# 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 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: | Robinson Pharma, Inc.<br>3330 S. Harbor Blvd.<br>Santa Ana, Ca 92704 | | |
| WEB SITE: | www.RobinsonPharma.com | | |
| CONTACT PERSON | Michelle Nguyen | | |
| TELEPHONE NUMBER: | 714-241-0235 | | |
| E-MAIL: | Michelle.Nguyen@RobinsonPharma.com | | |
| | | | |
| **BUSINESS DESCRIPTION / SITE DETAILS:** Private Label and Contract Manufacturer of Dietary Supplements | | | |
| FACILITY SIZE / # EMPLOYEES: | ~450,000 sq. ft./ ~560 employees | DATE EST: | 1989 |
| GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS: | Yes | UNION: | No |
| SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS: | Robinson Pharma, Inc. (RPI) is a privately owned, Southern California based, drug licensed, full service private label and contract manufacturer of dietary supplements. RPI features the largest soft gel encapsulation capacity in the U.S. with more than 20 continuous dry encapsulation lines capable of producing over 12 billion soft gels per year. Production capabilities include tablet compression, capsule filling, enteric coating of soft gels and tablets, custom imprinting, and a range of packaging options including bottles, blisters, and cartoning. Additional services include product development and ingredient sourcing. RPI provides rapid turnaround on all projects and offers highly competitive pricing. | | |
| SITE ACTIVITIES CONDUCTED: | Manufacturing, warehousing, labs | | |
| ORGANIZATIONAL CHART: | Please see attached | | |

| SECTION 2: EVIDENCE OF COMPLIANCE | | |
|---|---|---|
| INDEPENDENT QUALITY CERTIFICATIONS: | IF YES, SPECIFY: | |
| | QUALITY MANAGEMENT SYSTEM STANDARD: | UL, NSF, NPA |
| | APPROVAL CERTIFICATES: | Yes |
| | NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL: | UL: Bryce Carson 800-903-5660<br>NSF: Cheryl Luther 800-673-6275 |
| OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS: | N/A | |




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|---|---|
| WEB SITE: | www.nsf.org |
| DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION): | 05/02/17. This information is available during an on-site audit. |




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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) | Yes |
| DO YOU RE-PACK LARGE QUANTITIES INTO SMALLER QUANTITIES AT YOUR FACILITY: (YES / NO) | Yes |
| 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) No. This information is available during an on-site audit.** | |
| PHARMACEUTICAL: | |
| NUTRITIONAL: | |
| BOTANICAL: | |
| MINERAL: | |
| ENZYME: | |
| HORMONE: | |
| PROBIOTIC: | |
| CHEMICAL (OTHER): | |
| | |
| **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 **IN-HOUSE** LAB? (YES / NO) | Yes |
| IN-HOUSE TESTS PERFORMED: (YES / NO) | Yes |
| 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) | Yes |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | Yes |
| OTHER? (YES / NO – IF YES SPECIFY) | No |
| **IF YOU HAVE AN IN-HOUSE LAB** PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH: | |


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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:** | QC Lab |
| ADDRESS / LOCATION: | 3330 S. Harbor Blvd Santa Ana, Ca 92704 |
| CONTACT NAME / PHONE NUMBER: | Henry Pham |
| LIST ANY CERTIFICATIONS FOR THE LAB: | N/A |
| | |
| **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) | Yes |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | Yes |
| OTHER? (YES / NO – IF YES SPECIFY) | No |
| | |
| **NAME OF LAB #2:** | |
| ADDRESS / LOCATION: | |
| CONTACT NAME / PHONE NUMBER: | |
| LIST ANY CERTIFICATIONS FOR THE LAB: | |
| **TESTING PERFORMED BY THE OUTSIDE LAB:** | |
| 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) | |
| | |
| **NAME OF LAB #3:** | |
| ADDRESS / LOCATION: | |
| CONTACT NAME / PHONE NUMBER: | |
| LIST ANY CERTIFICATIONS FOR THE LAB: | |
| **TESTING PERFORMED BY THE OUTSIDE LAB:** | |
| 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.

RPI has been awarded with NSF GMP Certification and UL GMP Certificate of Conformance with 21 CFR Part 111. RPI also has been awarded with a UL Certificate of Conformance with 21 CFR Part 700.

In addition to city licenses and regulatory agency permits, RPI maintains a Processed Food Registration issued by the State of California Department of Public Health, Food and Drug Branch for all facilities.

RPI is registered with the U.S. Food and Drug Administration pursuant to section 305 of the United States Public Health Security and Bioterrorism Preparedness and Response Act of 2002.

| | |
|---|---|
| IS FACILITY ISO CERTIFIED? YES / NO:<br>IF YES SPECIFY THE ISO STANDARD<br>AND ATTACH CURRENT CERTIFICATE. | No |
| LIST AND ATTACH ANY OTHER CERTIFICATIONS OR<br>EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.): | UL and NSF |

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 |
|---|---|---|
| 05/06/15 | CA Dept. of Public Health | This information is available during an on-site audit. |
| | | |
| | | |
| | | |
| | | |
| | | |

