

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

SECTION 1: SITE OVERVIEW				
NAME AND ADDRESS OF	CS Health, 1531 West Main Street, Louisville, KY 40203			
COMPANY OR SITE				
RESPONSIBLE:				
WEB SITE:	Cs-health.com			
CONTACT PERSON	Connor Caudi	1		
TELEPHONE NUMBER:	8667470990			
E-MAIL:	cfcaudill@cs-h	<u>nealth.com</u>		
BUSINESS DESCRIPTION / SITE D	ETAILS:			
FACILITY SIZE / # EMPLOYEES:	150	Companywide; 2 CS Health	DATE EST:	1947 (Caudill Seed) ; 2004 CS Health
GENERAL AND PRODUCT	Included	l image of insurance levels	UNION:	NA
LIABILITY INSURANCE LEVELS:		5		
SPECIFY TYPE(S) OF INGREDIENT(S),		SEE BRC REPORT		
MANUFACTURING CAPABILITIES, PRODUCTS				
PRODUCED/SUPPLIED BY THE SITE,				
SERVICES AND THEIR INTENDED				
APPLICATIONS:				
SITE ACTIVITIES CONDUCTED:		SEE BRC REPORT		
ORGANIZATIONAL CHART:		NA		
SECTION 2: EVIDENCE OF COMPLIANCE				
INDEPENDENT QUALITY CERTIFICATIONS:	IF YES, SPECIFY:			
	QUALITY MAI	NAGEMENT SYSTEM		

CERTIFICATIONS:			
	QUALITY MANAGEMENT SYSTEM		
	STANDARD:		
	APPROVAL CERTIFICATES:		
	NUMBER AND NAME OF REGISTRAR WHO		
	PROVIDED CERTIFICATE OF APPROVAL:		
OTHER CERTIFICATIONS OR	BRC AA RATED,		
EXTERNAL AUDIT PROGRAMS:			
WEB SITE:			
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME		FDA Visit 2/15/2023-2/23/2023	
(PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE			
INSPECTION):			



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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
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILA	· · · · · ·
PHARMACEUTICAL:	No
NUTRITIONAL:	Yes
BOTANICAL:	Yes
MINERAL:	No
ENZYME:	Yes
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 USE AN IN-HOUSE LOT NUMBERING SYSTEM? DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	Yes
DU 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 B	OTH SECTIONS
DOES THIS FACILITY RELY ON AN IN-HOUSE LAB? (YES / NO)	No
IN-HOUSE TESTS PERFORMED: (YES / NO)	Yes – Not relied on though
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	Yes – to confirm 3 rd party
	results
RAW MATERIAL ASSAY? (YES / NO)	Yes- Same as above
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)	No
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH	Not Applicable
LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	





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OUTSIDE CONTRACT LABS USED	
	LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA,
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE F	PROVIDE ACCREDITATION NUMBER*
NAME OF LAB #1:	IEH Analytical Labratories
ADDRESS / LOCATION:	3927 Aurora Ave N #202, Seattle, WA 98103
CONTACT NAME / PHONE NUMBER:	Dana Rothwein, 206-632-2715
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2017
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)	No
pH? (YES / NO)	Yes
MOISTURE? (YES / NO)	Yes
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	Yes, on the seed
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes
OTHER? (YES / NO – IF YES SPECIFY)	
NAME OF LAB #2:	Environmental Micro Analysis
ADDRESS / LOCATION:	460 N. East Street, Woodland, CA 95776
CONTACT NAME / PHONE NUMBER:	General, emalab@emalab.com
LIST ANY CERTIFICATIONS FOR THE LAB:	ELAP, ISO 17025 , Japanese Ministry of Health, Labor, and Welfare certification
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)	Yes – Done on broccoli seeds prior to producing ingredients
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
NAME OF LAB #3:	EuroFins Genomics LLC
ADDRESS / LOCATION:	12701 Plantside Dr., Louisville, Kentucky 40299
CONTACT NAME / PHONE NUMBER:	Stephen Coleman, 502-302-6370
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO 9001:2015, CAP Accredited
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	No
RAW MATERIAL ASSAY? (YES / NO)	No
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes, All listed on COAs/Spec Sheets
pH? (YES / NO)	Yes

Yes

No

Yes, listed on COAs

ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)

HEAVY METALS? (YES / NO - IF YES SPECIFY)

MOISTURE? (YES / NO)



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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:	Our facility is BRC AA+, the used toll processors are all
IF YES SPECIFY THE ISO STANDARD	GMP operations with the proper certifications
AND ATTACH CURRENT CERTIFICATE.	
LIST AND ATTACH ANY OTHER CERTIFICATIONS OR	
EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):	

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
2/15/2023-2/23/2023	FDA	483 received on unrelated products

SECTION 5: ADDITIONAL INFORMATION	
Hazard Plan (HACCP) / DATE IMPLEMENTED:	YES
STATISTICAL PROCESS CONTROL/PROCESS	YES
ANALYTICAL CONTROL:	
CORPORATE BIOTERRORISM ACT	YES
COMPLIANCE:	
DESCRIBE ALL MEASURES TAKEN BY	WE HAVE A FULL QUALITY SYSTEM AND SOPS IN PLACE TO ENSURE
FACILITY TO ENSURE PRODUCT QUALITY	PRODUCT QUALITY AND PREVENT PRODUCT CONTAMINATION
AND PRODUCT CONTAMINATION	
PREVENTION.	
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	Council of Responsible Nutrition

SECTION 6: CONTRACT MANUFACTURERS	
HOW DO YOU GUARANTEE BANNED SUBSTANCES (STIMULANTS,	We are completely vertically integrated from propagating
NARCOTICS, STEROIDS, DIURETICS, BETA-2-AGONISTS, BETA	new varieties of seeds to controlling production of the
BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES)	ingredient.
ARE NOT PRESENT IN YOUR INGREDIENTS?	
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	DOCUMENT REQUEST- HACCP, CCPS, SANITATION,
	3 RD PARTY AUDITS, FDA INSPECTIONS AND
	OUTCOMES AND SUPPLIER QUESTIONNAIRE

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION			
COMPANY NAME:	CS Health LLC		
CONTACT NAME:	Connor Caudill	TITLE:	VP
E-MAIL ADDRESS:	cfcaudill@cs-health.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.			
10/3/2024			

SIGNATURE	DATE
Connor Caudíll	10/3/2024
	10/3/2024