



**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 2568  
Valley Center, CA 92082

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)

<b>SECTION 1: SITE OVERVIEW</b>			
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:	AstaReal, Inc. 3 Terri Lane, Suite 12 Burlington, NJ 08016		
WEB SITE:	www.astarealusa.com		
CONTACT PERSON	Michael Kosaka		
TELEPHONE NUMBER:	609-614-6904		
E-MAIL:	mkosaka@astarealusa.com		
<b>BUSINESS DESCRIPTION / SITE DETAILS:</b> Sales/Marketing Subsidiary (including warehouse)			
FACILITY SIZE / # EMPLOYEES:	10	DATE EST:	January 2011
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:	General Liability: \$1,000,000/\$2,000,000 aggregate Product Liability: \$4,000,000	UNION:	N/A
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:	AstaReal® Astaxanthin is a natural biological antioxidant. It is closely related to other carotenoids such as beta-carotene, zeaxanthin and lutein. Products supplied at this site are AstaReal® L10, AstaReal® P2AF, AstaReal® P25HB, AstaReal® Clear, AstaReal® AW1017 and AW1018, and AstaReal® softgels. Intended application is oral application.		
SITE ACTIVITIES CONDUCTED:			
ORGANIZATIONAL CHART:	Attached		

<b>SECTION 2: EVIDENCE OF COMPLIANCE</b>			
INDEPENDENT QUALITY CERTIFICATIONS:	Yes, GMP 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:			
WEB SITE:	www.astarealusa.com		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):	FDA Audit July 28, 2015 – July 29, 2015 No 483 issued		



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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:	Yes
NUTRITIONAL:	Yes
BOTANICAL:	No
MINERAL:	No
ENZYME:	No
HORMONE:	No
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)	Yes
RAW MATERIAL ASSAY? (YES / NO)	Yes
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes- total plate count, YM, <i>E.coli</i> , <i>Stapholoccus</i> , <i>Salmonella</i> , total coliforms.
pH? (YES / NO)	No
MOISTURE? (YES / NO)	Yes
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	As needed
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes
OTHER? (YES / NO – IF YES SPECIFY)	Peroxide Value
<b>IF YOU HAVE AN IN-HOUSE LAB</b> PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	



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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.) *PLEASE PROVIDE ACCREDITATION NUMBER*	
<b>NAME OF LAB #1:</b>	Craft Technologies
ADDRESS / LOCATION:	4344 Frank Price Church Road Wilson, NC 27893
CONTACT NAME / PHONE NUMBER:	252-206-7071
LIST ANY CERTIFICATIONS FOR THE LAB:	USDA, AOAC,
<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)	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>NAME OF LAB #2:</b>	Chemical Solutions
ADDRESS / LOCATION:	273 Mulberry Drive, Suite 9 Mechanicsburg, PA 17050
CONTACT NAME / PHONE NUMBER:	717-697-7536
LIST ANY CERTIFICATIONS FOR THE LAB:	FDA, AOAC, ISO, USDA
<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
<b>NAME OF LAB #3:</b>	Daane Labs
ADDRESS / LOCATION:	3806 Progress Avenue Naples, FL 34104
CONTACT NAME / PHONE NUMBER:	855-553-2263
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO 17025:2005, AOAC, API, USP
<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)	Yes, Total Plate Count, Total Yeast, Total Mold, Total Coliforms, <i>E. coli</i> , <i>Salmonella</i> , <i>Staphylococcus aureus</i> ,
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



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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.

Compliance under FDA Regulation 21 CFR Part 111. Organization has established SOPs and conforms to cGMP guidelines.

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.):

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. Includes entries for 7/28/2015-7/29/2015 (Food and Drug Administration) and 7/1/2013 (NJ Department of Health).

SECTION 5: ADDITIONAL INFORMATION

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

STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:

CORPORATE BIOTERRORISM ACT COMPLIANCE: xxxxxxxx6072

DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION. We only manufacture 1 ingredient in the facility. All productions are tested twice for heavy metals, microbial, potency, POV, and moisture prior to release.

MEMBERSHIP IN INDUSTRY TRADE GROUPS: CRN, AHPA, PLMA

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? None of the ingredients we use are on the list of banned substances.

HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER? Supplier Qualification Questionnaire

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME: AstaReal, Inc.
CONTACT NAME: Michael Kosaka TITLE: Marketing
E-MAIL ADDRESS: mkosaka@astarealusa.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: Frank M & U
Handwritten date: 11/08/2016
Labels: SIGNATURE, DATE