

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 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	Graminex LLC			
COMPANY OR SITE	2300 County F	2300 County Rd C		
RESPONSIBLE:	Deshler, Ohio	Deshler, Ohio 43516		
WEB SITE:	www.graminex	c.com		
CONTACT PERSON	Colleen May			
TELEPHONE NUMBER:	419-278-1023			
E-MAIL:	bugs@graminex.com			
BUSINESS DESCRIPTION / SITE D	BUSINESS DESCRIPTION / SITE DETAILS: Graminex LLC Manufacturing Facility			
FACILITY SIZE / # EMPLOYEES:	25		DATE EST:	1997
GENERAL AND PRODUCT	Building, Land	, Manufacturing and Product	UNION:	
LIABILITY INSURANCE LEVELS:	Liability			
SPECIFY TYPE(S) OF INGREDIENT(S),		Flower Pollen Extract raw materials available in bulk		
MANUFACTURING CAPABILITIES, PRODUCTS		Manufacturing capabilities:		
PRODUCED/SUPPLIED BY THE SITE,		Bulk powder blending		
SERVICES AND THEIR INTENDED		Tablets/capsules		
APPLICATIONS:		Finished bottled or sachet		
SITE ACTIVITIES CONDUCTED:		Blend, tablet, capsule, bottle, sachet, bulk pack		
ORGANIZATIONAL CHART:		See attached		

SECTION 2: EVIDENCE OF CO	<u>WPLIANCE</u>		
INDEPENDENT QUALITY CERTIFICATIONS:	Yes IF YES, SPECIFY: NSF		
SERVIN ISTATIONS.	QUALITY MANAGEMENT SYSTEM STANDARD:	NSF/ANSI 173, Section 8 Which Includes FSMA and cGMP (21 CFR 111), (21 CFR 117)	
	APPROVAL CERTIFICATES:	See attached	
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:	David Trosin, Managing Director	
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	QAI Organic Processor, Kosher, Halal		
WEB SITE:	www.graminex.com		
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):		Ohio department of AG 2/11/21 See attached FDA 11/2/21 – still pending documentation	



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SECTION 3: RAW MATERIAL SUPPLIERS & CONTRACT MANUFACTURERS ONLY	at the first to the first
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)	Yes
LIST ALL INGREDIENTS HELD AT YOUR FACILITY (ATTACH A LIST/DOCUMENT IF AVAILAB	BLE: (YES / NO)
PHARMACEUTICAL:	No
NUTRITIONAL:	Yes
BOTANICAL:	Yes
MINERAL:	Yes
ENZYME:	No
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 BO	
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 – TVC, Staph, E. coli
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
IF YOU HAVE AN IN-HOUSE LAB PLEASE SPECIFY WHICH	NSF
LAB ACCREDITATION ORGANIZATION(S) YOU ARE AFFILIATED WITH:	

CUITAIDE CONTRACT LA DO LIGED		
OUTSIDE CONTRACT LABS USED		
PLEASE LIST YOUR MOST FREQUENTLY USED CONTRA	ACT LABS AND THEIR ACCREDITATION STATUS: (e.g., ISO, FDA,	
USDA, AOAC, USP, NSF, NPA, A2LA, ANSI, ETC.) *PLEAS	E PROVIDE ACCREDITATION NUMBER*	
NAME OF LAB #1:	Eurofins	
ADDRESS / LOCATION:	6304 Ronald Reagan Ave.	
	Madison, WI 53704	
	Francisco della reducia del control de control del con	
CONTACT NAME / PHONE NUMBER:	Madeleine Eckelart (608) 949-3814	
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO	
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)	No	
pH? (YES / NO)	No	
MOISTURE? (YES / NO)	No	



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MAL SUFFICIENCY	ANIMAL SUPPLEMENT
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	NO
HEAVY METALS? (YES / NO - IF YES SPECIFY)	NO
OTHER? (YES / NO – IF YES SPECIFY)	No
NAME OF LAB #2:	Exact
ADDRESS / LOCATION:	1355 Pacific Place, Suite #101
OF STREET, STR	Ferndale, WA 98248
CONTACT NAME / PHONE NUMBER:	Kent Oostra 360-733-1205
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO
TESTING PERFORMED BY THE OUTSIDE LAB:	
POTENCY ASSAY OF RAW MATERIALS? (YES / NO)	Yes
RAW MATERIAL ASSAY? (YES / NO)	No
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes- not standard
pH? (YES / NO)	Yes
MOISTURE? (YES / NO)	No
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:	Q labs
ADDRESS / LOCATION:	1911 Radcliff Dr
ų.	Cincinnati, Ohio 45204
CONTACT NAME / PHONE NUMBER:	Chris Stroeckel
LIST ANY CERTIFICATIONS FOR THE LAB:	ISO
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- Standard
pH? (YES / NO)	Yes
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)	No

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.			
IC FACILITY ICO CERTIFIE	-D2 VEC (NO.	THE OWN	
IS FACILITY ISO CERTIFIED? YES / NO:		No, cGMP	
IF YES SPECIFY THE ISO		See attached	
AND ATTACH CURRENT (CERTIFICATE.		
LIST AND ATTACH ANY O	THER CERTIFICATIONS OR	NSF, QAI, Kosher, Halal	
EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):			
	SPECIFY MOST RECENT FACILITY INSPECT	TIONS BY STATE, FEDERAL, OR	
FOREIGN AG	ENCY (DATE OF INSPECTION, AND RESUL	TS OF THE INSPECTION SPECIFY AGENCY):	
DATE	INSPECTION AGENCY	RESULTS OF THE INSPECTION	
11/2/21	FDA	Verbal no findings, report will come in 4 months	
2/11/21	ODA	Compliant	



E-MAIL ADDRESS:

bugs@graminex.com

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SECTION 5: ADDITIONAL INFORMATION	
Hazard Plan (HACCP) / DATE IMPLEMENTED:	6/19/21 – Risk assessment implemented (not HACCP(food) but HARPC(supplement))
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	Risk matrix for risk evaluation
CORPORATE BIOTERRORISM ACT COMPLIANCE:	Registration # 13138367404
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	Compliant with FSMA and cGMP (21 CFR 111), (21 CFR 117), and certified annually by NSF
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	No

SECTION 6: CONTR	ACT MANUFACTURERS			
NARCOTICS, STEROII BLOCKERS, MASKING	NTEE BANNED SUBSTANCES (STIMULANTS, DS, DIURETICS, BETA-2-AGONISTS, BETA B AGENTS, OR SIMILAR SUBSTANCES) N YOUR INGREDIENTS?	during qualifi	ndor Qualification includes full testing of COA ication process as well periodic lot testing k assessment of ingredient and supplier	
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?		Supplier Vendor Qualification program including forms, documentation auditing and facility audits.		
SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION				
COMPANY NAME:	Graminex LLC			
CONTACT NAME:	Colleen E May	TITLE:	Chief Business Officer	

SIGNATURE	DATE	
aller & My	11/15/21	
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.		