

# <u>Preferred Supplier Data Sheet (PSDS) for</u> 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 <a href="mailto:bookout@nasc.cc">b.bookout@nasc.cc</a> 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)

<b>SECTION 1: SITE OVERVIEW</b>						
NAME AND ADDRESS OF	Guilin Layn Natural Ingredients Corp.					
COMPANY OR SITE	No. 19 South Renmin Road, Lingui, Guilin, Guangxi, China 541199					
RESPONSIBLE:						
WEB SITE:	www.layncorp.com					
CONTACT PERSON	Ariel Yao					
TELEPHONE NUMBER:	949-387-6840					
E-MAIL:	ariel.yao@layn-usa.com					
BUSINESS DESCRIPTION / SITE D	BUSINESS DESCRIPTION / SITE DETAILS: Plant-based sweetener, flavors and botanical extracts.					
FACILITY SIZE / # EMPLOYEES:	186103 sq m, 528 people		DATE EST:	2017 year		
GENERAL AND PRODUCT	5 million US \$		UNION:	N/A		
LIABILITY INSURANCE LEVELS:						
SPECIFY TYPE(S) OF INGREDIENT(S),		Plant-based sweetener, flavors and botanical extracts				
MANUFACTURING CAPABILITIES, PRODUCTS						
PRODUCED/SUPPLIED BY THE SITE,						
SERVICES AND THEIR INTENDED						
APPLICATIONS:						
SITE ACTIVITIES CONDUCTED:		Product manufacture, packing, detection & sell.				
ORGANIZATIONAL CHART:		Attached.				

SECTION 2: EVIDENCE OF COMPLIANCE				
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY:			
	QUALITY MANAGEMENT SYSTEM STANDARD:	ISO 9001, FSSC-22000, 21 CFR part 111		
	APPROVAL CERTIFICATES:	ISO 9001, FSSC-22000. cGMP		
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	ISO 9001: WIT ASSESSMENT, 15/18Q8506R21 FSSC-22000: DNV-GL, 249707-2017-FSMS- RGC-RvA; cGMP: SGS		
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	ISO 14001, ISO 22000 ,ISO 45000, Kosher, Halal.			
WEB SITE:	www.layncorp.com			
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):		May 14, 2012, passed.		



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SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY		
DO YOU HAVE Q/C RELEASE REQUIREMENTS	Yes	
FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO)		
DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO)	Yes	
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY:	No	
(YES / NO)		
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 AVAILAB		
PHARMACEUTICAL:	No	
NUTRITIONAL:	No	
BOTANICAL:	Yes	
MINERAL:	No	
ENZYME:	No	
HORMONE:	No	
PROBIOTIC:	No	
CHEMICAL (OTHER):	No	
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 <u>IN-HOUSE</u> 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	
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes	
pH? (YES / NO)	Yes	
MOISTURE? (YES / NO)	Yes	
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	Yes	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes	
OTHER? (YES / NO – IF YES SPECIFY)	Yes, residue solvents	
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH	CMA, C-NAS	
LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:		



#### <u>Preferred Supplier Data Sheet (PSDS) for</u> Raw Material Suppliers and Contract Manufacturers



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 PI	ROVIDE ACCREDITATION NUMBER*			
NAME OF LAB #1:				
ADDRESS / LOCATION:				
CONTACT NAME / PHONE NUMBER:				
LIST ANY CERTIFICATIONS FOR THE LAB:				
TESTING DEDECOMED BY THE OUTSIDE 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:				
ABBREOG / EGO/MON.				
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 / PLIONE NUMBER.				
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)				
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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.					
10 = 100 1= 1/100 0= 0			1		
IS FACILITY ISO CERT					
IF YES SPECIFY THE AND ATTACH CURRE					
	NT CERTIFICATE.  IY OTHER CERTIFICATION	NS OB			
	OGRAMS (E.G., NSF, USF				
Z/(IZ/(II/IZ/(IZ/(IZ/IZ/	(2.0., 110., 50.	, 111 71, 100, 2101/	I		
	SPECIFY MOST RECE	NT FACILITY INSPECT	IONS BY STA	ATE, FEDERAL, OR	
FOREIGN	AGENCY (DATE OF INSF	PECTION, AND RESULT	S OF THE IN	SPECTION SPECIFY AGENCY):	
DATE	INSPECT	TON AGENCY		RESULTS OF THE INSPECTION	
August 2, 2018	Guangxi FDA	ION ACENOT	Passed.		
7 (agast 2, 2010	Gddilgxi i Br		1 00000.		
	ONAL INFORMATION				
	/ DATE IMPLEMENTED:	Yes			
	SS CONTROL/PROCESS	Yes			
ANALYTICAL CONTRO		Yes			
COMPLIANCE:	RONISM ACT	162			
DESCRIBE ALL MEAS	URES TAKEN BY	Establish SOP and pr	oduction proc	ess, train employees, the manufacture strictly	
				tem requirements, SOP and production	
AND PRODUCT CONTAMINATION process			,		
PREVENTION.					
MEMBERSHIP IN INDI	USTRY TRADE GROUPS:	N/A			
		-			
	RACT MANUFACTURER				
	ANTEE BANNED SUBSTAN		We do not i	manufacture or store the banned substance	
	DS, DIURETICS, BETA-2-A G AGENTS, OR SIMILAR S				
*	•	UBSTANCES)			
ARE NOT PRESENT IN YOUR INGREDIENTS? HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?		SOP PF 20	Vendor Management Procedure.		
11011 20 100 001211	17411113112312111111111111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1001 11 20	Transfer Management 1 Toocaare.	
SECTION 7: AUTHE	NTICITY OF INFORMAT	TION & CONTACT IN	FORMATIO	N	
COMPANY NAME:	Guilin Layn Natural Ingred			<u> </u>	
CONTACT NAME:	Ariel Yao	· · · · · · · · · · · · · · · · · · ·	TITLE:	Executive Assistant	
E-MAIL ADDRESS:	ariel.yao@layn-usa.com		1		
	<u> </u>	ATION GIVEN BY ME TO	THE NATION	AL ANIMAL SUPPLEMENT COUNCIL (NASC),	
•				IF THE INFORMATION PROVIDED	
				N OF THE FORM WILL BE REQUIRED.	
IS NOT THUROUGH AN	ID COMPLETE, MASC WILL F	REJECT THE FORIVIAND F	KESUBIVIISSIU	N OF THE PORIVI WILL BE REQUIRED.	
SIGNATURE			DATE		