

The information and examples included in this guidance document are not intended to be a limiting, all-inclusive list for substantiation documents required to support conformance with the Human Grade Pet Food Standard and Audit Checklist. Forms of documentation and content may vary based on facility and product type.

FSIS Facility (Process Flow Example 1)

Facility:

- a) Documentation of FDA Animal Food Facility Registration and FDA Human Food Facility Registration **(see Appendix 1)**
- b) The facility is registered and/or licensed to produce human food by all appropriate/required authorities (may vary by jurisdiction and state). Such evidence may include, but is not limited to:
 - a. facility licenses or permits for operation of edible food manufacturing facilities; or **(see Appendix 2a, 2b)**
 - b. results of most recent inspections issued by local, county, or state public health authorities

Inspection:

- a) Documentation of current FSIS Grant of Inspection **(see Appendix 3)**
 - a. Section 7: Proteins must be indicated on Grant of Inspection
 - b. Section 8: Type of Grant is “Final”
 - c. Verify establishment and Pack Code indicated on Grant of Inspection are listed on FSIS Meat, Poultry, and Egg Product Inspection Directory
<https://www.fsis.usda.gov/wps/portal/fsis/topics/inspection/mpi-directory>
- b) 21 CFR part 117 GMP equivalency audit shall be conducted for area/room identified within the facilities’ required HACCP/Food Safety Plan as an area/room dedicated to the blending, packaging, repackaging, and/or labeling of ready-to-eat food.

Ingredients:

- a) Such evidence may include, but is not limited to:
 - a. If ingredient is or contains a combination of 3% or greater beef, pork, lamb, poultry, or rabbit - Verify ingredient Pack Code (“Passed and Inspected” FSIS stamp of inspection) **(see Appendix 5)**
 - b. Affidavit from manufacturer *and/or* guarantor of product **(see Appendix 6)**
 - c. Affidavit from ingredient suppliers
- b) Such evidence may include, but is not limited to:
 - a. Affidavit from manufacturer *and/or* guarantor of product **(see Appendix 6)**
 - b. Affidavit from ingredient suppliers
 - c. If ingredient is or contains a combination of 3% or greater beef, pork, lamb, poultry, or rabbit - Verify ingredient Pack Code (“Passed and Inspected” FSIS stamp of inspection)
 - d. Ingredient specification sheets

Written Procedures:

- a) Not applicable for this facility type

- b) Firm has documented procedures and SOPs for processing or packing of the “human grade” pet food in the area/room dedicated to the blending, packaging, repackaging, and/or labeling of ready-to-eat food indicated in the facility’s HACCP/Food Safety Plan.
- c) Firm has written documentation outlining the process and procedures to be followed in order to ensure products, labeled as “Human Grade” pet food, are stored and transported throughout the distribution channel in a manner compliant with applicable human food regulations. Such documentation must also include an identified section that indicates measures/steps taken to ensure that all parties involved in the distribution channel are aware of the product’s “Human Grade” status. **(see Appendix 7)**

Label:

(a – e) AAFCO Labeling Requirements as indicated in the AAFCO Model Bill and Regulations and Official Feed Term “Human Grade”

(f) If using the PVP shield, the firm follows all applicable labeling rules, including any voluntary labeling allowed under participation in the Agriculture Marketing Service Process Verified Program

FDA Facility (Process Flow Example 2)**Facility:**

- a) Documentation of FDA Animal Food Facility Registration and FDA Human Food Facility Registration **(see Appendix 1)**
- b) The facility is registered and/or licensed to produce human food by all appropriate/required authorities (may vary by jurisdiction and state). Such evidence may include, but is not limited to:
 - a. facility licenses or permits for operation of edible food manufacturing facilities; or **(see Appendix 2a, 2b)**
 - b. results of most recent inspections issued by local, county, or state public health authorities

Inspection:

- a) Documentation of notarized Certificate of Inspection by an agency with enforcement authority to conduct 21 CFR 117 GMP inspections **(see Appendix 4)**
- b) Verify inspection date

Ingredients:

- c) Such evidence may include, but is not limited to:
 - a. If ingredient is or contains a combination of 3% or greater beef, pork, lamb, poultry, or rabbit - Verify ingredient Pack Code (“Passed and Inspected” FSIS stamp of inspection) **(see Appendix 5)**
 - b. Affidavit from manufacturer *and/or* guarantor of product **(see Appendix 6)**
 - c. Affidavit from ingredient suppliers
- d) Such evidence may include, but is not limited to:
 - a. Affidavit from manufacturer *and/or* guarantor of product
 - b. Affidavit from ingredient suppliers
 - c. If ingredient is or contains a combination of 3% or greater beef, pork, lamb, poultry, or rabbit - Verify ingredient Pack Code (“Passed and Inspected” FSIS stamp of inspection)
 - d. Ingredient specification sheets

Written Procedures:

