

### <u>Preferred Supplier Data Sheet (PSDS) for</u> 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 Parker at <u>b.parker@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 Parker at the NASC office (760-751-3360 X105)

SECTION 1: SITE OVERVIEW					
NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE:	Cargill - Embria Health Sciences 2105 SE Creekview Dr Ankeny, IA 50021				
WEB SITE:	embriahealth.com				
CONTACT PERSON	Gayle Kittelson				
TELEPHONE NUMBER:	515-963-9100				
E-MAIL:	Gayle_Kittelson@cargill.com				
BUSINESS DESCRIPTION / SITE DETAILS:					
FACILITY SIZE / # EMPLOYEES:	37,000 sq ft / 17 employees		DATE EST:	2007	
GENERAL AND PRODUCT	15 million		UNION:	No	
LIABILITY INSURANCE LEVELS:					
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:					
SITE ACTIVITIES CONDUCTED:		Manufacturing, Distribution			
ORGANIZATIONAL CHART:		attached			

SECTION 2: EVIDENCE OF COMPLIANCE				
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY: NSF GMP for 21 CFR 111 and 117			
	QUALITY MANAGEMENT SYSTEM STANDARD:			
	APPROVAL CERTIFICATES:	attached		
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:			
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:				
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):		August 2, 2017. No actions indicated.		





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	
(YES / NO)		
DO YOU SAMPLE EVERY LOT: (YES / NO)	YES	
DO YOU PERFORM ANY BLENDING AT YOUR FACILITY (YES / NO)	NO	
	- 0/50 (110)	
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILABI	LE: (YES / NO)	
PHARMACEUTICAL:		
NUTRITIONAL:		
BOTANICAL:  Only EpiCor is manufactured in this facility and	i	
its ingredients and processes are proprietary.		
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?	NA NA	
DO TOO EVER MIX WIDETIFLE EOTS OF THE SAME INGREDIENT WHEN TOO BELIND!	INA	
TESTING INFORMATION:		
*IF YOU RELY ON BOTH IN-HOUSE AND OUTSIDE CONTRACT LABS, PLEASE FILL OUT BOT	H 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, APC, Coliforms, Y/M,	
	E.coli, Enterobac for In-process	
	samples.	
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)		
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:		





OUTSIDE CONTRACT LARS HOED	
OUTSIDE CONTRACT LABS USED	TI ADO AND THEIR ACCREDITATION
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEASE	T LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA,
CODA, ACAC, COI, NOI, NI A, AZLA, ANSI, ETC.) FLEASE	PROVIDE ACCREDITATION NUMBER
NAME OF LAB #1:	Eurofins
ADDRESS / LOCATION:	2200 Rittenhouse Street
	Des Moines, IA 50321
CONTACT NAME / PHONE NUMBER:	Kathryn Jensen <kathrynjensen2@eurofinsus.com></kathrynjensen2@eurofinsus.com>
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO, A2LA
TECTING DEPENDING BY THE OUTSIDE LAB	
TESTING PERFORMED BY THE OUTSIDE LAB:	1 250
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	YES
RAW MATERIAL ASSAY? (YES / NO)	YES
MICROBIAL? (YES / NO – IF YES SPECIFY)	YES APC, Coliforms, E.coli, Salmonella, S. aureus, Enterobacteriaceae, Yeast, Mold
pH? (YES / NO)	NO
MOISTURE? (YES / NO)	YES
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	Pesticide screen is completed to ensure compliance to US standards.
HEAVY METALS? (YES / NO - IF YES SPECIFY)	YES / Lead, Arsenic, Cadmium, Mercury
OTHER? (YES / NO – IF YES SPECIFY)	
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 LAD #2.	
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)	





AUMAI SIPPLEMEN.	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO - IF YES SPECIFY)	
HEAVY METALS? (YES / NO - IF YES SPECIFY)	
OTHER? (YES / NO - IF YES SPECIFY)	





SECTION 4: CGMP COMPLIANCE DETAIL\$				
		ES WITH EACH APPLICABLE ELEMENT OF THE CURRENT		
GMP GUIDELINES. N	ION-APPLICABLE ELEMENTS SHOULD BE N	NOTED AS SUCH.		
IS FACILITY ISO CER		NO		
IF YES SPECIFY THE				
AND ATTACH CURRE				
	NY OTHER CERTIFICATIONS OR	NSF		
EXTERNAL AUDIT PE	ROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.)	):		
FOREIGI	SPECIFY MOST RECENT FACILITY INS	PECTIONS BY STATE, FEDERAL, OR		
FOREIGI	N AGENCY (DATE OF INSPECTION, AND RE	SULTS OF THE INSPECTION SPECIFY AGENCY):		
DATE	INSPECTION AGENCY	RESULTS OF THE INSPECTION		
August 2, 2017	FDA	No actions indicated.		
	IONAL INFORMATION			
	/ DATE IMPLEMENTED: YES			
STATISTICAL PROCE	SS CONTROL/PROCESS YES			
ANALYTICAL CONTRO				
CORPORATE BIOTER	RRORISM ACT YES			
COMPLIANCE:	VIDEO TAKEN BY			
DESCRIBE ALL MEAS		ce, training, labeling, segregation, preventative process controls		
FACILITY TO ENSURE AND PRODUCT CONT				
PREVENTION.	AMINATION			
	HOTELY TEACH OF COLUMN			
MEMBERSHIP IN INDI	USTRY TRADE GROUPS: CRN			
	E			
SECTION 6: CONTR	RACT MANUFACTURERS			
HOW DO YOU GUARA	NTEE BANNED SUBSTANCES (STIMULANT	S, Periodic testing is completed through NSF.		
	DS, DIURETICS, BETA-2-AGONISTS, BETA			
	AGENTS, OR SIMILAR SUBSTANCES)			
ARE NOT PRESENT IN YOUR INGREDIENTS?  HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?  Established SOPs using on site audits. SIDI documents.				
HOW DO YOU QUALIF	Y AN INGREDIENT MANUFACTURER?	Established SOPs using on site audits, SIDI documents.		
SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION				
COMPANY NAME:	Cargill – Embria Health Sciences			
CONTACT NAME:	Gayle Kittelson	TITLE: Quality Manager		
E-MAIL ADDRESS:	Gayle_Kittelson@cargill.com			
BY SIGNING BELOW, I C	ERTIFY THAT THE INFORMATION GIVEN BY M	E TO THE NATIONAL ANIMAL SUPPLEMENT COUNCIL (NASC),		
INC. IS TRUE AND COM	PLETE TO THE BEST OF MY KNOWLEDGE. I UN	IDERSTAND THAT IS THE INFORMATION PROVIDED		
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.				
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