

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 <u>b.bookout@nasc.cc</u> 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	NUTRITION FORMULATORS INC.				
COMPANY OR SITE	10407 N. COMMERCE PKWY				
RESPONSIBLE:	MIRAMAR, FL 33025				
WEB SITE:	WWW.NUTRITIONFORMULATORS.COM				
CONTACT PERSON	Liliana Rojas				
TELEPHONE NUMBER:	954-272-2220				
E-MAIL:	liliana@nnfi.net				
BUSINESS DESCRIPTION / SITE D	ETAILS: CONT	RACT MANUFACTURER NUTRI	TIONAL SUPPL	EMENTS	
FACILITY SIZE / # EMPLOYEES:	160		DATE EST:	Sep 1997	
GENERAL AND PRODUCT	2 Millon per ocurrence		UNION:	NO	
LIABILITY INSURANCE LEVELS:					
SPECIFY TYPE(S) OF INGREDIENT			DIETARY SUPPLEMENTS IN CAPSULES, TABLETS, POWDERS.		
MANUFACTURING CAPABILITIES, PRODUCTS					
PRODUCED/SUPPLIED BY THE SITE,					
SERVICES AND THEIR INTENDED					
APPLICATIONS:					
SITE ACTIVITIES CONDUCTED:		MANUFACTURING AND PACKAGING			
ORGANIZATIONAL CHART:		YES SEE THE ATTACHEMENT 1			

SECTION 2: EVIDENCE OF COMPLIANCE						
INDEPENDENT QUALITY CERTIFICATIONS:	YES IF YES, SPECIFY:					
	QUALITY MANAGEMENT SYSTEM STANDARD:	YES				
	APPROVAL CERTIFICATES:	YES				
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	FDA Registration No: 17079209742				
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	NSF/ANSI Standard 173, Section 8					
WEB SITE:	www.nutritionformulators.com					
DATE OF LAST FDA OR STATE AG (PROVIDE COPY OF REPORT OF (INSPECTION):	FDA Audit August 20 2018					



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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:	YES
YES / NO)	
DO YOU SAMPLE EVERY LOT: (YES / NO)	YES
OO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	YES
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILA	DI E. (VES / NO)
PHARMACEUTICAL:	NO
NUTRITIONAL:	YES
BOTANICAL:	YES
MINERAL:	YES
NZYME:	YES
HORMONE:	NO
PROBIOTIC:	YES
CHEMICAL (OTHER):	NO
	1110
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 BO	OTH SECTIONS*
DOES THIS FACILITY RELY ON AN IN-HOUSE LAB? (YES / NO)	YES
N-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
0H? (YES / NO)	YES
MOISTURE? (YES / NO)	YES
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	NO NO
HEAVY METALS? (YES / NO – IF YES SPECIFY)	YES
·-····································	1 20
	NO
OTHER? (YES / NO – IF YES SPECIFY) F YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH	NO YES. NO ACCREDITED



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OUTSIDE CONTRACT LABS USED	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:	EUROFINS SUPPLEMENT ANALYSIS CENTER					
ADDRESS / LOCATION;	1365 REDWOOD WAY					
55	PETALUMA, CA 94954					
CONTACT NAME / PHONE NUMBER:	SAMPLE DEPARTMENT - 707-792-7300					
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005 CERTIFICATE No3329.01 AND No 2942.01					
TESTING PERFORMED BY THE OUTSIDE LAB:						
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)	NO					
NAME OF LAST (C						
NAME OF LAB #2:	ADVANCED LABORATORIES					
ADDRESS / LOCATION:	40 West Louise Ave.					
	Salt Lake City, UT 84115					
CONTACT NAME / PHONE NUMBER:	Kaitlyn Thomson: 919-446-4194 NC Lab: 919-989-7793					
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005 CERTIFICATE No 3006423386					
TESTING PERFORMED BY THE OUTSIDE LAB:						
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)	NO					
NAME OF LAB #3:	DAANE LABS					
ADDRESS / LOCATION:	3806 Progress Ave., Naples, FL 34104					
CONTACT NAME / DUONE NUMBER						
CONTACT NAME / PHONE NUMBER:	Andrew Daane 239-227-4735/ sales@daanelabs.com					
LIST ANY CERTIFICATIONS FOR THE LAB:	100//00 / 000					
	ISO/IEC 17025:2005 CERTIFICATE No 3562.01					
TESTING PERFORMED BY THE OUTSIDE LAB:	NO					
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	NO					
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)	NO					
HEAVY METALS? (YES / NO – IF YES SPECIFY) OTHER? (YES / NO – IF YES SPECIFY)	NO NO					
OTTILIN: (TLO/NO-IF TEO SPECIFT)	NO					