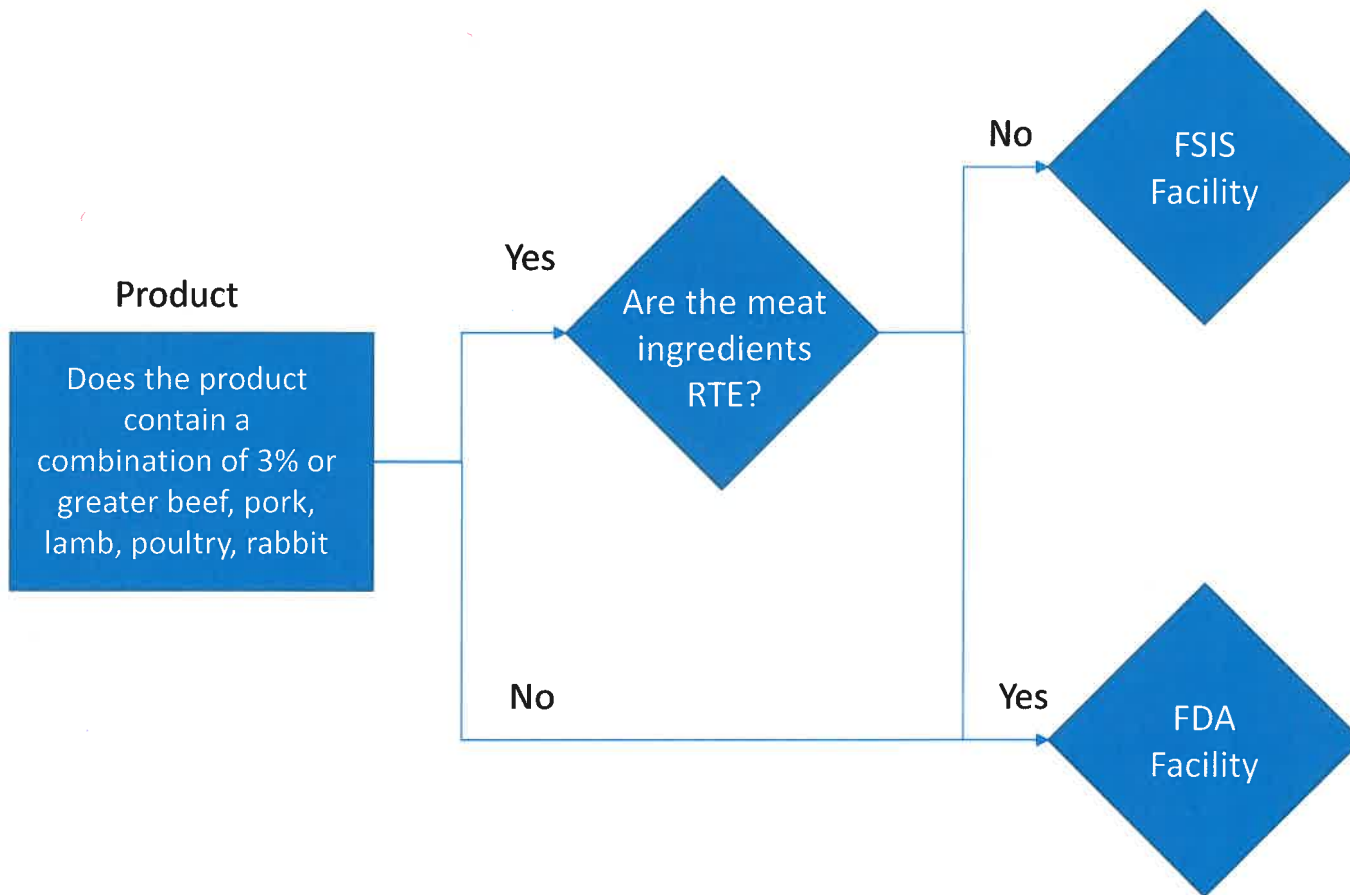
- a) Procedures and SOP to ensure that every ingredient and final product are stored, handled, processed, and transported in a manner that is consistent and compliant with 21 CFR part 117.
 - a. Verify final product contains no more than 3% beef, pork, poultry, or rabbit and meets the definition of ready-to-eat as defined by 21 CFR 117.3

21 CFR 117.3 *Ready-to-eat food (RTE food)* means any food that is normally eaten in its raw state or any other food, including a processed food, for which it is reasonably foreseeable that the food will be eaten without further processing that would significantly minimize biological hazards.
- b) Not applicable for this facility type
- c) Firm has written documentation outlining the process and procedures to be followed in order to ensure products, labeled as “Human Grade” pet food, are stored and transported throughout the distribution channel in a manner compliant with applicable human food regulations. Such documentation must also include an identified section that indicates measures/steps taken to ensure that all parties involved in the distribution channel are aware of the product’s “Human Grade” status. **(see Appendix 7)**

Label:

- (a – e) AAFCO Labeling Requirements as indicated in the AAFCO Model Bill and Regulations and Official Feed Term “Human Grade”
- (f) If using the PVP shield, the firm follows all applicable labeling rules, including any voluntary labeling allowed under participation in the Agriculture Marketing Service Process Verified Program

