

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 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				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
NAME AND ADDRESS OF	NATURAL VITAMINS LABORATORY CORP.						
COMPANY OR SITE	12815 NW 45th AVE, OPA LOCKA, FL 33054 USA						
RESPONSIBLE:							
WEB SITE:	WWW.NVLABS.COM						
CONTACT PERSON	ASHISH PATEL						
TELEPHONE NUMBER:	305 265 1660						
E-MAIL:	ASHISH@NVLABS.NET						
BUSINESS DESCRIPTION / SITE D	FTAILS: CONT	PACT MANUEACTUEDE					
FACILITY SIZE / # EMPLOYEES:	98		DATE EST:	05/09/1995			
GENERAL AND PRODUCT	Yes		UNION:	N/A			
LIABILITY INSURANCE LEVELS:							
SPECIFY TYPE(S) OF INGREDIENT MANUFACTURING CAPABILITIES,		Natural Vitamins Laboratory is the	ne leading vitam	nin manufacturer in Nutraceutical			
PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:		products and services. As a top nutritional supplement manufacturer and vitamin manufacturer, we are one of the only full-service health supplement facilities, offering everything from product manufacturing to product testing, packaging, labeling, and distribution. Natural Vitamins Laboratory is a reputable					
					manufacturing company that works in the areas of Vitamins, Herbal, Nutritional,		
					Sports Supplements, Pet Products		
		SITE ACTIVITIES CONDUCTED:		Manufacturing, Packaging and Testing			
		ORGANIZATIONAL CHART:		Attached			

SECTION 2: EVIDENCE OF CO	MPLIANCE		
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY:		
	QUALITY MANAGEMENT SYSTEM STANDARD:	21 CFR Parts 111	
	APPROVAL CERTIFICATES:	UL/NPA/GMP, Health Canada, Kosher, Halal and EU	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	UL Registrar, i17-22904-1	
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	Health Canada, Kosher, Halal and EU		
WEB SITE:	www.ul.com		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):		11/01/2018 – 11/14/2018 Report and Closing letter attached.	



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



SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY	
DO YOU HAVE Q/C RELEASE REQUIREMENTS	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 / NO)	Yes
DO YOU SAMPLE EVERY LOT: (YES / NO)	
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	Yes
DO TOO PERFORM ANT BLENDING AT YOUR FACILITY (YES / NO)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILA	DI E. OVEO ANO
PHARMACEUTICAL:	
NUTRITIONAL:	No
BOTANICAL:	Yes
MINERAL:	Yes
ENZYME:	Yes
HORMONE:	Yes
PROBIOTIC:	Yes
CHEMICAL (OTHER):	Yes
OFFEMIOAE (OTTIEN).	
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?	N/A
TESTING INFORMATION:	
IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BO	OTH SECTIONS
DOES THIS FACILITY RELY ON AN <u>IN-HOUSE</u> 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)	No
HEAVY METALS? (YES / NO – IF YES SPECIFY)	Yes
120012011	
OTHER? (YES / NO – IF YES SPECIFY)	No
	No N/A



