

New Supplier Assessment Questionnaire

NSAQ24-1

Suppliers name		Main contact	
Phone		Email	

Do you undertake in-house inspections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are these documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you audited by a third party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you copies of the reports?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you undertake micro-biological sampling?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you records of the results?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you implanted a Food Safety Training Programme?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this programme documented?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you have records for the following

Temperature monitoring	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Staff training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cleaning schedules	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Customer complaints	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stock rotation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pest control	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pest control contractor	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Equipment maintenance / repair	Yes <input type="checkbox"/>	No <input type="checkbox"/>

What physical control systems do you operate?

Metal detection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In-line sieving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glass policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Conveyor covers	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Spotters	Yes <input type="checkbox"/>	No <input type="checkbox"/>
X-ray detection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you use refrigerated vehicles for delivery of perishable / high risk foods?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please enclose example copies of all the above documents / records when you return this form.

Return address

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