Production Facility Checklist



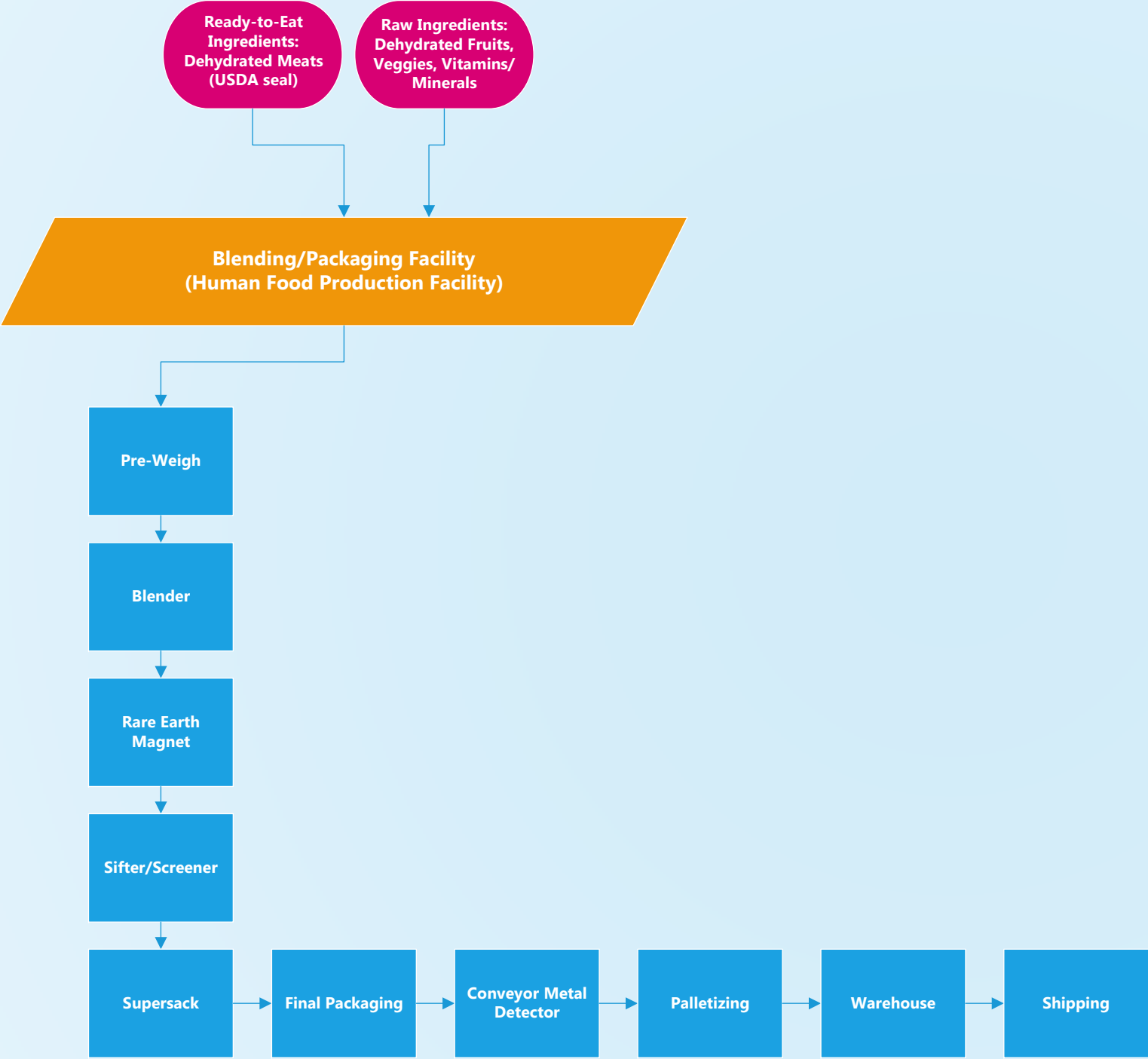
FSIS Facility Inspection

- FSIS Grant of Inspection
 - Proteins need to be listed on inspection
 - Plant listed on FSIS approved facility website
- Ingredient Verification
- Pack-off Area Inspection
- Product Label Review

FDA Facility Inspection

- Registered FDA Human Food Facility
- Ingredient Verification
- CFR Part 117 GMP equivalency Audit
- Product Label Review

Process Flow Example 2 - FDA Facility



Appendix 1

Date: [REDACTED]

Section 1 Type of Registration

1a. DOMESTIC REGISTRATION

1b. INITIAL REGISTRATION: [REDACTED]

PIN NUMBER [REDACTED]

ARE YOU THE NEW OWNER OF A PREVIOUSLY REGISTERED FACILITY? ☒ Yes ☐ No

1c. PREVIOUS OWNER'S TITLE : [REDACTED] PREVIOUS OWNER'S NAME : [REDACTED] PREVIOUS OWNER'S REGISTRATION NUMBER :

Section 2 Facility Name/Address Information

FACILITY NAME: [REDACTED]

FACILITY NAME SUFFIX: [REDACTED]

FACILITY STREET ADDRESS, Line1: [REDACTED]

FACILITY STREET ADDRESS, Line2:

CITY: [REDACTED]

STATE/PROVINCE/TERRITORY: [REDACTED]

ZIP CODE (POSTAL CODE): [REDACTED]

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): [REDACTED]

FAX NUMBER (Include Area/Country Code): [REDACTED]

E-MAIL ADDRESS: [REDACTED]

Section 3 Preferred Mailing Address Information

(Complete this section only if different from Section 2, Facility Name/Address Information)

If information is the same as section 2, check the box: ☒

NAME: [REDACTED]

ADDRESS, Line1: [REDACTED]

ADDRESS, Line2:

CITY: [REDACTED]

STATE/PROVINCE/TERRITORY: [REDACTED]

ZIP CODE (POSTAL CODE): [REDACTED]

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): [REDACTED]

FAX NUMBER (Include Area/Country Code): [REDACTED]

E-MAIL ADDRESS: [REDACTED]

Section 4 Parent Company Name/Address Information

(If applicable and If different from sections 2 and 3). If information is the same as another section, check which section:

- ☒ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information
☐ None of the above

NAME OF PARENT COMPANY: [REDACTED]

PARENT COMPANY SUFFIX: [REDACTED]

STREET ADDRESS OF PARENT COMPANY, Line 1: [REDACTED]

STREET ADDRESS OF PARENT COMPANY, Line2:

CITY: [REDACTED]

STATE/PROVINCE/TERRITORY: [REDACTED]

ZIP CODE (POSTAL CODE): [REDACTED]

COUNTRY/AREA: UNITED STATES

PHONE OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): [REDACTED]

FAX # OF INDIVIDUAL AT PARENT COMPANY (Include Area/Country Code): [REDACTED]

E-MAIL ADDRESS OF INDIVIDUAL AT PARENT COMPANY: [REDACTED]

Section 5 Emergency Contact Information

For foreign facilities, FDA will use your U.S. agent as your emergency contact unless you choose to designate a different contact here.

