



**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 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)

SECTION 1: SITE OVERVIEW			
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:	Kansas City Treats, LLC.		
WEB SITE:	https://jsixenterprises.com/		
CONTACT PERSON:	Jim Tyler		
TELEPHONE NUMBER:	913-627-1226		
E-MAIL:	jimt@fairviewmills.com		
BUSINESS DESCRIPTION / SITE DETAILS:			
FACILITY SIZE / # EMPLOYEES:	100,000 sq ft. / 35	DATE EST:	Pet food Manufacturing – 1993
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:	Call Us	UNION:	Na
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:	We offer pet food and/or treat manufacturing with the ability for both co-extrusion and single extrusion applications. We also offer Tableting capabilities.		
SITE ACTIVITIES CONDUCTED:	Batching, Extrusion, Tableting, Packaging		
ORGANIZATIONAL CHART:	Yes		

SECTION 2: EVIDENCE OF COMPLIANCE	
INDEPENDENT QUALITY CERTIFICATIONS:	IF YES, SPECIFY: SQFI
	QUALITY MANAGEMENT SYSTEM STANDARD:
	APPROVAL CERTIFICATES:
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	NA
WEB SITE:	NA
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):	07/07/15; No observations nor report submitted.



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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)	No
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)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO))	
PHARMACEUTICAL:	No
NUTRITIONAL:	Yes
BOTANICAL:	Yes
MINERAL:	Yes
ENZYME:	No
HORMONE:	No
PROBIOTIC:	Yes
CHEMICAL (OTHER):	No
METHODS CONDUCTED IN FACILITY: (YES / NO)	
DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?	Yes
DO 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 BOTH SECTIONS	
DOES THIS FACILITY RELY ON AN <u>IN-HOUSE</u> LAB? (YES / NO)	No
IN-HOUSE TESTS PERFORMED: (YES / NO)	Only Physical
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	No
RAW MATERIAL ASSAY? (YES / NO)	No
MICROBIAL? (YES / NO – IF YES SPECIFY)	No
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)	NA
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	NA



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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:	
ADDRESS / LOCATION:	Great Plains Analytical 9503 N. Congress, Kansas City, MO 64153
CONTACT NAME / PHONE NUMBER:	Rick Kendrick / 816 891 7337
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005
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)	NA
HEAVY METALS? (YES / NO – IF YES SPECIFY)	NA
OTHER? (YES / NO – IF YES SPECIFY)	Finished Product Guaranteed Analysis
NAME OF LAB #2:	
ADDRESS / LOCATION:	Midwest Laboratory 13611 B Street Omaha, NE 68144
CONTACT NAME / PHONE NUMBER:	Sue Ann Seitz / 402 829 9892
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005
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)	NA
HEAVY METALS? (YES / NO – IF YES SPECIFY)	NA
OTHER? (YES / NO – IF YES SPECIFY)	Finished Product Guaranteed Analysis
NAME OF LAB #3:	
ADDRESS / LOCATION:	Eurofins Scientific 1365 Redwood Way Petaluma, CA 94954
CONTACT NAME / PHONE NUMBER:	Cyrus Navarro / 707 792 7300
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005
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)	NA
HEAVY METALS? (YES / NO – IF YES SPECIFY)	NA
OTHER? (YES / NO – IF YES SPECIFY)	Finished Product Guaranteed Analysis



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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 certification by SQFI as well as our participation with the NASC program is the basis for our compliance with the cGMP's. As part of our Food Safety Plan, our cGMP "program" is one of our pre-requisite programs requiring both verification and validation of the effectiveness.

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.):	NA
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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
01/05/17	United States Department of Agriculture	No observations noted.
01/06/16	United States Department of Agriculture	No observations noted.
07/07/15	United States Food and Drug Administration	No observations noted.
12/15/14	Kansas Department of Agriculture	No observations noted.

SECTION 5: ADDITIONAL INFORMATION

Hazard Plan (HACCP) / DATE IMPLEMENTED:	Yes / 1997
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	Yes
CORPORATE BIOTERRORISM ACT COMPLIANCE:	Yes
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	Our SQF program covers all these areas. SQF has a very strict requirement that we have a strong Food Safety Plan (HACCP) and the plan is certified during our annual audits by SQFI. That is the major basis for our product contamination prevention program.
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	Our consulting microbiologist is a member of AAFCO and AOAC

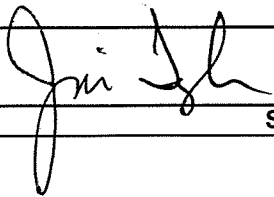
SECTION 6: CONTRACT MANUFACTURERS

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?	We perform assay analysis and/or identity testing on our active ingredients per a pre-determined testing schedule.
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	Vendor Approval program utilizing a risk based matrix to determine levels of surveillance ranging from annual inspections to desk audits.

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME:	Kansas City Treats, LLC		
CONTACT NAME:	Jim Tyler	TITLE:	Quality Assurance Manager
E-MAIL ADDRESS:	jimt@fairviewmills.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.

	03/30/17
SIGNATURE	DATE