



Please complete the following details and return as soon as possible. All details provided to us will be treated as confidential and only used to support the approved supplier requirements of our product safety program.

## SUPPLIER QUESTIONNAIRE

Please return the completed form to: [rwhite@unfi.com](mailto:rwhite@unfi.com)

### ADMINISTRATIVE SECTION

**Company Name:**

**Facility Address:**

#### Company Contact Information

Key Contact Name: Howard Montgomery \_\_\_\_\_

Telephone Number: 903-339-2068 \_\_\_\_\_

Fax Number: 866-213-1407 \_\_\_\_\_

Email: howard@gourmetrecipeexperts.com \_\_\_\_\_

#### Description of Product to be Supplied (can copy/paste section if more than one product)

Product Name: Adams Apple \_\_\_\_\_

Description: Butters, Jams, Dressing, BBQ Sauce, Chow Chow \_\_\_\_\_

Other products produced  
In the facility:

Pickles, Salsas, Hot Sauce, Preserves, Olives, Syrups, Relishes

## SUPPLIER QUESTIONNAIRE

Please answer each of the following questions. Where your answer to the question is yes, please provide additional information where able. If the question is not applicable to your establishment, please explain why.

Question	YES	NO	N/A	ADDITIONAL INFORMATION
Do you have a written product safety policy?	yes			
Has a product safety risk assessment been undertaken?	yes			
Do you have a product safety plan, product protection program, risk management plan, or other product safety system?	yes			
Do you have a HACCP plan?	yes			
Do you have Sanitation Standard Operating Procedures (SSOP's)?	yes			
Do your Sanitation Procedures cover all Equipment, Tools and Building?	yes			
Do you have an employee hygiene program?	yes			
Do you have a pest control program?	yes			
Are cross-contamination risks controlled?	yes			
Do you have a recall program?	yes			
Do you have full traceability?	yes			
Have you had a recall in the past 5 years?		no		
Do you have a system for handling customer complaints?	yes			
Do you have allergens on-site (if, yes please note allergens)?	yes			Fish, Milk, Nuts, Soy
Do you have an allergen control program on-site?	yes			
Do you have a supplier approval program?	yes			
Are receiving / packing / storing / shipping instructions documented?	yes			
Do you carry out any auditing, either internal or external?	yes			
Do you carry liability insurance?	yes			
Do you have any other product safety controls in place?	yes			

Question	YES	NO	N/A	ADDITIONAL INFORMATION
Do have an environmental monitoring program?	yes			
Do you have Established pre-operational monitoring program is in place?	yes			
A product HOLD procedure is in place to provide disposition guidelines for non-conforming products?	yes			
Facility Security program addresses intentional and accidental product tampering?	yes			
Are all incoming raw materials and product contact packaging are inspected at receipt?	yes			



**SUPPLIER  
QUESTIONNAIRE**

**\*\*Must be completed by the supplier before Approval can be granted\*\***

I hereby declare that to the best of my knowledge the answers contained within this questionnaire are true and accurate. I understand that the information will be used in the evaluation process to assess the named organization's suitability as a supplier.

FORM COMPLETED BY:

NAME: Kim Johnson \_\_\_\_\_ POSITION: Procurement \_\_\_\_\_

SIGNED: Kim Johnson \_\_\_\_\_ DATE: 5/13/21

E-MAIL: kim@gourmetrecipeexperts.com \_\_\_\_\_ PHONE: 903-339-2068

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