If information is the same as another section, check which section:

- ☒ Same as Facility Address (Section 2)
☐ Same as U.S. Agent Information (Section 7)
☐ None of the above

INDIVIDUAL'S TITLE:

INDIVIDUAL'S TITLE OTHER:

INDIVIDUAL'S NAME:

E-MAIL ADDRESS: [REDACTED]

ALTERNATE TRADE NAME # 1: [REDACTED]

FIRST NAME OF U.S. AGENT: -N/A-

MIDDLE NAME OF U.S. AGENT: -N/A-

LAST NAME OF U.S. AGENT: -N/A-

EMERGENCY CONTACT PHONE NUMBER (Include Area Code): -N/A-

EMAIL ADDRESS: -N/A-

For Harvest 1

Start Month:

End Month:

For Harvest 2

End Month:

☒ Food for Animal Consumption

[illegible]

[illegible]

<input type="checkbox"/>	AS SAFE (GRAS) INGREDIENTS, OR OTHER INGREDIENTS USED FOR PROCESSING [21 CFR 170.3 (n) (42); 21 CFR 170.3 (o) (1), (2), (3), (5), (6), (7), (8), (9), (10), (11), (12), (13), (14), (15), (16), (17), (18), (19), (22), (23), (24), (25), (26), (27), (28), (29), (30), (31), (32)]													
<input type="checkbox"/>	16. FOOD SWEETENERS (NUTRITIVE) [21 CFR 170.3 (n) (9) (41), 21 CFR 170.3 (o) (21)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	17. FRUIT AND FRUIT PRODUCTS [21 CFR 170.3 (n) (16), (27), (28), (35), (43)]													
<input type="checkbox"/>	a. Fresh Cut Produce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Raw Agricultural Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Other Fruit and Fruit Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	18. FRUIT OR VEGETABLE JUICE, PULP OR CONCENTRATE PRODUCTS [21 CFR 170.3 (n) (3), (16), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	19. GELATIN, RENNET, PUDDING MIXES, OR PIE FILLINGS [21 CFR 170.3 (n) (22)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	20. ICE CREAM AND RELATED PRODUCTS [21 CFR 170.3 (n) (20), (21)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	21. IMITATION MILK PRODUCTS [21 CFR 170.3 (n) (10)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	22. MACARONI OR NOODLE PRODUCTS [21 CFR 170.3 (n) (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	23. MEAT, MEAT PRODUCTS AND POULTRY (FDA REGULATED) [21 CFR 170.3 (n) (17), (18), (29), (34), (39), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	24. MILK, BUTTER, OR DRIED MILK PRODUCTS [21 CFR 170.3 (n) (12), (30), (31)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	25. MULTIPLE FOOD DINNERS, GRAVIES, SAUCES AND SPECIALTIES [21 CFR 170.3 (n) (11), (14), (17), (18), (23), (24), (29), (34), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	26. NUTS AND EDIBLE SEED PRODUCT CATEGORIES [21 CFR 170.3 (n) (26), (32)]													

<input type="checkbox"/>	a. Nut and Nut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Edible Seed and Edible Seed Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	27. PREPARED SALAD PRODUCTS [21 CFR 170.3 (n) (11), (17), (18), (22), (29), (34), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	28. SHELL EGG AND EGG PRODUCT CATEGORIES [21 CFR 170.3 (n) (11), (14)]													
<input type="checkbox"/>	a. Chicken Egg and Egg Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Other Eggs and Egg Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	29. SNACK FOOD ITEMS (FLOUR, MEAL OR VEGETABLE BASE) [21 CFR 170.3 (n) (37)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	30. SPICES, FLAVORS, AND SALTS [21 CFR 170.3 (n) (26)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	31. SOUPS [21 CFR 170.3 (n) (39), (40)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	32. SOFT DRINKS AND WATERS [21 CFR 170.3 (n) (3), (35)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	33. VEGETABLE AND VEGETABLE PRODUCT CATEGORIES [21 CFR 170.3 (n) (19), (36)]													
<input type="checkbox"/>	a. Fresh Cut Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. Raw Agricultural Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. Other Vegetable and Vegetable Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	34. VEGETABLE OILS (INCLUDES OLIVE OIL) [21 CFR 170.3 (n) (12)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	35. VEGETABLE PROTEIN PRODUCTS (SIMULATED MEATS) [21 CFR 170.3 (n) (33)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	36. WHOLE GRAINS, MILLER GRAIN PRODUCTS (FLOURS), OR STARCH [21 CFR 170.3 (n) (1), (23)]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	37. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the food categories listed above do not apply, then print the applicable food category or categories.

Other Activity Conducted

Section 9b Food for Animal Consumption

To be completed by all animal food facilities. Please see instructions for further examples. IF NONE OF THE MANDATORY CATEGORIES BELOW APPLY, SELECT BOX 28 .		TYPE OF ACTIVITY CONDUCTED AT THE FACILITY (Optional) Check all types of operations that are performed at this facility regarding the manufacturing/processing, packing or holding of food.									
		Animal food manufacturer / Processor	Animal Food Warehouse / Holding Facility (e.g., storage facilities, including storage tanks, grain elevators)	Acidified Food Processor	Low Acid Food Processor	Contract Sterilizer	Repacker / Packer	Labeler / Relabeler	Salvage Operator (Reconditioner)	Farm Mixed-Type Facility	Other Activity (Please Specify Below Row 33)
<input type="checkbox"/>	1. GRAIN OR GRAIN PRODUCTS (I.E., BARLEY, GRAIN SORGHUMS, MAIZE, OAT, RICE, RYE, WHEAT, OTHER GRAINS OR GRAIN PRODUCTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	2. OILSEED OR OILSEED PRODUCTS (I.E., COTTONSEED, SOYBEANS, OTHER OILSEEDS OR OILSEED PRODUCTS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	3. ALFALFA PRODUCTS OR LESPEDeza PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	4. AMINO ACIDS OR RELATED PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	5. ANIMAL PROTEIN PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	6. BOTANICALS AND HERBS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	7. BREWER PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	8. CHEMICAL PRESERVATIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	9. CITRUS PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	10. DIRECT FED MICROBIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	11. DISTILLERY PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	12. ENZYMES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	13. FATS OR OILS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	14. FERMENTATION PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	15. FORAGE PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	16. HUMAN FOOD BY-PRODUCTS NOT OTHERWISE LISTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	17. MARINE PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	18. MILK PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	19. MINERALS OR MINERAL PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	20. MISCELLANEOUS OR SPECIAL PURPOSE PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	21. MOLASSES OR MOLASSES PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	22. NON-PROTEIN NITROGEN PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	23. PEANUT PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	24. PROCESSED ANIMAL WASTE PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	25. SCREENINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	26. TECHNICAL ADDITIVES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	27. VITAMINS OR VITAMIN PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	28. YEAST PRODUCTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	29. MIXED FEED (E.G., POULTRY, LIVESTOCK, EQUINE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	30. PET FOOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	31. PET TREATS OR PET CHEWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	32. PET NUTRITIONAL SUPPLEMENTS (E.G., VITAMINS, MINERALS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	33. NONE OF THE ABOVE FOOD CATEGORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If the food categories listed above do not apply, then print the applicable food category or categories.											
Other Activity Conducted											

