



## Supplier / Manufacturer Approval Form

Section 1: Supplier / Manufacturer Details		
1.1	Company Name	
1.2	Company Contact	Position:
1.3	Company Address	
1.4	Telephone	
1.5	Fax	
1.6	Email	
1.7	Company Type Highlight all that apply.	Supplier / Manufacturer
1.8	Please provide a copy of your current organisational chart.	

Section 2: Current Regulatory Status		
2.1	Specify any regulatory licences held for any / all country(s) *	
2.2	Do you have any internationally recognised accreditations? If so, please specify *	
2.3	Please specify the date of your last regulatory inspection.	
	If not inspected, please specify the date of your last customer audit.	
2.4	Please specify the regulatory body / accreditation body or customer (if possible) who conducted the last inspection or audit.	
2.5	Is a GMP certificate available for the materials supplied / manufactured by your company? *	

**\* Please attach a copy of each authorisation / accreditation and GMP certificate and / or audit report specified.**

### Section 3: Quality Control & Assurance

3.1	Do you have an independent Quality Control Department?	
3.2	Are your Quality Control & Assurance systems supported by written procedures?	
3.3	Please specify the name of the person responsible for Quality Control.	
3.4	Is a Certificate of Analysis available for all materials supplied / manufactured by your company?	
3.5	Is the TSE status known for all materials supplied / manufactured by your company?	
3.6	Do you ensure that your raw material and packaging supplies are bought from legitimate and approved suppliers / manufacturers?	
3.7	Do you have written training procedures for all staff?	
3.8	Do you operate a lot-wise stock rotation `first in first out` system?	
3.9	If only acting as a `broker` please can you confirm that, apart from labelling, the materials are not further handled by your company?	
3.10	If 3.9 cannot be confirmed please provide details on what processes are carried out and the practices observed to ensure continued GMP compliance.	
3.11	Do you operate a system of self inspection?  Please specify the schedule to which this is mostly conducted.	

### Section 4: Complaints & Recall

4.1	Do you have a written procedure for dealing with customer complaints?	
4.2	Do you have a written procedure for dealing with a material / product recall?	



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### Section 5: Supplier / Manufacturer Acceptance

Please provide details of the member of staff responsible for ensuring the accuracy of information presented on this form.

5.1	Name	
5.2	Signature	
5.3	Job Title	
5.4	Date	

By signing the above you are signifying that the information, to the best of your knowledge, is an accurate and true reflection of your current standard operating conditions.

You agree to notify Essential Nutrition of any inspection or audit finding, undertaken by any company or regulatory body, which may affect the current details supplied on this form and / or the quality of materials supplied to Essential Nutrition, either directly or indirectly by your company.

You agree to notify Essential Nutrition of any change to the information provided or of any update to the specification or status of the materials supplied.

### Section 6: For Essential Nutrition Use Only

6.1	Comments	
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Approved For Use In  Manufacturing /  Rejected

By (Name):

Signed:

Date:

QC / QP