

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 <u>b.bookout@nasc.cc</u> or mail to:

NASC PO Box 5168 Sun City West, AZ 85376

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 X1)

SECTION 1: SITE OVERVIEW				
NAME AND ADDRESS OF	DuPont Nutrition & Health – Madison			
COMPANY OR SITE	3322 – 3329 Agriculture Drive			
RESPONSIBLE:	Madison, WI 53716			
WEB SITE:	www.food.dupont.com			
CONTACT PERSON	Amy Smith	Amy Smith		
TELEPHONE NUMBER:	904-249-7444			
E-MAIL:	Amy.B.Smith@dupont.com			
BUSINESS DESCRIPTION / SITE D	ETAILS: dietar	y supplement and food ingredie	nt manufacture	er
FACILITY SIZE / # EMPLOYEES:	~150,000 sq.	ft. and ~225 people	DATE EST:	Site established 1906
GENERAL AND PRODUCT	Self insured		UNION:	no
LIABILITY INSURANCE LEVELS:				
SPECIFY TYPE(S) OF INGREDIEN	Г(S),	Bacterial cultures, enzymes, and	l antioxidants fo	r use in dietary supplements and
MANUFACTURING CAPABILITIES, PRODUCTS		food		
PRODUCED/SUPPLIED BY THE SITE,				
SERVICES AND THEIR INTENDED				
APPLICATIONS:				
SITE ACTIVITIES CONDUCTED:		Fermentation, pelletizing, freeze-drying, packaging		
ORGANIZATIONAL CHART:				

SECTION 2: EVIDENCE OF COMPLIANCE			
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY:		
	QUALITY MANAGEMENT SYSTEM STANDARD:	ISO FSSC 22000	
	APPROVAL CERTIFICATES:	UQA 4001024/B	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	LRQA	
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	NSF GMP		
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):		FDA audit on January 19, 2018. No findings.	



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SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY DO YOU HAVE Q/C RELEASE REQUIREMENTS yes FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO) yes DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO) yes DO YOU SAMPLE EVERY LOT OF RAW MATERIALS RECEIVED: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABLE: (YES / NO) PHARMACEUTICAL: NUTRITIONAL: yes no NUTRITIONAL: yes SoftanicAL: NUTRITIONAL: yes NO HORMONE: no NO PROBIOTIC: yes Yes HORMONE: no Yes MOTO: Yes Yes METHODS CONDUCTED IN FACILITY: (YES / NO) Yes Yes DO YOU USE AN IN-HOUSE LOT NUMBERING SYSTEM? Yes Yes
FOR ALL SHIPMENTS WHEN THEY ARRIVE: (YES / NO) / 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 DO YOU SAMPLE EVERY LOT: (YES / NO) yes DO YOU SAMPLE EVERY LOT: (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) ////////////////////////////////////
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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 – cell count
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) Water activity and identification
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH Internally qualified, industry
LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH: standard methods used





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OUTSIDE CONTRACT LABS USED	
	LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA,
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) * PLEASE F	
NAME OF LAB #1:	Silliker, Inc. dba Merieux Nutrisciences
ADDRESS / LOCATION:	3688 Kinsman Boulevard
ADDITEOUT EOUATION.	Madison, WI 53704
CONTACT NAME / PHONE NUMBER:	
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO/IEC 17025:2005
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TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	no
RAW MATERIAL ASSAY? (YES / NO)	no
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes - pathogens
pH? (YES / NO)	no
MOISTURE? (YES / NO)	no
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	Yes – annual surveillance
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes – annual surveillance
OTHER? (YES / NO – IF YES SPECIFY)	
NAME OF LAB #2:	N/A
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 LAD #0	
NAME OF LAB #3:	N/A
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.				
NSF GMP certification				
IS FACILITY ISO CERTIFIED	? YES / NO:	Yes – ISO FSSC 22000		
IF YES SPECIFY THE ISO STANDARD				
AND ATTACH CURRENT CERTIFICATE.				
LIST AND ATTACH ANY OTH	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):				
FOREIGN AGEN				
FOREIGN AGEN				
	ICY (DATE OF INSPECTION, AND RESULT	S OF THE INSPECTION SPECIFY AGENCY):		
DATE	ICY (DATE OF INSPECTION, AND RESULT INSPECTION AGENCY	S OF THE INSPECTION SPECIFY AGENCY): RESULTS OF THE INSPECTION		
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SECTION 5: ADDITIONAL INFORMATION	
Hazard Plan (HACCP) / DATE IMPLEMENTED:	FSP implemented 8/26/16. Last reviewed/published 9/6/18.
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	See FSP summary
CORPORATE BIOTERRORISM ACT COMPLIANCE:	yes
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	See FSP summary
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	

SECTION 6: CONTRACT MANUFACTURERS	
HOW DO YOU GUARANTEE BANNED SUBSTANCES (STIMULANTS,	Not allowed on site
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?	Audit and documentation review. Approval required from
	cross functional team including quality control, quality
	assurance, safety, production, and regulatory.

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION			
COMPANY NAME:	DuPont Nutrition & Health – Madison		
CONTACT NAME:	Sarah Pace	TITLE:	Quality & Food Safety Coordinator
E-MAIL ADDRESS:	-		
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.			
Anorth	xel	July 10, 2018	
	SIGNATURE		DATE