Section 10 - Owner, Operator or Agent in Charge Information

Provide the following information, If different from all other sections on the form. If information is the same as another section of the form, Check which section:

- ☒ Section 2 - Facility Address Information
☐ Section 3 - Preferred Mailing Address Information

☐ Section 4 - Parent Company Address Information

☐ Section 7 - US Agent Address Information

NAME OF ENTITY OR INDIVIDUAL WHO IS THE OWNER, OPERATOR, OR AGENT IN CHARGE: Forbes Fisher

STREET ADDRESS, Line 1: [REDACTED]

STREET ADDRESS, Line 2:

CITY: [REDACTED]

STATE/PROVINCE/TERRITORY: [REDACTED]

ZIP CODE (POSTAL CODE): [REDACTED]

COUNTRY/AREA: UNITED STATES

PHONE NUMBER (Include Area/Country Code): [REDACTED]

FAX NUMBER (OPTIONAL; Include Area/Country Code): [REDACTED]

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): [REDACTED]

Section 11 Inspection Statement

☒ FDA will be permitted to inspect the facility at the time and in the manner permitted by the Federal Food, Drug, and Cosmetic Act.

Section 12 Certification Statement

The owner, operator, or agent in charge of the facility, or an individual authorized by the owner, operator, or agent in charge of the facility, must submit this form. By submitting this form to FDA, or by authorizing an individual to submit this form to FDA, the owner, operator, or agent in charge of the facility certifies that the above information is true and accurate. An individual (other than the owner, operator or agent in charge of the facility) who submits the form to the FDA also certifies that the above information submitted is true and accurate and that he/she is authorized to submit the registration on the facility's behalf. An individual authorized by the owner, operator, or agent in charge must below identify by name the individual who authorized submission of the registration. Under 18 U.S.C 1001, anyone who makes a materially false, fictitious, or fraudulent statement to the U.S. Government is subject to criminal penalties.

Name of the Submitter: [REDACTED]

CHECK ONE BOX

☒ **A.OWNER, OPERATOR, OR AGENT IN CHARGE (STOP HERE, FORM IS COMPLETED)**

☐ **B.INDIVIDUAL AUTHORIZED TO SUBMIT THE REGISTRATION**

ADDRESS INFORMATION FOR THE AUTHORIZING INDIVIDUAL: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line1: -N/A-

AUTHORIZING INDIVIDUAL STREET ADDRESS, Line2: -N/A-

CITY: -N/A-

STATE/PROVINCE/TERRITORY: -N/A-

ZIP CODE (POSTAL CODE): -N/A-

COUNTRY/AREA: -N/A-

PHONE NUMBER (Include Area/Country Code): -N/A-

FAX NUMBER (Optional; Include Area/Country Code): -N/A-

E-MAIL ADDRESS (Required unless FDA has granted a waiver under 21 CFR 1.245): -N/A-



Wisconsin Department of Agriculture, Trade and Consumer Protection

2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911

License Number: [REDACTED]

Expires: [REDACTED]

Statute: [REDACTED]

Food Processing Plant

Legal Name:

[REDACTED]

Doing Business As:

[REDACTED]

Large Potentially Hazardous Food Processing Plant

Finished Products:

[REDACTED]

Processing Operations:

[REDACTED]

This is your license/permit/certification/registration document. Post or carry as required by law. Non-transferrable - subject to revocation or suspension as provided by law.
DMS-BIT-06S (03/18/10)

Remove this card and carry as identification.

bits-16.qxd (rev. 11/17)

[REDACTED]

DATCP Contact: [REDACTED]



Wisconsin Department of
Agriculture, Trade and Consumer Protection



State of Wisconsin
Governor Scott Walker

Department of Agriculture, Trade and Consumer Protection
Sheila E. Harsdorf, Secretary

[REDACTED]

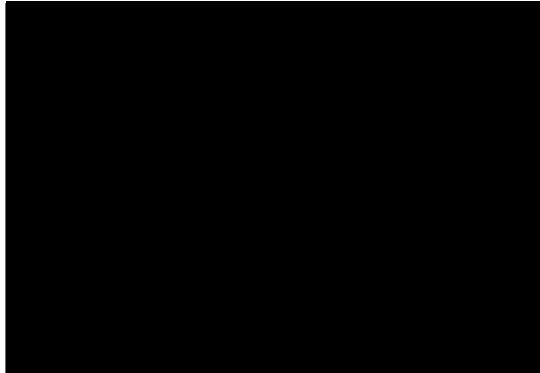
To Whom It May Concern:

