

Assurance/guarantee of the **purity, safety and integrity of all ingredients and food items** used at Nossack Gourmet Foods Ltd. is our number one priority.

We value the safety of our finished, ready to eat products and will only use ingredients or supplies from companies who also take food safety seriously.

Upon completion of this form, please review the questionnaire to ensure all questions have been answered fully. Incomplete submissions will result in a delay in processing and/or approval of products to be used by Nossack Gourmet Foods Ltd.

Company Name:

Address:

Telephone Number

Fax Number

Name/Title of person to contact in the event of a Recall:

Telephone Number:

Fax Number:

Date Questionnaire Completed:

Once completed please send:

Via email or:

ngfHACCP@nossack.com

Radosveta (Joy) Bozhilova-
HACCP Coordinator

Via facsimile: 403 227 1131

Any questions - call 403 227 2121

"Thank you" for your assistance in protecting our food chain!

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Do you have a Hazard Analysis Critical Control Points (HACCP) program in place?

Yes No

If "No" estimated completion date:

Do you have a fulltime designated person responsible for food safety?

Yes No

NAME:

(Include Phone/Fax numbers)

Are you Federally Inspected?

Yes No

Est. #

Are you USDA eligible

Yes No

Do you have a microbiological testing plan for finish products?

Yes No

What is the frequency of lab testing?

Are product lab tests completed internally?

Yes No N/A

Is product testing done externally?

Yes No N/A

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Is there a documented program in place for employee food safety/sanitation/hygiene training?

Yes No

Is there a documented plant personal hygiene **policy**?

Yes No

Is the finished product **quality** tested for approval before release for shipping?

Yes No

If yes, How?

Are any food safety devices used in production (EG. sifters, magnets, metal detection) to protect food from contaminates? (please describe)

Is there an ongoing pest control program for insect and rodent control?

Yes No N/A

Do you use a professional pest control service?

Yes No N/A

If "No", do you have an in house program?

What is the frequency of pest control inspections?

Do you have written reports available?

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Do you have letters/questionnaires of assurance/guarantee from your suppliers?

Yes No N/A

Are all products stamped with a date of production and/or best before date?

Yes No N/A

Please attach/write an explanation of the coding system being used by your facility

Are all food products rotated on a first in, first out basis?

Yes No N/A

Do you have any "allergenic" products in your facility?

Yes No N/A

If YES, please, complete the Allergen Identification sheet for each product.

How are "allergenic" products controlled?

Please list all facilities producing/supplying for Nossack Gourmet Foods Ltd.

Please list all "names/brands" of products being produced/supplied to Nossack Gourmet Foods Ltd.

It is your responsibility to inform NGF in writing of any changes in formulation, substitutions, amendments or modification of ingredients.

Name.....

Date.....

Position:.....