



# Packaging Material Supplier Questionnaire

Version: 1  
 Issue Date: Mar. 15, 2022  
 Revision Date: Mar. 15, 2022  
 Approved By: Mike Friesen

<b>PART A: ADMINISTRATIVE SECTION</b>	
---------------------------------------	--

Completed By:	
Title:	
Company:	
Direct Telephone Number:	
Email:	

<b>PART B. SUPPLIER INFORMATION</b>	
-------------------------------------	--

Supplier Name:	
Supplier Address:	
Telephone Number:	
Fax Number:	
Website:	
Email:	

<b>MANUFACTURER INFORMATION (IF DIFFERENT FROM SUPPLIER)</b>	
--	--

Manufacturer Name:	
Manufacturer Address:	
Telephone Number:	
Fax Number:	
Website:	
Email:	

<b>PART C. SUPPLIED GOODS</b>	
-------------------------------	--

List of Product(s) (separate with a ","):	
Description (describe each in above line separately):	

<b>PART D. FOOD SAFETY &amp; QUALITY MANAGEMENT</b>	
---	--

Indicate the type of quality scheme (i.e., BRCGS, SQF, FSSC 22000, <u>other</u> ):	
Indicate the certifying body:	
Enter the Audit Score:	

If your GFSI Certification has a total score of 85% or higher (SQF), Grade B or above (BRCGS), Passing (FSC22000), there is **no need to continue further. Please include current Audit Certificate & Report and all Packaging Specifications.**

*For all other scores and audits, complete the full questionnaire on the following pages.*



# Packaging Material Supplier Questionnaire

All below information must be fully completed and accurate. If the question is not applicable to your establishment, please explain why.

QUESTION	YES	NO	N/A	COMMENTS / ADDITION INFORMATION
Do you have a written food safety policy? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of your manufactured products not designated as food safe? Please explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a documented HACCP plan? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are manufacturing instructions documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use compressed air in your manufacturing processes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have documented packaging specifications? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PERSONNEL PRACTICES</b>				
Do you have an employee hygiene program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have measures in place to prevent cross-contamination via personal transmission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EMPLOYEE TRAINING</b>				
Is there a documented training program on good manufacturing practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a documented training program specific for critical control points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TRANSPORT AND STORAGE</b>				
Do you have a documented carrier inspection program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are products transported and stored in order to prevent cross contamination (Physical, Chemical, Biological)? <b>Please explain.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EQUIPMENT MAINTENANCE</b>				
Do you have a documented preventative maintenance program, including pre-operation inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a documented calibration program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



# Packaging Material Supplier Questionnaire

Are there preventative measures against contamination via compressed air and chemicals not approved for food contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>ALLERGEN CONTROL</b>				
Is there a documented allergen control program in place? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have allergens on-site? <b>If yes, please attach a list of known allergens.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are allergens identified and stored separately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>FOREIGN MATTER CONTROL</b>				
Do you have a foreign material control program? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are there metal detectors in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a broken glass and brittle plastic control procedure in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SANITATION</b>				
Do you have a documented sanitation program in place? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have Sanitation Standard Operating Procedures (SSOPs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are chemicals approved for food contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PEST CONTROL</b>				
Do you have a pest control program? <b>Please attach.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>RECALL AND TRACEABILITY</b>				
Do you have a documented recall program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you conduct mock recalls to ensure the reliability of your program? If yes, please specify the frequency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a system for handling customer complaints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do your finished products contain lot codes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are lot codes of finished products recorded on the bill of lading for delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a fully documented traceability system that covers backward and forward tracing of products?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	





# Packaging Material Supplier Questionnaire

Version: 1  
 Issue Date: Mar. 15, 2022  
 Revision Date: Mar. 15, 2022  
 Approved By: Mike Friesen

## PACKAGE LABELLING

Are there measures to prevent the mislabelling of packaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

## SUPPLIER APPROVAL

Do you have a supplier approval program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

### *Additional information:*

Are any of the above products listed composed of animal-derived ingredients? Please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
---	--------------------------	--------------------------	--------------------------	--

Provide all applicable ingredient formulations and technical specifications of products listed in Part C.	<input type="checkbox"/>	Attached
---	--------------------------	----------

**By completing and signing this document, you understand that Buffalo Creek Mills (2017) Inc. maintains the right to conduct on-site audits as deemed necessary in preserving the safety and quality of products in its supply chain.**

Signature:	Date:
------------	-------

**Send signed copy of form directly to the Buffalo Creek Mills agent in contact with you within 15 business days.**

## For Buffalo Creek Mills Personnel Only

Approved	Conditional	Not Approved	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature:	Date:
------------	-------