Re: Certificate of Free Sale, Health, Sanitary, Purity & Origin

Destination Country: United States

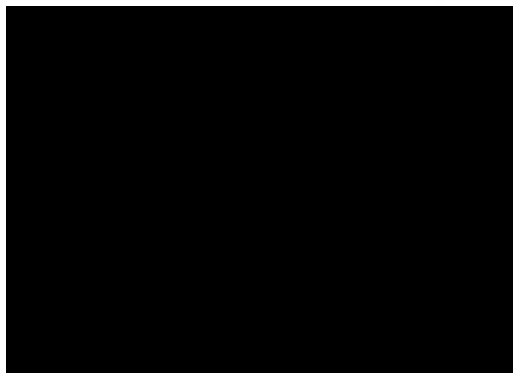
Product(S) MFG Country of Origin Vendor Product ID #

STEW – Individual Packs Size Barcode



BLENDS – Individual
Packs

Size Barcode



The Division of Food Safety of the Wisconsin Department of Agriculture, Trade and Consumer Protection, a governmental agency responsible for the licensing and inspection of all dairy and food operations in the State of Wisconsin, hereby certifies that [REDACTED] license # [REDACTED], operates a food manufacturing establishment which is licensed by the Department of Agriculture, Trade and Consumer Protection and inspected by inspectors employed by the State of Wisconsin.

This facility is licensed by the State of Wisconsin. However, the inspection of this facility and the dietary or nutritional supplement products it produces are under the inspectional jurisdiction of the FDA, under a signed Memorandum of Understanding.

We certify that the facilities, equipment and raw material and the processing and packaging procedures meet with all of the sanitary requirements of the State of Wisconsin rules which are based substantially on the federal Good Manufacturing Practice regulations (GMP). We also certify that the operations are in good standing in every respect.

We further certify that their products are freely and without qualification sold and used in the food industry and are fit for human consumption in the State of Wisconsin and the United States.

Sincerely,

[REDACTED]

Director, Bureau of Food and Recreational Businesses
DIVISION OF FOOD AND RECREATIONAL SAFETY

Subscribed and sworn to before me

This [REDACTED]

Notary Public, Dane County, Wisconsin
My commission expires ([REDACTED])



Agriculture generates \$88 billion for Wisconsin

2811 Agriculture Drive • PO Box 8911 • Madison, WI 53708-8911 • Wisconsin.gov

An equal opportunity employer

Appendix 3

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

GRANT OF INSPECTION

1. DATE

[REDACTED]

2. ESTABLISHMENT NO.

M-[REDACTED]/P-[REDACTED]

3. DISTRICT/REGIONAL CODE

[REDACTED]

4. NAME AND MAILING ADDRESS OF APPLICANT (Use 9 Digit Zip Code if Known)

[REDACTED]

5. LOCATION OF ESTABLISHMENT (PHYSICAL STREET ADDRESS)

[REDACTED]

7. TYPE OF INSPECTION (Check all that apply)



MEAT *



POULTRY



EGG



IMPORT

8. TYPE OF GRANT



CONDITIONAL (VERIFY HACCP PLAN)



FINAL

9. DATE OF INAUGURATION OF SERVICE

MAY 2014

6. ADDRESS OF DISTRICT/REGIONAL OFFICE

[REDACTED]

A survey of your establishment at the location shown above (Item 4 or 5) indicates compliance with the applicable requirements of the regulations under the Federal Meat Inspection Act or the Poultry Products Inspection Act, or both. Accordingly, inspection service is granted.

A copy of your Application for Federal Meat, Poultry or Import Inspection, Form FSIS 5200-2, is enclosed. This application specifies the type of operation conducted at your establishment and contains your agreement and certification that you will conform strictly to applicable Federal law and regulations pertaining to meat inspection, poultry inspection, or the importation of meat and poultry products.

Your establishment is under the supervision of the District/Regional Office. Call the District/Regional Office if you need help in interpreting the provisions of the regulations.

* Catfish is included under the category "Meat", as per the 2008 Food Conservation and Energy Act

REMARKS:

CC: FLS/TA COORDINATOR

IIC

RMA

FSC

EST. FILE

DISTRICT/REGIONAL MANAGER/IIO-HQ SIGNATURE

[REDACTED]

PRINT NAME

[REDACTED]



Commissioner

North Carolina Department of Agriculture and Consumer Services

Chief Deputy Commissioner

CERTIFICATE OF INSPECTION AND FREE SALE

To Whom It May Concern:

This is to certify that [REDACTED] products are manufactured and/or distributed from their plant operation located at [REDACTED]. These products are sold freely in North Carolina and, to the best of my knowledge, throughout the United States of America.

Product: [REDACTED]

For Country of: [REDACTED]

[REDACTED] located at [REDACTED] is under routine inspection by The North Carolina Department of Agriculture and Consumer Services, Food and Drug Protection Division. This Division's most recent inspection conducted on [REDACTED] found the facility to be operating in satisfactory compliance with the North Carolina Food, Drug, and Cosmetic Act and applicable sections of the North Carolina Administrative Code including but not limited to the following regulations as appropriate to the product: TITLE 21--FOOD AND DRUGS CHAPTER I--FOOD AND DRUG ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBCHAPTER B--FOOD FOR HUMAN CONSUMPTION.

- PART 110 – CURRENT GOOD MANUFACTURING PRACTICE IN MANUFACTURING, PACKING, OR HOLDING HUMAN FOOD, or
- PART 111- CURRENT GOOD MANUFACTURING PRACTICE IN MANUFACTURING, PACKAGING, LABELING, OR HOLDING OPERATIONS FOR DIETARY SUPPLEMENTS, or
- PART 114 – ACIDIFIED FOODS

Certificate # [REDACTED]

Date: _____

Chief Deputy Commissioner of Agriculture
North Carolina Department of Agriculture & Consumer Services

North Carolina:

County

I, _____, a Notary Public for said

State, do hereby certify that _____
personally appeared before me this day and acknowledged the due execution
of the foregoing instrument. Witness my hand and official seal, this the

day of _____, 20____

My commission expires: _____, 20____

Notary Public

43744183

CODE:

PACK DATE: 09/28/16
11:44

PRODUCT OF USA
KEEP FROZEN



FULLY COOKED ALL NATURAL* DICED
SEASONED WHITE MEAT CHICKEN

*MINIMALLY PROCESSED. NO ARTIFICIAL INGREDIENTS

INGREDIENTS: WHITE MEAT CHICKEN, WATER, LESS THAN 2% OF:
SALT, TAPIOCA STARCH, RICE STARCH, OAT FIBER, CHICKEN STOCK,
ROSEMARY EXTRACTIVES, SUGAR.

