



**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:	Alltech, Inc. 3031 Catnip Hill Road Nicholasville, KY 40356		
WEB SITE:	www.alltech.com		
CONTACT PERSON	Juan Gomez		
TELEPHONE NUMBER:	859-885-9613		
E-MAIL:	jgomez@alltech.com		
<b>BUSINESS DESCRIPTION / SITE DETAILS:</b>			
FACILITY SIZE / # EMPLOYEES:		DATE EST:	
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:		UNION:	
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:			
SITE ACTIVITIES CONDUCTED:			
ORGANIZATIONAL CHART:			

<b>SECTION 2: EVIDENCE OF COMPLIANCE</b>		
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY:	
	QUALITY MANAGEMENT SYSTEM STANDARD:	FAMI-QS
	APPROVAL CERTIFICATES:	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	Eurofins Scientific, Inc. Certificate #: G1510701 FAMI-QS Registry: FAM-ISFSF-0016
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	RUPP	
WEB SITE:		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):		



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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)	
DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO)	
DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO)	
DO YOU SAMPLE EVERY LOT: (YES / NO)	
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	
<b>LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO)</b>	
PHARMACEUTICAL:	
NUTRITIONAL:	
BOTANICAL:	
MINERAL:	
ENZYME:	
HORMONE:	
PROBIOTIC:	
CHEMICAL (OTHER):	
<b>METHODS CONDUCTED IN FACILITY: (YES / NO)</b>	
DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM?	
DO YOU EVER MIX MULTIPLE LOTS OF THE SAME INGREDIENT WHEN YOU BLEND?	
<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 <u>IN-HOUSE</u> LAB? (YES / NO)	
IN-HOUSE TESTS PERFORMED: (YES / NO)	
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)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
<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>	Eurofins
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
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)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
<b>NAME OF LAB #2:</b>	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
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)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	
<b>NAME OF LAB #3:</b>	
ADDRESS / LOCATION:	
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	
<b>TESTING PERFORMED BY THE OUTSIDE LAB:</b>	
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)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	



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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: 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

SECTION 5: ADDITIONAL INFORMATION

Hazard Plan (HACCP) / DATE IMPLEMENTED: Yes/ March 2005. STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL: CORPORATE BIOTERRORISM ACT COMPLIANCE: Yes. DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION. Raw Material Testing, Process parameters, calibration & PM programs, homogeneity & cross-contamination studies, finish product testing, contamination testing schedule. MEMBERSHIP IN INDUSTRY TRADE GROUPS: AFIA

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? HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME: Alltech, Inc. CONTACT NAME: misty Johnson TITLE: N.A. Quality Mgr E-MAIL ADDRESS: mjohnson@alltech.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.

SIGNATURE: misty Johnson DATE: 11 May 17