



National Animal Supplement Council

Preferred Supplier Data Sheet (PSDS) for
Raw Material Suppliers and Contract Manufacturers



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.	N	
LIST AND ATTACH ANY OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):	NJ Dept. Health GMP	
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
1/06/2017	Bloomington Fire Prevention Bureau	Passed
11/15/2016	NJ State Department of Health; GMP Insp.	Passed

SECTION 5: ADDITIONAL INFORMATION

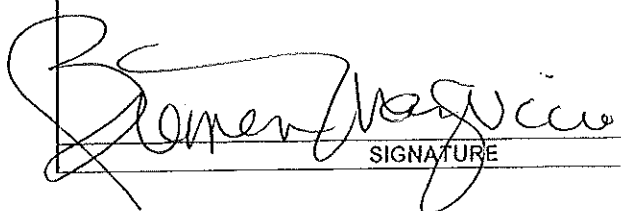
Hazard Plan (HACCP) / DATE IMPLEMENTED:	Y
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	N/A
CORPORATE BIOTERRORISM ACT COMPLIANCE:	Y
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	SEE ATTACHED SOP's
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	AHPA, CHFA, NPA

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 are not a contract manufacturer.
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	See attached - Vendor Qualification SOP

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME:	Nutraceuticals International Group, LLC		
CONTACT NAME:	Bremen Marguccio	TITLE:	Document Coordinator
E-MAIL ADDRESS:	Bremen@nutrainllgroup.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	11/2/17 DATE
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