HIGH LINER FOODS
INCORPORATED

SUPPLIER PRE-AUDIT QUESTIONNAIRE

The following questions are designed to provide HLFI with a brief overview & evaluation of your company's operations. There are no "right" or "wrong" answers. Your responses to these questions will not necessarily affect your business relationship with our company. We appreciate that different vendors operate under different conditions, and that some systems may not be appropriate for particular operations.

COMPANY NAME				
ADDRESS				
MANUFACTURING ADDDRESS (if different)				
CONTACTS				
TITLE	**NAME**	**PHONE**	**FAX**	**EMAIL**
President/CEO				
General Manager				
Plant Manager				
QA/QC Manager				

GENERAL INFORMATION

SUPPLIER STATUS (New/Current)	
YEARS IN OPERATION	
SQUARE FOOTAGE	
CAPACITY	
NUMBER OF EMPLOYEES	
UNIONIZED (Y/N) IF YES, WHICH UNION	
DAYS OF OPERATION	
HOURS OF OPERATION	
# OF SKUS	
MAJOR CUSTOMERS	
PUBLICLY OWNED/PRIVATELY OWNED	
DESCRIPTION OF OPERATION/PRODUCT TYPE	
REGULATORY AGENCY(IES)	
INDEPENDENT AUDITS (Y/N) BY WHOM	

BUILDING AND GROUNDS

FACILITY AGE	
DESCRIPTION OF GENERAL CONSTRUCTION	
WALL CONSTRUCTION	
FLOOR CONSTRUCTION	
CEILING CONSTRUCTION	
FACILITY LOCATION & SURROUNDINGS	
WATER SOURCE	
WASTE WATER TREATMENT	

SANITARY FACILITIES

- Washrooms of adequate size: Yes [ ] No [ ]
- Hot Potable Water Yes [ ] No [ ]
- Soap and Supplies Yes [ ] No [ ]
- Hand Wash Sinks and Signs Yes [ ] No [ ]
- Employee Locker Rooms Yes [ ] No [ ]

In terms of cleaning practices and frequencies, describe restrooms, break rooms and hand wash facilities:

_____

_____

_____

SANITARY OPERATIONS

- Pest Control: Yes [ ] No [ ]
- Outside Service Yes [ ] No [ ]
- Service Provider Name: _____
- Updated map of traps, bait stations, etc. Yes [ ] No [ ]

Describe the methods of control including pesticides and equipment used as well as frequency of inspection and application:

_____

_____

SANITARY OPERATIONS

Waste Collection Frequency: Food Waste: _____
Trash: _____
Corrugated: _____

- Designated containers used for waste: Yes [ ] No [ ]
- Master cleaning schedule implemented: Yes [ ] No [ ]
- Process/Handling equipment is in good repair: Yes [ ] No [ ]
- Preventative maintenance program documented and implemented: Yes [ ] No [ ]

PROCEDURES AND CONTROLS

- Attach a floor plan layout and process flows.
- Documented raw material receiving program (Including inspection): Yes [ ] No [ ]
- Date and lot recording on received materials (FIFO usage): Yes [ ] No [ ]
- Material specifications on hand (Raw ingredients & packaging): Yes [ ] No [ ]
- Certificates of analysis/letters of continuing guarantee required: Yes [ ] No [ ]
- Adequate storage for all materials: Yes [ ] No [ ]
- Any outside storage of materials/ finished product: Yes [ ] No [ ]
- Pre-Production Start-up Inspection: Yes [ ] No [ ]
- Lot Recording: Yes [ ] No [ ]
- ISO 9001/9002 Certification: Yes [ ] No [ ]
- HACCP in place: Yes [ ] No [ ]
- If not, are implementation plans in place? Yes [ ] No [ ]
- Formulation/Processing instructions documented: Yes [ ] No [ ]
- Adequate measures to prevent foreign material contamination: Yes [ ] No [ ]
- Metal Detection: Filters [ ] Screens [ ] Magnets [ ] Other: _____
- Glass and Glass Breakage Policy? Yes [ ] No [ ]
- Adequate measures to prevent cross-contamination: Yes [ ] No [ ]
- Adequate measures to protect exposed product areas: Yes [ ] No [ ]
- Open code dating? Yes [ ] No [ ]
- Net Weight Control Program: Yes [ ] No [ ]

- Sampling Rate/Frequency: _____/_____
- Adequate instrumentation for process control and measurements (time, temps, etc.):

  Yes [ ] No [ ]

  Identify: _____
- Documented Recall Procedures: Yes [ ] No [ ]
- Calibration Program: Yes [ ] No [ ]
- Sample Retention: Yes [ ] No [ ]

- Amount/Frequency/Duration?
  _____/_____/_____

- Microbiological Testing: Yes [ ] No [ ]
- In-House: Yes [ ] No [ ]

- List tests performed:_____

  _____

- Production Record Review/Sign-Off Daily Yes [ ] No [ ]
- Product & Material Hold/Disposition Procedures: Yes [ ] No [ ]

- Number of QC Personnel (Total/Shift):_____

- Kosher Certification: Yes [ ] No [ ]

If yes, please include up to date certificates. If no, can the product or products be Kosher Certified?

_____

Describe quality control testing, including parameters to be measured and the frequency of testing:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Processing/Production Area Sanitation:

Frequency of Clean-up:
_____

Verification of Effectiveness: Yes [ ] No [ ]

Method of Verification:
_____

Supplier of Cleaning Chemicals:
_____

Briefly describe the cleaning process; include the types of chemicals used:
_____
_____

_____
_____

_____
_____

Name/Title/Qualifications of Person Responsible for Sanitation:

_____/_____

_____/_____

Shipping and Receiving:

- Inspection of trailers prior to shipping/receiving: Yes [ ] No [ ]
- Lot Tracking: Yes [ ] No [ ]
- FIFO rotation: Yes [ ] No [ ]
- Company Owned Trucks: Yes [ ] No [ ]

List any special shipping/handling specifications:
_____
_____

_____
_____

Name/Title of Person Responsible for Shipping:
_____ / _____

PERSONNEL PRACTICES

- GMP Policy Implemented: Yes [ ] No [ ]
- Eating/Drinking/Smoking Restrictions Yes [ ] No [ ]
- Hair Restraints Yes [ ] No [ ]
- Captive Footwear Program Yes [ ] No [ ]
- Uniforms Provided Yes [ ] No [ ]
- Laundry Service Yes [ ] No [ ]
- Restrictions of Jewelry and Personal Items Yes [ ] No [ ]

List any training programs:

_____

Please include any additional information that may be useful in helping High Liner Foods better understand your operating policies and procedures.