



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:	Name: Sudeep Nutrition Pvt. Ltd. Regd. office: 129/1/A, G I D C Estate, Nandesari, Vadodara – 391 340, Gujarat. Mfg. Site Address: Block/Survey No.: 500/24, Paiki 1,3,4 and 5, Near GETCO sub-station Village, Poicha (Rania), Savli, Dist: Vadodara - 391 780, Gujarat, India.		
WEB SITE:	www.sudeepnutrition.com		
CONTACT PERSON	Ms. Shifali Nair		
TELEPHONE NUMBER:	+91 7624093030		
E-MAIL:	marketing1@sudeepgroup.com		
BUSINESS DESCRIPTION / SITE DETAILS:			
FACILITY SIZE / # EMPLOYEES:	Total 26678.33 Sq. meter & Total 145 nos. of employees	DATE EST:	14th September 2020
GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS:	INR 50,000,000 per occurrence and in the aggregate	UNION:	NA
SPECIFY TYPE(S) OF INGREDIENT(S), MANUFACTURING CAPABILITIES, PRODUCTS PRODUCED/SUPPLIED BY THE SITE, SERVICES AND THEIR INTENDED APPLICATIONS:	We do manufacture following categories of products. & their Capacity (MT/year) 1. Dry Micronutrient Premix/Powder- 8500 2. Liquid Micronutrient Premix/Powder- 320 3. Granulated ingredients - 22000 4. Encapsulated ingredients - 6600 5. Spray Dried Ingredients - 5000 6. Fortified Rice Kernels (FRK)- 10000 7. Liposomal Ingredients - 500 8. Triturates - 1000 Applications: Used in Pharmaceutical, & food industries		
SITE ACTIVITIES CONDUCTED:	Manufacturing Activity conducted at site		
ORGANIZATIONAL CHART:	We do have Organization chart including each department.		

SECTION 2: EVIDENCE OF COMPLIANCE	
INDEPENDENT QUALITY CERTIFICATIONS:	IF YES, SPECIFY: ISO 9001:2015, FSSC 22000v5.1 & HACCP certificates in place
	QUALITY MANAGEMENT SYSTEM STANDARD: We do have ISO 9001:2015 Certificate in place
	APPROVAL CERTIFICATES: Certification Partner Global (AUS)
	NUMBER AND NAME OF REGISTRAR WHO PROVIDED CERTIFICATE OF APPROVAL:
OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS:	We do have HACCP, GAIN (Dry premix), HALAL & KOSHER certifications in place
WEB SITE:	www.sudeepnutrition.com
DATE OF LAST FDA OR STATE AGENCY CGMP INSPECTION AND OUTCOME (PROVIDE COPY OF REPORT OF OBSERVATIONS FROM LAST FDA OR STATE INSPECTION):	State FDA : 08th June 2022



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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)	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 AVAILABLE: (YES / NO))	
PHARMACEUTICAL:	Yes
NUTRITIONAL:	Yes
BOTANICAL:	
MINERAL:	Yes
ENZYME:	
HORMONE:	
PROBIOTIC:	
CHEMICAL (OTHER): Vitamins	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?	No
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)	
RAW MATERIAL ASSAY? (YES / NO)	Yes
MICROBIAL? (YES / NO – IF YES SPECIFY)	Yes, as per Specification
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)	Tapped density, Particle size
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:	
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 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 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)	
MOISTURE? (YES / NO)	
ELEMENTAL PESTICIDES? (YES / NO – IF YES SPECIFY)	
HEAVY METALS? (YES / NO – IF YES SPECIFY)	
OTHER? (YES / NO – IF YES SPECIFY)	



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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, we do have ISO 9001:2015 certificate in place.
LIST AND ATTACH ANY OTHER CERTIFICATIONS OR EXTERNAL AUDIT PROGRAMS (E.G., NSF, USP, NPA, ISO, ETC.):	FSSC 22000v5.1

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
31-01-2023	Certification Partner Global (AUS) (ISO 9001-2015)	We have certified with ISO 9001-2015

SECTION 5: ADDITIONAL INFORMATION

Hazard Plan (HACCP) / DATE IMPLEMENTED:	We do have HACCP plan in place. Date of implementation: 07-Dec-2021
STATISTICAL PROCESS CONTROL/PROCESS ANALYTICAL CONTROL:	Yes, Process analytical control in place, we do perform raw material, In-process and finish product analysis as per the defined specification.
CORPORATE BIOTERRORISM ACT COMPLIANCE:	NA
DESCRIBE ALL MEASURES TAKEN BY FACILITY TO ENSURE PRODUCT QUALITY AND PRODUCT CONTAMINATION PREVENTION.	Yes, we have complete processing area in ISO Class 8 area, while persons are following full gowning practice. We also have SOP for prevention of cross contamination during manufacturing process. CCP's & OPRP's are monitored for every batch.
MEMBERSHIP IN INDUSTRY TRADE GROUPS:	100% Subsidiary of Sudeep Pharma Pvt. Ltd.

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?	NA
HOW DO YOU QUALIFY AN INGREDIENT MANUFACTURER?	

SECTION 7: AUTHENTICITY OF INFORMATION & CONTACT INFORMATION

COMPANY NAME:	Sudeep Nutrition Pvt. Ltd.		
CONTACT NAME:		TITLE:	
E-MAIL ADDRESS:			

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	May 10, 2023 DATE
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