## SECTION 5: ADDITIONAL INFORMATION

| | |
|---|---|
| Hazard Plan (HACCP) / DATE IMPLEMENTED: | Yes/2010 |
| 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. | All employees are trained in SOP 0-005 Dress Code, Health, and Hygiene Requirements |
| MEMBERSHIP IN INDUSTRY TRADE GROUPS: | UL, NSF |

## 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? | Written procedures are established for the sampling, testing, and release of raw materials and packaging components. Identification testing of each lot of raw material is a minimum requirement. Visual inspection is the minimum requirement for packaging components.<br><br>All finished products are laboratory tested, as appropriate, to determine conformance with the established specifications. A Certificate of Analysis is issue for each batch of final product. Products are only released after meeting the standards set forth by QA and QC. |


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| | |
|---|---|
| HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER? | RPI strives to establish a level of quality for its vendors and business contractors through audits covering checks on cGMPs, government regulation adherence, and the establishment of the vendors' internal auditing systems. There are several phases of auditing vendors and contractors, and this program is overseen and managed by Quality Unit. |

## SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

| | | | |
|---|---|---|---|
| COMPANY NAME: | Robinson Pharma, Inc. | | |
| CONTACT NAME: | Andrew Dao | TITLE: | QA Associate |
| E-MAIL ADDRESS: | Andrew.Dao@RobinsonPharma.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.

| | |
|---|---|
| | 05/16/17 |
| **SIGNATURE** | **DATE** |




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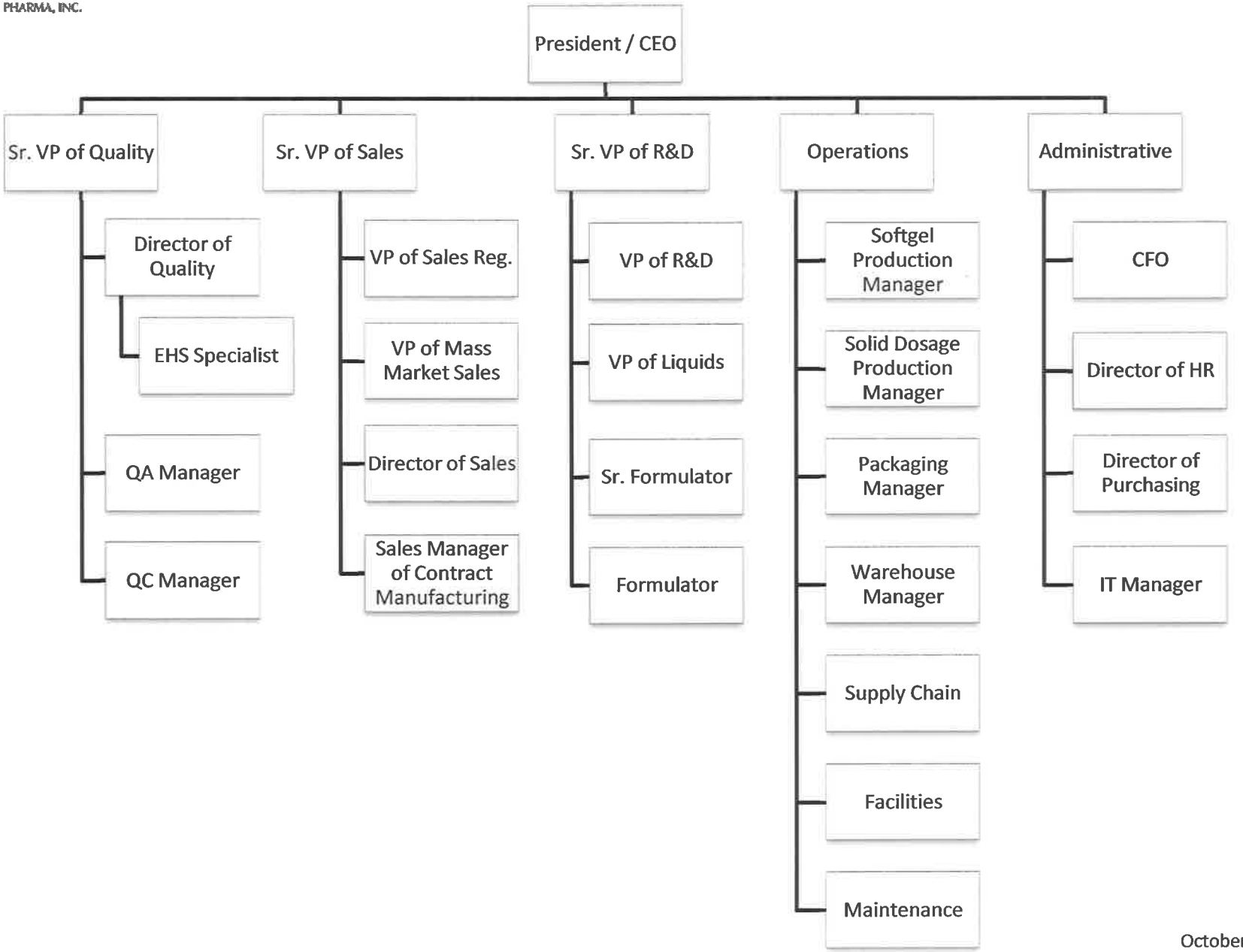
ROBINSON PHARMA, INC.

# Corporate Key Management Organizational Chart

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