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	COMPLIANCE DETAILS		ALLEGE OF STREET		
PROVIDE A BRIEF SU	IMMARY OF HOW THE SU	PPLIER COMPLIES WIT	TH EACH APPL	ICABLE ELEMENT OF THE CURRENT	
GMP GUIDELINES. NON-APPLICABLE ELEMENTS SHOULD BE NOTED AS SUCH.					
YES SEE THE ATTCH					
IS FACILITY ISO CER			NO		
IF YES SPECIFY THE AND ATTACH CURRE					
	NY OTHER CERTIFICATION	JE OP	CMD by NCE	INTERNATIONAL ORGANIC HALAI	
	OGRAMS (E.G., NSF, USP			INTERNATIONAL, ORGANIC , HALAL, by ARMY,KOSHER SEE ATTACHMENT 3	
	(20,7,101,001	, M. M. 100, E10.	OANTATION	by ARMIT, ROSHER SEE ATTACHMENT 5	
	SPECIFY MOST RECE	NT FACILITY INSPECT	ONS BY STATI	E. FEDERAL. OR	
FOREIGN	AGENCY (DATE OF INSP	ECTION, AND RESULT	S OF THE INSF	PECTION SPECIFY AGENCY):	
DATE		ION AGENCY			
AUGUST 20 2018	FDA	ION AGENCT	APPROVED	ESULTS OF THE INSPECTION	
7.00001 20 20 10	TUA		AFFROVED		
SECTION 5 APRIT	ONAL INCORMATION				
	ONAL INFORMATION				
	/ DATE IMPLEMENTED:	YES 08/18/2020			
ANALYTICAL PROCE	SS CONTROL/PROCESS	YES			
CORPORATE BIOTER		YES			
COMPLIANCE:	TOMOWI ACT	123			
DESCRIBE ALL MEAS	URES TAKEN BY	YES, SP DIRECTORY	SEE THE ATT	ACHMENT 4	
FACILITY TO ENSURE	PRODUCT QUALITY	. = 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		, 131, 111, 11	
AND PRODUCT CONT	AMINATION				
PREVENTION.	IOTEN TELEFORM				
MEMBERSHIP IN INDI	JSTRY TRADE GROUPS:	YES			
SECTION & CONTE	ACT MANUE ACTURED		Marian III - Sa		
	RACT MANUFACTURER				
	NTEE BANNED SUBSTAN				
NARCOTICS, STEROIDS, DIURETICS, BETA-2-AGONISTS, BETA BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES)					
ARE NOT PRESENT IN YOUR INGREDIENTS?					
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?			SUPPLIER QAULIFICATION PROGRAM		
SECTION 7: AUTHE	NTICITY OF INFORMAT	TON & CONTACT IN	ORMATION		
COMPANY NAME:	NUTRITION FORMULATO				
CONTACT NAME:	OCTAVIAN ION octavian		TITLE:	QA/Regulatory Manager	
	LILIANA ROJAS liliana@r			QC Manager	
	FABIANA SANTAELLA fa	biana@nnfi.net		GM Manager	
E-MAIL ADDRESS:	liliana@nnfi.net				
BY SIGNING BELOW, I (CERTIFY THAT THE INFORMA	ATION GIVEN BY ME TO	THE NATIONAL	ANIMAL SUPPLEMENT COUNCIL (NASC),	
				THE INFORMATION PROVIDED	
IS NOT THOROUGH AND COMPLETE, NASC WILL REJECT THE FORM AND RESUBMISSION OF THE FORM WILL BE REQUIRED.					
			08-28-2020		
6			00-20-2020		
/X /			ľ		
SIGNATURE				DATE	



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