

Supplier Verification Checklist

Facility Name / Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to verify that suppliers of raw materials and ingredients meet safety standards and have appropriate quality management systems in place. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas that require attention. Use the "Notes/Observations" section to provide additional details, necessary improvements, and any required follow-up.

SUPPLIER INFORMATION

Supplier Name: Verify the name and contact information of the supplier.

Yes No NA

Supplier Approval: Check if the supplier has been approved for use.

Yes No NA

Approval Documentation: Ensure that documentation of supplier approval is available.

Yes No NA

Observations / Notes /
Corrective actions, if any:

QUALITY MANAGEMENT SYSTEM

Quality Assurance Program: Verify that the supplier has a comprehensive quality management system.

Yes No NA

Compliance Records: Check if the supplier maintains records of compliance with safety standards and regulations.

Yes No NA

Certifications: Ensure that the supplier holds relevant certifications (e.g., ISO, HACCP).

Yes No NA

Observations / Notes /
Corrective actions, if any:

PRODUCT SPECIFICATIONS

Product Specifications: Verify that the supplier provides detailed product specifications.

Yes No NA

Compliance with Specifications: Check if the product meets the required specifications.

Yes No NA

Testing Procedures: Ensure that the supplier has testing procedures in place to verify product quality.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOD SAFETY PRACTICES

Food Safety Certifications: Verify that the supplier has appropriate food safety certifications (e.g., GMP, FSSC 22000).

Yes No NA

Allergen Controls: Check if the supplier has allergen control measures in place.

Yes No NA

Traceability: Ensure that the supplier can provide traceability information for their products.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PACKAGING AND TRANSPORTATION

Packaging Quality: Verify that the supplier's packaging materials meet safety and quality standards.

Yes No NA

Transportation Controls: Check if the supplier has controls in place to ensure safe transportation of products.

Yes No NA

Temperature Controls: Ensure that temperature-sensitive products are transported under appropriate conditions.

Yes No NA

Observations / Notes /
Corrective actions, if any:

REGULATORY COMPLIANCE

Regulatory Compliance: Verify that the supplier complies with relevant safety and food regulations.

Yes No NA

Inspection Records: Check if the supplier undergoes regular inspections and maintains records.

Yes No NA

Compliance Documentation: Ensure that documentation of regulatory compliance is available.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FOOD DEFENSE

Food Defense Program: Verify that the supplier has a food defense program to protect against intentional contamination.

Yes No NA

Access Controls: Check if the supplier has access controls in place to prevent unauthorized entry.

Yes No NA

Incident Reporting: Ensure that the supplier has procedures for reporting and handling potential food defense incidents.

Yes No NA

Observations / Notes /
Corrective actions, if any:

PRODUCT RECALL PROCEDURES

Recall Plan: Verify that the supplier has a product recall plan in place.

Yes No NA

Recall Communication: Check if the supplier has procedures for communicating recalls to customers.

Yes No NA

Mock Recall: Ensure that the supplier conducts periodic mock recalls to test the recall plan's effectiveness.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES / OBSERVATIONS

[Insert any additional notes or Supplier Verification checklist observations made during the verification]

STATEMENT OF VERIFICATION

I hereby certify that I have conducted the above Supplier Verification checklist and that the supplier has been assessed for compliance with safety standards and quality management systems. Any identified issues have been documented, and necessary improvements have been recommended.

Inspector's Name :

Date :

Signature :

APPROVED BY

Name :

Date :

Signature :