NET WT: 900.00 LBS 408.23 KG

WAYNE FARMS LLC 4110 CONTINENTAL DRIVE OAKWOOD, GEORGIA 30566 U.S.A.



RES00004 PLU 21947

(01)10038483219470(3202)090000(11)160928(21)019862723219

109852-21947

SN: 019862723219

Appendix 6

(COMPANY LETTERHEAD)

COMPANY NAME Human Food Grade Ingredient Guarantee

Date: (today's date)

To:
COMPANY NAME
ADDRESS

I, _____ (NAME), _____ (TITLE), am authorized to represent _____ (COMPANY NAME), and am qualified to verify the information provided in this letter.

The following ingredients are supplied to _____ (COMPANY NAME)

<u>INGREDIENT(S)</u>	<u>Country of Origin</u>

This is to certify that the above-named ingredients sold by _____ (SUPPLIER NAME) to _____ (COMPANY NAME), is produced using Good Manufacturing Practices, with no added chemicals or adulterants, and is not produced from genetically modified or engineered recombinant DNA technology.

These ingredients meet the standards set forth by AAFCO in regard to HUMAN GRADE STATUS:

- (a) Each individual ingredient supplied to _____ (COMPANY NAME) is fit for human consumption.
- (b) Each ingredient and the resulting product are stored, handled, processed, and transported in a manner that is consistent and compliant with regulations for current good manufacturing practices (cGMPs) for human edible foods as specified in 21 CFR 117.
- (c) The manufacturing facility is licensed to produce human food by the appropriate authority (Attached hereto as "Attachment A") (Such evidence may include, but is not limited to, facility licenses or permits for operation of edible food manufacturing facilities or results of most recent inspections issued by local, county, or state public health authorities.)

I swear/affirm under penalty of perjury that these facts are true according to my best knowledge and belief.

BY: _____ (COMPANY)

_____ Signature of Official	_____ Title
--------------------------------	----------------

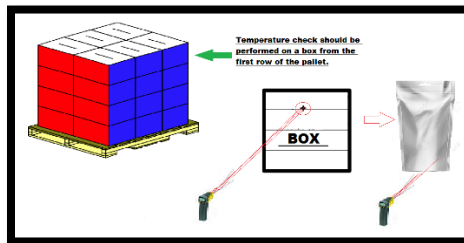
_____ Printed Name of Official	_____ Date
-----------------------------------	---------------

Appendix 7

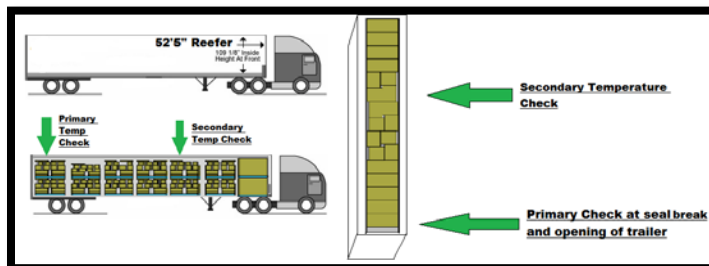
Shipping and Receiving Policy Cold Chain

1. **Purpose and Scope:** The purpose of this policy is to establish procedures for ensuring food safety throughout the shipping, storage and receiving processes. This policy applies to all frozen food suppliers, and carriers.
2. **Responsibility:**
 - a. **Shipping & Receiving Clerks:** Responsible for inspecting and temping all incoming loads and documenting all findings.
3. **Materials:**
 - a. Approved and Calibrated Digital Probe Thermometer
4. **Procedure:**
 - a. **Vendor Cold Chain:**
 - i. Loads coming from Vendor: The Vendor will arrange freight using a list of approved carriers. The Vendor will place Company's approved digital data logger (Quality Blue) into 3 finished product cases on every load. These will be approximately at the beginning, middle and end of the trailer. When it is received, it should be pulled by the Company receiving person, and the minimum, maximum and average temperature recorded on the receiving form to confirm that the cold chain was not broken.
 1. If there is evidence that the cold chain has been broken, the full chart should be downloaded and the load rejected.
 - ii. All other loads, please refer to Receiving (Section 3)
 - b. **Documentation Requirements:**
 - i. Hard copy of Receiving Checklist and BOL must be retained for a minimum of 3 years.
 - ii. Facility will upload Frozen Receiving Checklist and BOL to the Supply Chain Damages folder.
 1. Naming Convention for BOL will be PO#XXXXXX
 2. Location: [\\HQ Folder\SupplyChainFolder\DamagesFolder](#)
 - c. **Receiving:**
 - i. When trucks arrive to the Company facility, the seal number shall be reviewed and recorded. If the seal number does not match the seal number listed on the BOL (full trucks only); contact Vendor Compliance, Purchasing and Quality Assurance.
 - ii. Record the temperature of the reefer unit on the Receiving Checklist. The set point should be between 0°F and -10°F.
 1. If the reefer unit is not within the above range take pictures, notify the driver and Vendor Compliance, but proceed to open the truck and take product temperatures per below.
 - iii. If the seal number matches, open the truck and inspect the interior. Truck must be:

1. Free from pest activity
 2. Free from off or unexpected odors
 3. Free from damage such as holes in the walls or ceilings (ex: visible light)
 4. Clean
 - a. If the truck meets all of the above mentioned criteria, proceed to the next step.
 - b. If the truck does not meet all above mentioned criteria, record the issue, take pictures as necessary, and contact Vendor Compliance, Purchasing and Quality Assurance.
- iv. If the truck meets all required conditions, then the temperature of the load should be verified by Company receiving.
1. Take the first product temperature reading using the thermometer probe per following instructions: Select one box off of the first pallet unloaded, open the box and test the temperature of one internal package. This should be done by using a digital probe thermometer, wrapping the package around the thermometer probe (or holding probe between two packages, making sure the probe is not exposed) and holding it in place until a stable reading is displayed. Record the result on the Receiving Checklist.



