



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 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 COMPANY OR SITE RESPONSIBLE: | NUTRITION FORMULATORS INC. 10407 N. COMMERCE PKWY MIRAMAR, FL 33025 | | |
| WEB SITE: | WWW.NUTRITIONFORMULATORS.COM | | |
| CONTACT PERSON | LILIANA ROJAS | | |
| TELEPHONE NUMBER: | 954-272-2220 | | |
| E-MAIL: | Liliana@nnfi.net | | |
| BUSINESS DESCRIPTION / SITE DETAILS: CONTRACT MANUFACTURER NUTRITIONAL SUPPLEMENTS | | | |
| FACILITY SIZE / # EMPLOYEES: | 100 | DATE EST: | September 1997 |
| GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS: | 2 Million per occurrence | UNION: | NO |
| SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS: | DIETARY SUPPLEMENTS IN CAPSULES, TABLETS, POWDERS. | | |
| SITE ACTIVITIES CONDUCTED: | | | |
| ORGANIZATIONAL CHART: | YES – SEE ATTACHED | | |

| SECTION 2: EVIDENCE OF COMPLIANCE | | | |
|--|--|---------------------------------|--|
| INDEPENDENT QUALITY CERTIFICATIONS: | YES- IF YES, SPECIFY: | | |
| | QUALITY MANAGEMENT SYSTEM STANDARD: | YES | |
| | APPROVAL CERTIFICATES: | YES | |
| | NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL: | FDA Registration No:17079209742 | |
| OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS: | NSF/ANSI Standard 173, Section 8 | | |
| WEB SITE: | www.nutritionformulators.com | | |
| 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 August 20 2018 | | |



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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) | |
| PHARMACEUTICAL: | NO |
| NUTRITIONAL: | YES |
| BOTANICAL: | YES |
| MINERAL: | YES |
| ENZYME: | YES |
| HORMONE: | NO |
| PROBIOTIC: | YES |
| CHEMICAL (OTHER): | NO |
| 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) | NO |
| 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: | EUROFINS SUPPLEMENT ANALYSIS CENTER |
| ADDRESS / LOCATION: | 1365 REDWOOD WAY PETALUMA, CA 94954 |
| CONTACT NAME / PHONE NUMBER: | SAMPLE DEPARTMENT - 707-792-7300 |
| LIST ANY CERTIFICATIONS FOR THE LAB: | ISO/IEC 17025:2005 CERTIFICATE No3329.01 AND No 2942.01 |
| 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: | COVANS |
| ADDRESS / LOCATION: | 10005 Muirlands Blvd., Suite G Irvine, CA 92618 USA 01 949 419 0288 x 4 |
| CONTACT NAME / PHONE NUMBER: | DERICK CHABOLLA www.covancefoodsolutions.com |
| LIST ANY CERTIFICATIONS FOR THE LAB: | |
| 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 #3: | DAANELABS |
| ADDRESS / LOCATION: | 3806 Progress Ave., Naples, FL 34104 |
| CONTACT NAME / PHONE NUMBER: | Andrew Daane 239-227-4735/ sales@daanelabs.com |
| LIST ANY CERTIFICATIONS FOR THE LAB: | |
| TESTING PERFORMED BY THE OUTSIDE LAB: | |
| POTENCY ASSAY OF RAW MATERIALS? (YES / NO) | NO |
| 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) | NO |
| OTHER? (YES / NO – IF YES SPECIFY) | NO |



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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.
YES - SEE ATTACHED

IS FACILITY ISO CERTIFIED? YES / NO: 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.): NSF, FDA, CERTIFICATED ORGANIC, ORTHODOX UNION

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 |
|----------------|-------------------|---------------------------|
| AUGUST 20 2018 | FDA | |
| | | |
| | | |
| | | |

SECTION 5: ADDITIONAL INFORMATION

Hazard Plan (HACCP) / DATE IMPLEMENTED: YES - DATE 05-05-2016

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. SOP DIRECTORY

MEMBERSHIP IN INDUSTRY TRADE GROUPS: YES

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? SUPPLIER QUALIFICATION PROGRAM


SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME: NUTRITION FORMULATORS INC

CONTACT NAME: LILIANA ROJAS TITLE: QUALITY CONTROL MANAGER

E-MAIL ADDRESS: Liliana@nnfi.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.

| | |
|--|------------------------------------|
|  SIGNATURE | 09/11/2018 09/11/18 DATE |
|--|------------------------------------|