



Product Testing Checklist

This checklist will serve as a way to ensure that your product testing experience with Clemson Cooperative Extension will happen as smoothly and quickly as possible. Please complete this checklist by checking off on all of the requirements for your type of test, and sign at the bottom. If you are requesting multiple types of tests, please complete all required sections.

<p><u>All Tests</u></p> <ul style="list-style-type: none"> ○ Correct mailing address from Product Testing Form ○ Completed Product Testing Form ○ Payment in the form of a check made payable to "Clemson University" ○ One (1) check for the appropriate dollar amount for test(s) requested ○ Contact information on Product Testing Form is complete and accurate ○ Samples/Request is shipped to arrive during operating hours of the lab (see Product Testing Form for dates) 	<ul style="list-style-type: none"> ○ pH, Water Activity, and/or Gluten Tests ○ Four (4) samples from separate batches are provided for each product ○ Packages and seals of samples are intact ○ If product requires refrigeration/freezing: ○ Insulated container with cooling packs ○ Package labeled on outside stating refrigeration/freezing requirement ○ Samples to arrive Monday-Thursday while lab is scheduled to be open (see Product Testing Form for dates) ○ Product recipe section is filled out completely and accurately
<p><u>Nutritional Label Requests</u></p> <ul style="list-style-type: none"> ○ Product recipe is completely broken-down including name and amount of each ingredient ○ Amount of each ingredient is accurate and in appropriate measure ○ Solids are presented as weight measurements to ensure accuracy ○ Liquids are presented as either volumes or weight measurements ○ Units are labeled for every ingredient's amount ○ All ingredients that have their own sub-ingredients are represented by name and a copy/picture of that ingredient's nutritional label ○ Recipe yield, package size, number of packages per recipe, and serving size is complete and accurate 	
<p><u>Meat and Alcohol Percentage Requests</u></p> <ul style="list-style-type: none"> ○ All ingredients and final batch weight in gram weight (or mL volume for liquids). ○ The preparation method including time and temperatures 	

I have completed this Product Testing Checklist and the Product Testing Form to the best of my knowledge:

x _____ **Date:** ____/____/____

Product Testing and Nutritional Labeling Request Form

Contact Information

Name: _____ Company: _____
 E-mail: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Product Information

A separate form must be completed for each product submitted. Do not combine forms for multiple products.

Are you selling this product wholesale to any other businesses? _____

Are you ONLY selling directly to the end consumer (i.e. Farmer's Markets)? _____

Name of Product: _____

Type of Product: _____

(product name)

(i.e. BBQ sauce, jam, etc.)

Package Description: _____
 (i.e. pint glass jar, pouch, plastic bottle, etc.)

Describe processing and packaging method (i.e. how is product prepared and packaged):

Testing Options

- ☐ pH \$100* (SC residents)
- ☐ A_w water activity \$100* (SC residents)
- ☐ Nutritional Label \$100* (SC residents)
- ☐ Gluten \$100* (SC residents)
- ☐ Meat or alcohol % \$25* (SC residents)

Note: Nutrition labels previously created by Clemson's product testing lab: one or two changes to the existing label (i.e. ingredient, serving size, package size, servings per container) is \$25. Changes for more than two items is \$100.)

* Testing for out of state firms add \$100 per test.

* Shelf-life studies not included. For information and pricing on shelf-life studies contact Daniel McKamy: dlmckam@clemson.edu or 864-905-7986.

Suggested Testing of Various Product Types

BBQ sauce, tomato-based products, pickled products, marinades, salad dressings, fruit-based products, fermented canned products
 Vegetables, soups, sushi rice

Specialty preserves (low sugar fruit preserves and vegetable preserves)
 Cupcakes, dessert toppings

*This is not a complete list, but an example of common items tested by the product testing laboratory. Please contact the Food2Market program for more information.

pH

A_w

Recipe Specifications

Product Recipe: Recipe information must be submitted for all testing procedures. Failure to submit this page of the form will delay testing. Recipes are kept confidential per Clemson University policy.

Name of Ingredient:	Amount (unit): (i.e. 3 cups, 6 Tablespoons, 250 grams, etc.)	Additional Information:

To ensure accuracy of nutrition facts panels please include the brand name of each ingredient (if applicable).

Include copies of each ingredient's nutrition facts panel, ingredients and allergen statement if possible. In the "additional information" column include any additional information about the ingredient that would help describe the ingredient (i.e. canned, fresh, no added salt, gluten free, from concentrate, etc.). All weights and measures must be accurate. Failure to provide accurate weights and measures will delay testing and possibly result in an inaccurate nutrition facts panel. Do not give numbers of items (i.e. 3 peppers) without a weight or measure; instead provide the total weight or measure of the items (i.e. 1/2 pound green bell peppers).

Recipe Yields

Recipe makes a total of: _____
(designate as ounces, milliliters, pounds, grams, etc.)

The package size that I wish to use is _____, and the recipe makes _____ (number) of these packages.

Serving size: _____
(cups, ounces, etc.) → How much of your product do you consider one serving?

Product Testing Process and Instructions

Broken, leaking or improperly sealed and marked samples will not be tested.

No substitutions for this form will be accepted. This form must be completed in its entirety and submitted with product samples and payment. Failure to submit this completed form will delay product testing results.

Mail this completed product testing form along with one sample from four different batches (4 samples total per product) and check made payable to “Clemson University” to:

Temporary address while campus mail is disrupted due to COVID-19:

Product Testing
C/o Adair Hoover
407 Shorecrest Drive
Clemson, SC 29631

~~*Note: UPS, Post Office and/or Fedex sometimes question this address. Please tell them to send the package to the address above exactly as listed. It will get to the correct location by using this address.~~
~~*Packages must include Dr. Julie Northeutt's name as listed above. If not included we cannot ensure that samples will be tested in a timely manner.~~

Products must be mailed to the address listed above. Absolutely no in-person deliveries of product samples will be accepted.

Samples are not needed when only a nutrient analysis (nutrition facts panel; nutrition label) is being conducted.

Please mark on the outside of the package if product needs to be refrigerated or frozen upon arrival.

For questions about the product testing process please contact Adair Hoover at cpope@clemson.edu or 864.986.4313. Do not call Clemson University's Department of Food, Nutrition and Packaging Science. This office is unable to answer any questions regarding product testing.

Cash cannot be accepted for payment of product testing. Only checks made payable to “Clemson University” can be accepted at this time.

- Please allow a minimum of four (4) weeks for testing results to be returned.
- Please keep in mind that Clemson University is an educational institution and all faculty, staff and employees have other responsibilities outside of working with the product testing lab.
- Please note that products cannot be accepted when the product testing laboratory is closed. Make sure that samples are not scheduled to be delivered on holidays, weekends or on the following dates:
 - March 16-20, 2020
 - November 2-3, 2020
 - November 25, 2020 – January 4, 2021 (Note that samples received on or after November 25th will not be tested until the lab re-opens in January)
 - March 15-19, 2021
- The product testing laboratory is not responsible for lost, spoiled or broken samples.

*** FOR IN-HOUSE USE ONLY (ANALYST TO COMPLETE AND FILE IN PRODUCT TESTING FOLDER)***

Sample Receiving		
Date Received:	Date Tested:	Check Number:

Product Testing Data				
Sample	pH 1	pH 2	A _w 1	A _w 2
1				
2				
3				
4				