- a. The second product temperature should be taken from a pallet located between 4-5 pallet spaces away from the front of the trailer, or mid-way through the load on LTLs. Follow the same steps as listed for product temperature one.



- b. For all product temperature measurements, the reading should be between -10°F to +10°F. Feel the bags and assess formation of large ice crystals. The presence of significant amounts of large ice crystals indicates thawing has occurred with a slow re-

freeze. If the product does not fall within this range or there are visible signs of thawing, contact Vendor Compliance, Purchasing and Quality Assurance and refer to the 'Rejection Procedures'

2. If data loggers are present, locate the digital data loggers, and verify that the cold chain was not broken in transit. Record the following information on the Receiving Checklist: minimum temperature, maximum temperature, average temperature. If cold chain was broken (Greater than 10°F), download the full charts, take pictures and contact Vendor Compliance. If data loggers show product was maintained in acceptable temperature range (-10°F to 10°F), continue to take direct product temperatures below.
 3. Receiving Checklists and BOLs shall be scanned daily and retained for three years.
- v. If all conditions are acceptable, product will be off-loaded. During the process of off-loading, product should be visually inspected for damage. If any damage is observed, pictures should be taken, product should be segregated and a quantity of damage product determined.
 - vi. If any of the above requirements are not met, take pictures of all temperature checks and contact Vendor Compliance immediately.
 1. Additionally, open one container of product and take a direct product temperature with a clean probe. Take a picture of this reading.
 2. Reference Rejection procedure and provide all information per vendor's requirements. (See Rejection Procedure)
 3. Reject the load.
 - vii. Once product is off-loaded, it should be entered into the High Jump Inventory Management System. The exact quantity received should be recorded. If the quantity received does not match the quantity listed on the BOL, contact Vendor Compliance and Supply Chain Purchasing.
 - viii. Received pallets shall not sit on the dock longer than 10 minutes before entering the cooler and/or freezer. Any item that exceeds 10 minutes will need to be temperature checked, to ensure the product is still within the acceptable temperature range.

Inbound Exception Matrix

Temperature	Damaged	Mislabeled
<ul style="list-style-type: none"> • Pass->Product goes to freezer • Fail->If after two temperature fail checks, each pallet must be individually checked and receive only the pallets that pass the temperature test. Pallets that fail should be refused. (Refer to Rejection Procedure) 	<ul style="list-style-type: none"> • Product->(Damaged, mushy, discolored, foul odor) take pictures of damaged product and refer to Damage and Mislabeled Policy. (Receive in, adjust out as damaged) • Pallet damaged-> Record on inbound exception tool and restack to another pallet. 	<ul style="list-style-type: none"> • Cannot Relabel-> take pictures of issue product and refer to Damage and Mislabeled Policy. • Relabel-> Relabel product if possible

d. Storage:

- i. Freezers are set to $-10^{\circ}\text{F} \pm 2^{\circ}\text{F}$. If temperature limits are exceeded, an alarm will be triggered if the freezer has been above -10°F for more than 60 minutes.
- ii. If an alarm is received, personnel should investigate the area immediately and determine the cause for the alarm. Corrective actions shall be taken as necessary. A product temperature should be recorded from an item directly next to the alarm area. Document all findings on the Alarm Report.
- iii. Pallets shall be kept in freezer area until they are ready to be picked and processed for shipment.
- iv. The picking/packing area shall be maintained and set to $35^{\circ}\text{F} \pm 2^{\circ}\text{F}$. If temperature limits are exceeded, an alarm will be triggered. If an alarm is received, follow the same procedure as mentioned above.

e. Shipping:

- i. Orders are packed with dry ice based on days in transit. Reference the chart provided by Supply Chain to determine the exact quantity of dry ice needed. The WMS system will reference this chart for every order and systematically determine and print the number of dry ice bricks required for the order. As part of the verification process, the pack tool will require the associate input the number of dry ice that is present.
- ii. An audit process will occur to validate the proper packing of an order and ensure that the required dry ice bricks were used as shipments are sealed. All shipments will be audited and any failures will be documented. Any failure will result in immediate escalation to leadership (Operations and QA) and repeated failures can result in process shut downs, increased audit scrutiny, etc. as appropriate.

- iii. Completely packed shipments headed to customers with dry ice, and in insulated containers, will be staged and must depart the same day. Pallets of completed orders shall be maintained in temperature controlled environments until placed onto trucks.
- iv. Outbound trucks shall be inspected prior to loading. They shall be:
 - 1. Free from pest activity
 - 2. Free from off or unexpected odors
 - 3. Free from damage such as holes in the walls or ceilings (ex: visible light)
 - 4. Clean
 - a. If the truck meets all of the above mentioned criteria, proceed to load. If it does not, record the issue, take pictures as necessary, and reject the truck. Notify Transportation.

f. **Maintenance:**

- i. A third-party will perform maintenance on a quarterly basis.

g. **Disposal of Product Procedure:**

- i. Before disposing of any product, facility must reach out to Vendor Compliance
- ii. Before product is disposed, facility must make a slice in the bag.
- iii. Product must be disposed of in a secure trash compactor.
- iv. Trash removal must occur at least once a week.

5. **References:**

- a. Receiving Checklist
- b. Damage and Mislabeled Policy
- c. Rejection Procedure
- d. Alarm Report