



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 Parker at b.parker@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 Parker at the NASC office (760-751-3360 X105)

SECTION 1: SITE OVERVIEW			
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:	Ingredia Inc. <u>Mailing Address:</u> P.O. Box 144 Celina, OH 45822 USA <u>Physical Office:</u> 625 Commerce Drive Wapakoneta, OH 45895 USA	Third Party Warehouse: SEKO 7390 Empire Drive Florence, KY 41041 USA	
WEB SITE:	www.ingredia-usa.com		
CONTACT PERSON	Andrea Hale		
TELEPHONE NUMBER:	419-296-6812		
E-MAIL:	a.hale@ingredia.com		
BUSINESS DESCRIPTION / SITE DETAILS:			
FACILITY SIZE / # EMPLOYEES:	27,000 ft ² , 16EE's – Ingredia Inc. 4EE's	DATE EST:	2009
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:	5,000,000.00	UNION:	N/A
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:	Warehouse and Distribution of Milk/Dairy products produced at our parent company, Ingredia – France through our third party warehouse, Seko – Florence.		
SITE ACTIVITIES CONDUCTED:	Storage and Distribution		
ORGANIZATIONAL CHART:			

SECTION 2: EVIDENCE OF COMPLIANCE	
INDEPENDENT QUALITY CERTIFICATIONS:	N/A IF YES, SPECIFY:
	QUALITY MANAGEMENT SYSTEM STANDARD:
	APPROVAL CERTIFICATES:
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	N/A
WEB SITE:	N/A



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DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):	Seko has not had an FDA or State inspection since registration.
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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)	N/A
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO)	No
DO YOU SAMPLE EVERY LOT: (YES / NO)	No
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	No
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO)	
PHARMACEUTICAL:	No
NUTRITIONAL:	Yes
BOTANICAL:	No
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?	No, use manufacturer lot code
DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	N/A
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)	No
IN-HOUSE TESTS PERFORMED: (YES / NO)	N/A
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	No
RAW MATERIAL ASSAY? (YES / NO)	No
MICROBIAL? (YES / NO – IF YES SPECIFY)	No
pH? (YES / NO)	No
MOISTURE? (YES / NO)	No
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	No
HEAVY METALS? (YES / NO – IF YES SPECIFY)	No
OTHER? (YES / NO – IF YES SPECIFY)	Yes, verification analysis is potential but not likely but would happen at external laboratory
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:	Silliker, Inc./ Merieux Nutrisciences
ADDRESS / LOCATION:	2057 Builders Place Columbus, OH 43204
CONTACT NAME / PHONE NUMBER:	817-703-4705
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO 17025:2017 Biological
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)	N/A
NAME OF LAB #2:	Silliker, Inc./ Merieux Nutrisciences
ADDRESS / LOCATION:	3600 Eagle Nest Drive Crete, IL 60417
CONTACT NAME / PHONE NUMBER:	817-703-4705
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO 17025:2017 Biological and Chemistry
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)	N/A
NAME OF LAB #3:	N/A
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)	



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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.

Good Distribution Practices SOP that encompasses Personal Practices, Captive Footwear, Food Contact vs. Non-Food Contact areas, General Practices, Storage, Office Personnel and Visitor Practices, Self-inspections, GDP Violations, Trends

IS FACILITY ISO CERTIFIED? YES / NO: No
IF YES SPECIFY THE ISO STANDARD AND ATTACH CURRENT CERTIFICATE.

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):

Table with 3 columns: DATE, INSPECTION AGENCY, RESULTS OF THE INSPECTION. Row 1: N/A, empty, empty.

SECTION 5: ADDITIONAL INFORMATION

Hazard Plan (HACCP) / DATE IMPLEMENTED: N/A

STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL: N/A

CORPORATE BIOTERRORISM ACT COMPLIANCE: FDA Registration Number 17510277988

DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION. Sanitation, Pest Control, Foreign Object Control, Chemical Control, Waste Management

MEMBERSHIP IN INDUSTRY TRADE GROUPS: N/A

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? Material and Supplier Approval Program

HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER? Material and Supplier Approval Program, Supplier Approval Questionnaire, Supporting Documentation, Audit, if necessary.

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME: Ingredia Inc.

CONTACT NAME: Andrea Hale TITLE: Regulatory & Quality Manager

E-MAIL ADDRESS: a.hale@ingredia.com

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.

Handwritten signature: AHale Date: 12/08/2022



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SIGNATURE	DATE
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