



## 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 Bookout at [b.bookout@nasc.cc](mailto:b.bookout@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 Bookout at the NASC office (760-751-3360 X1)

SECTION 1: SITE OVERVIEW			
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:		FoodScience - 929 Harvest Lane Williston, VT 05495	
WEB SITE:		www.foodsciencecorp.com	
CONTACT PERSON		Sara Phillips	
TELEPHONE NUMBER:		802-878-5508	
E-MAIL:		sPhillips@foodsciencecorp.com	
<b>BUSINESS DESCRIPTION / SITE DETAILS:</b> Supplements for humans and pets. Product development, manufacturing, packaging, labeling and distribution.			
FACILITY SIZE / # EMPLOYEES:		70,000 sq. ft. / 164 employees	DATE EST: 1973
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:		\$10,000,000	UNION: N/A
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:		Vitamins, minerals, botanicals (whole ingredients and extracts), excipients (flavors, antioxidants, texture/consistency agents, etc.).  Formulation, extrusion, packaging, and labeling.	
SITE ACTIVITIES CONDUCTED:		Product development, manufacturing, packaging, labeling, sales, marketing, quality control and assurance, regulatory.	
ORGANIZATIONAL CHART:		Yes	

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



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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):	July 2017, FDA
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<b>SECTION 3: RAW MATERIAL SUPPLIERS &amp; CONTRACT MANUFACTURERS ONLY</b>	
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)	Yes
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO)	No
DO YOU SAMPLE EVERY LOT: (YES / NO)	Yes
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	No
<b>LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO)</b>	
PHARMACEUTICAL:	No
NUTRITIONAL:	Yes
BOTANICAL:	Yes
MINERAL:	Yes
ENZYME:	Yes
HORMONE:	Yes
PROBIOTIC:	No
CHEMICAL (OTHER):	No
<b>METHODS CONDUCTED IN FACILITY: (YES / NO)</b>	
DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?	Yes
DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	No
<b>TESTING INFORMATION:</b>	
<b>*IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BOTH SECTIONS*</b>	
DOES THIS FACILITY RELY ON AN <b>IN-HOUSE</b> LAB? (YES / NO)	No
IN-HOUSE TESTS PERFORMED: (YES / NO)	No
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)	No
<b>IF YOU HAVE AN IN-HOUSE LAB</b> PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	N/A



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<b>OUTSIDE CONTRACT LABS USED</b>	
PLEASE LIST YOUR MOST FREQUENTLY USED CONTRACT LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA, USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) <b>*PLEASE PROVIDE ACCREDITATION NUMBER*</b>	
<b>NAME OF LAB #1:</b>	Health Level One
ADDRESS / LOCATION:	180 Adams Avenue Hauppauge, NY 11788
CONTACT NAME / PHONE NUMBER:	Monica Bhasin 631-345-6300
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO 9001:2015
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	Yes
RAW MATERIAL ASSAY? (YES / NO)	Yes
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes
pH? (YES / NO)	No
MOISTURE? (YES / NO)	No
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	No
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes
OTHER? (YES / NO – IF YES SPECIFY)	N/A
<b>NAME OF LAB #2:</b>	New Jersey Feed Labs
ADDRESS / LOCATION:	1686 Fifth Street Trenton, NJ 08638
CONTACT NAME / PHONE NUMBER:	Ian Cartwright 609-882-6800
LIST ANY CERTIFICATIONS FOR THE LAB:	AOCS
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
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)	No
HEAVY METALS? (YES / NO – IF YES SPECIFY)	No
OTHER? (YES / NO – IF YES SPECIFY)	N/A
<b>NAME OF LAB #3:</b>	Brooks Applied Labs
ADDRESS / LOCATION:	18804 North Creek Parkway, Suite 100 Bothell, WA 98011
CONTACT NAME / PHONE NUMBER:	Jenna Saeedi 206-753-6176
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2017
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
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)	Yes
OTHER? (YES / NO – IF YES SPECIFY)	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.

Our SOP for cGMP along with annual companywide cGMP training. We have an internal audit program that reviews SOP's, forms, and processes to insure we stay up to date on cGMP compliance.

IS FACILITY ISO CERTIFIED? YES / NO: IF YES SPECIFY THE ISO STANDARD AND ATTACH CURRENT CERTIFICATE.	No
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LIST AND ATTACH ANY OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):	NPA and SQF
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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
07/2017	FDA	No official action indicated.

**SECTION 5: ADDITIONAL INFORMATION**

Hazard Plan (HACCP) / DATE IMPLEMENTED:	10/16/2016
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STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	Routine checks on line throughout production runs to verify proper counts/weights, ensuring counters/load cells are working as intended,
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CORPORATE BIOTERRORISM ACT COMPLIANCE:	FDA Food Facility site registered 10532520052
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DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	Ingredient and finished product testing, batch record including MMR documentation, environmental monitoring program, allergen control program, sanitation program/procedures for equipment cleaning and verification.
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MEMBERSHIP IN INDUSTRY TRADE GROUPS:	NASC, CRN, AHPA
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**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?	Ingredients are tested for purity prior to use. CoA documentation is also provided as well as ingredient suppliers are obtained from approved suppliers.
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HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	Supplier Approval Program – Use of a risk based assessment including ingredient risk type, financial, regulatory compliance and quality elements. Also use of a self-assessment supplier questionnaire and request for GMP related certification copies.
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**SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION**

COMPANY NAME:	FoodScience		
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CONTACT NAME:	Sara Phillips	TITLE:	Vice President, Sales & Marketing
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E-MAIL ADDRESS:	sPhillips@foodsciencecorp.com		
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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.



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<i>Sara Phillips</i>	April 27, 2021
<b>SIGNATURE</b>	<b>DATE</b>