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



OUTSIDE CONTRACT LABS USED	
PLEASE LIST YOUR MOST FREQUENTLY USED CONTRAC	T LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA,
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE	PROVIDE ACCREDITATION NUMBER*
	TO NOT THE MADE IT
NAME OF LAB #1:	N/A
ADDRESS / LOCATION:	N/A
CONTACT NAME / PHONE NUMBER:	N/A
LIST ANY CERTIFICATIONS FOR THE LAB:	N/A
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	N/A
RAW MATERIAL ASSAY? (YES / NO)	N/A
MICROBIAL? (YES / NO - IF YES SPECIFY)	N/A
pH? (YES / NO)	N/A
MOISTURE? (YES / NO)	N/A
ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)	N/A
HEAVY METALS? (YES / NO – IF YES SPECIFY)	N/A
OTHER? (YES / NO – IF YES SPECIFY)	N/A
NAME OF LAND WE	
NAME OF LAB #2:	N/A
ADDRESS / LOCATION:	N/A
CONTACT NAME / PLIONE NUMBER	
CONTACT NAME / PHONE NUMBER: LIST ANY CERTIFICATIONS FOR THE LAB:	N/A
TESTING PERFORMED BY THE OUTSIDE LAB:	N/A
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	TAVA
RAW MATERIAL ASSAY? (YES / NO)	N/A
MICROBIAL? (YES / NO – IF YES SPECIFY)	N/A
pH? (YES / NO)	N/A
MOISTURE? (YES / NO)	N/A
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	N/A
HEAVY METALS? (YES / NO – IF YES SPECIFY)	N/A
OTHER? (YES / NO – IF YES SPECIFY)	N/A
OTTIEN: (TESTNO-IF TES SPECIFT)	N/A
NAME OF LAB #3:	NIA
ADDRESS / LOCATION:	N/A
ADDRESS / LOCATION:	N/A
CONTACT NAME / PHONE NUMBER:	N/A
LIST ANY CERTIFICATIONS FOR THE LAB:	N/A N/A
TESTING PERFORMED BY THE OUTSIDE LAB:	14// (
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	N/A
RAW MATERIAL ASSAY? (YES / NO)	N/A
MICROBIAL? (YES / NO – IF YES SPECIFY)	N/A
pH? (YES / NO)	N/A
MOISTURE? (YES / NO)	N/A
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	N/A
HEAVY METALS? (YES / NO - IF YES SPECIFY)	N/A
OTHER? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO - IF YES SPECIFY)	N/A



<u>Preferred Supplier Data Sheet (PSDS) for</u> <u>Raw Material Suppliers and Contract Manufacturers</u>



SECTION 4: CGMP			· · · · · · · · · · · · · · · · · · ·		
			S WITH EACH APPLICABLE ELEMENT OF THE CURRENT		
		LE ELEMENTS SHOULD BE NO	OTED AS SUCH.		
Please see attached st					
IS FACILITY ISO CERT			No		
IF YES SPECIFY THE AND ATTACH CURRE					
LIST AND ATTACH AN			attached		
		., NSF, USP, NPA, ISO, ETC.):	attached		
	(2.0.	,,,,,,,,			
	SPECIFY N	MOST RECENT FACILITY INSPI	ECTIONS BY STATE, FEDERAL, OR		
FOREIGN	AGENCY (DA	TE OF INSPECTION, AND RES	SULTS OF THE INSPECTION SPECIFY AGENCY):		
DATE		INSPECTION AGENCY	RESULTS OF THE INSPECTION		
11-01-2018 -11/14/201	8 US FD		Compliant with 21 CFR Parts 111		
11 01 2010 11/14/201	0012	7 V.	Outpliant with 21 Of ICT and 111		
37					
SECTION 5: ADDITE			ALLEGATION OF THE STATE OF THE		
Hazard Plan (HACCP)					
STATISTICAL PROCE		PROCESS Yes			
ANALYTICAL CONTRO		V			
CORPORATE BIOTER COMPLIANCE:	RORISM ACT	Yes			
DESCRIBE ALL MEAS	LIRES TAKEN	RV Please see attach	ned Standard Operating procedure and Documents		
FACILITY TO ENSURE			ned Standard Operating procedure and Documents		
AND PRODUCT CONT					
PREVENTION.					
MEMBERSHIP IN INDI	USTRY TRADE	GROUPS: N/A			
SECTION 6: CONTR	RACT MANUF	ACTURERS			
		D SUBSTANCES (STIMULANTS	S, We do not purchase those.		
		S, BETA-2-AGONISTS, BETA			
BLOCKERS, MASKING AGENTS, OR SIMILAR SUBSTANCES)					
ARE NOT PRESENT IN YOUR INGREDIENTS? HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?					
HOW DO YOU QUALIF	Y AN INGREL	MENT MANUFACTURER?	Supplier Verification Program attached		
SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION					
COMPANY NAME:		TAMINS LABORATORY CORP.			
CONTACT NAME:	ASHISH PAT		TITLE: DIRECTOR		
E-MAIL ADDRESS: ASHISH@NVLABS.NET					
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.					
X8hipplete			01/28/2020		
Travel -			, ,		
SIGNATURE					
SIGNATURE DATE					