



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 b.parker@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 Parker at the NASC office (760-751-3360 X105)

| SECTION 1: SITE OVERVIEW | | | |
|---|---|-----------|--|
| NAME AND ADDRESS OF COMPANY OR SITE RESPONSIBLE: | DSM Nutritional Products France SAS 1 Boulevard d'Alsace – BP 170 68305 SAINT-LOUIS CEDEX | | |
| WEB SITE: | DSM Village-Neuf DSM Nutritional Products France | | |
| CONTACT PERSON | Nadege Gruillaume (Communication Officer) | | |
| TELEPHONE NUMBER: | + 33 3 89 69 69 06 | | |
| E-MAIL: | Nadege.guillaume@dsm.com | | |
| BUSINESS DESCRIPTION / SITE DETAILS: Production of chemicals products for human uses , animals uses (vitamins and carotenoids) | | | |
| FACILITY SIZE / # EMPLOYEES: | 650 | DATE EST: | |
| GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS: | | UNION: | |
| SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS: | | | |
| SITE ACTIVITIES CONDUCTED: | | | |
| ORGANIZATIONAL CHART: | Page 5 | | |

| SECTION 2: EVIDENCE OF COMPLIANCE | | | |
|--|---|------------------------------|--|
| INDEPENDENT QUALITY CERTIFICATIONS: | Yes IF YES, SPECIFY: ISO 9001, 14000, FSSC 22000, FAMI-QS, GMP | | |
| | QUALITY MANAGEMENT SYSTEM STANDARD: | ISO, GMP, FAMI-QS, FSSC22000 | |
| | APPROVAL CERTIFICATES: | See attached | |
| | NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL: | | |
| OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS: | | | |
| WEB SITE: | https://www.dsm.com/village-neuf/fr | | |
| DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION): | | | |



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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) | NO |
| 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: | YES |
| NUTRITIONAL: | YES |
| BOTANICAL: | NO |
| MINERAL: | YES |
| ENZYME: | NO |
| HORMONE: | NO |
| PROBIOTIC: | NO |
| CHEMICAL (OTHER): | YES |
| 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) | NO |
| OTHER? (YES / NO – IF YES SPECIFY) | YES |
| 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: | DSM Grenzach |
| ADDRESS / LOCATION: | Emil-Barell-Strasse 3, 79639 Grenzach-Wyhlen |
| CONTACT NAME / PHONE NUMBER: | |
| 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) | NO |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | NO |
| pH? (YES / NO) | NO |
| MOISTURE? (YES / NO) | NO |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) | NO |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | YES |
| OTHER? (YES / NO – IF YES SPECIFY) | NO |
| NAME OF LAB #2: | DSM SISSELN |
| ADDRESS / LOCATION: | Hauptstrasse 4, 4334 SISSELN |
| CONTACT NAME / PHONE NUMBER: | |
| 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) | NO |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | YES |
| 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) | YES, Endotoxin |
| NAME OF LAB #3: | EUROFINS |
| ADDRESS / LOCATION: | 16 rue Clément Ader, 68127 Sainte Croix en Plaine |
| CONTACT NAME / PHONE NUMBER: | |
| 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) | NO |
| MICROBIAL? (YES / NO – IF YES SPECIFY) | YES |
| pH? (YES / NO) | NO |
| MOISTURE? (YES / NO) | YES |
| ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY) | YES |
| HEAVY METALS? (YES / NO – IF YES SPECIFY) | NO |
| OTHER? (YES / NO – IF YES SPECIFY) | YES, SULFITES? NITRITES |



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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. | | |
| IS FACILITY ISO CERTIFIED? YES / NO: IF YES SPECIFY THE ISO STANDARD AND ATTACH CURRENT CERTIFICATE. | YES | |
| 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): | | |
| DATE | INSPECTION AGENCY | RESULTS OF THE INSPECTION |
| | | |
| | | |
| | | |
| | | |
| | | |

| SECTION 5: ADDITIONAL INFORMATION | |
|--|---|
| Hazard Plan (HACCP) / DATE IMPLEMENTED: | YES |
| STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL: | YES |
| CORPORATE BIOTERRORISM ACT COMPLIANCE: | |
| DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION. | We put in place a HACCP for each product. |
| MEMBERSHIP IN INDUSTRY TRADE GROUPS: | |

| 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? | |

| SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION | | |
|--|---------------------------------|---|
| COMPANY NAME: | DSM Nutritional Products France | |
| CONTACT NAME: | Stéphane Hartmann | |
| E-MAIL ADDRESS: | Stephane.hartmann@dsm.com | |
| 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 | | DATE |