



National Animal Supplement Council

**Preferred Supplier Data Sheet (PSDS) for
Raw Material Suppliers and Contract Manufacturers**



All Raw Material Suppliers and Contract Manufacturers must provide the information requested in this form as part of the qualification procedure for acceptance as a Preferred Supplier by NASC. Any fields not applicable to your company should be completed by entering N/A.

Please return copies of the completed form(s) and requested certifications electronically to Bill Bookout at b.bookout@nasc.cc or mail to:

NASC
PO Box 5168
Sun City West, AZ 85376

This information will be posted in the Members Section of the NASC Web Site for companies to download for use in qualifying and accepting the supplier.

Questions: contact Bill Bookout at the NASC office (760-751-3360 X1)

SECTION 1: SITE OVERVIEW			
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:	American Laboratories, Inc. Business Office: 11111 M Street Omaha, NE 68137		
WEB SITE:	Americanlaboratories.com		
CONTACT PERSON:	John Garcia		
TELEPHONE NUMBER:	402-339-2494		
E-MAIL:	jgarcia@americanlaboratories.com		
BUSINESS DESCRIPTION / SITE DETAILS: Site details can be found on the attached Site Quality Overview Datasheet (SQOD)			
FACILITY SIZE / # EMPLOYEES:	SQOD	DATE EST:	SQOD
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:	SQOD	UNION:	SQOD
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:	SQOD		
SITE ACTIVITIES CONDUCTED:	SQOD		
ORGANIZATIONAL CHART:	SQOD		

SECTION 2: EVIDENCE OF COMPLIANCE			
INDEPENDENT QUALITY CERTIFICATIONS:	None IF YES, SPECIFY:		
	QUALITY MANAGEMENT SYSTEM STANDARD:	Q7	
	APPROVAL CERTIFICATES:	N/A	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	N/A	
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	N/A		
WEB SITE:	americanlaboratories.com		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):	FDA – Nov. 2017, 483 resolved and closed		



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SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY	
DO YOU HAVE Q/C RELEASE REQUIREMENTS FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO)	Yes
DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO)	No
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO)	Yes
DO YOU SAMPLE EVERY LOT: (YES / NO)	Yes
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO)	
PHARMACEUTICAL:	Yes
NUTRITIONAL:	Yes
BOTANICAL:	Yes
MINERAL:	No
ENZYME:	Yes
HORMONE:	Yes
PROBIOTIC:	Yes
CHEMICAL (OTHER): Technical, Industrial and Diagnostics	Yes
METHODS CONDUCTED IN FACILITY: (YES / NO)	
DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?	Yes
DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	Yes
TESTING INFORMATION:	
IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BOTH SECTIONS	
DOES THIS FACILITY RELY ON AN IN-HOUSE LAB? (YES / NO)	Yes
IN-HOUSE TESTS PERFORMED: (YES / NO)	Yes
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	Yes
RAW MATERIAL ASSAY? (YES / NO)	Yes, when applicable
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes, APC, Salmonella, E. coli when applicable
pH? (YES / NO)	Yes, when applicable
MOISTURE? (YES / NO)	Yes
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	No
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes, when required
OTHER? (YES / NO – IF YES SPECIFY)	N/A
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	N/A



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OUTSIDE CONTRACT LABS USED	
PLEASE LIST YOUR MOST FREQUENTLY USED CONTRACT LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA, USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE PROVIDE ACCREDITATION NUMBER*	
NAME OF LAB #1:	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO – IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
NAME OF LAB #2:	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO – IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
NAME OF LAB #3:	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	
RAW MATERIAL ASSAY? (YES / NO)	
MICROBIAL? (YES / NO – IF YES SPECIFY)	
pH? (YES / NO)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	

Commented [MC1]: ALI does not normally list outside laboratories. Do we want to list these here? If yes, QC labs (Tim Webb) will need to help.



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SECTION 4: CGMP COMPLIANCE DETAILS		
PROVIDE A BRIEF SUMMARY OF HOW THE SUPPLIER COMPLIES WITH EACH APPLICABLE ELEMENT OF THE CURRENT GMP GUIDELINES. NON-APPLICABLE ELEMENTS SHOULD BE NOTED AS SUCH.		
IS FACILITY ISO CERTIFIED? YES / NO: IF YES SPECIFY THE ISO STANDARD AND ATTACH CURRENT CERTIFICATE.	No	
LIST AND ATTACH ANY OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):	N/A	
SPECIFY MOST RECENT FACILITY INSPECTIONS BY STATE, FEDERAL, OR FOREIGN AGENCY (DATE OF INSPECTION, AND RESULTS OF THE INSPECTION SPECIFY AGENCY):		
DATE	INSPECTION AGENCY	RESULTS OF THE INSPECTION
November 2017	FDA	483 resolved and closed
Daily	USDA-FSIS	No NRs
June 2018	USDA-APHIS	No issues reported

Commented [MC2]: Not sure what they are looking for here?

SECTION 5: ADDITIONAL INFORMATION	
Hazard Plan (HACCP) / DATE IMPLEMENTED:	10/4/2011
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	
CORPORATE BIOTERRORISM ACT COMPLIANCE:	SQOD
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	American Laboratories, Inc. (ALI) utilizes segregation, separation and scheduling practices in the storage and processing of our products to prevent any chance of cross-contamination. Production equipment and rooms are cleaned after each different product is processed, using validated cleaning procedures. The cleaning methods have been validated to remove any residues of fat, protein, detergent, and sanitizer. Documented cleaning logs are maintained for all of ALI's processing equipment and/or rooms. In addition, material that is in a dry or dusty state is always processed in an enclosed room that has its own HVAC system with final HEPA filtration of the room air. ALI utilizes a computerized employee training program (Master Control) to document employee training on all of our cleaning and sanitizing SOP's. All employees are required to utilize sanitary hygiene practices while working on our products. All processing is fully documented on controlled ALI Manufacturing Instructions which fully meet FDA and USDA cGMP requirements. ALI maintains complete product and material traceability for all of our products.
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	SQOD

Commented [MC3]: Not sure what they are looking for here?

SECTION 6: CONTRACT MANUFACTURERS	
HOW DO YOU GUARANTEE BANNED SUBSTANCES (STIMULANTS, NARCOTICS, STEROIDS, DIURETICS, BETA-2-AGONISTS, BETA BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES) ARE NOT PRESENT IN YOUR INGREDIENTS?	See contamination prevention notes above.
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	Per SOP 24-0116, Supplier Qualification Program

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION			
COMPANY NAME:	American Laboratories, Inc.		
CONTACT NAME:	John Garcia	TITLE:	Sales Director
E-MAIL ADDRESS:	jgarcia@americanlaboratories.com		



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BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION GIVEN BY ME TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC), INC. IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION PROVIDED IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED.

John A. Garcia

10/5/18

SIGNATURE

DATE