



Family of Fine Stores



SUPPLIER INFORMATION FORM - Food

Part I - Supplier Information

Company Information			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	
Website			
Food Safety Contact			
Contact Name		Title	
Phone		Email	
Manufacturer Information (If different)			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	
Distributor / Broker Information (If applicable)			
Company Name			
Address			
City		State	
Postal Code		Country	
Company Phone		Alt. Phone	
Contact Name		Email	

- a. Is your facility compliant with the Food Safety Modernization Act (FSMA)? Yes No
- b. Is your facility registered with the U.S. Food and Drug Administration? Yes No
- c. Is your facility registered with USDA? Yes No
- d. Does your facility have a recall plan in place? Yes No
- e. Does your facility have a food safety system in place? Yes No
- f. Does your facility have routine 3rd party food safety audit? Yes No
- g. When was the last 3rd party food safety audit conducted? (MM/DD/YY)
 Attach a copy of your last audit report. Certificates are not acceptable.
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Part II - Product Information

<p>Product Description Brief description of the products/ingredients (e.g. Fresh apples, frozen chicken, or cereal bar)</p>		
<p>Will products be sold as Raley's private label brand products? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>Foreign Supplier Verification Program (FSVP) Does FSVP apply to any of your products? Yes <input type="checkbox"/> No <input type="checkbox"/> For more information, consult the FDA's website: "<i>Am I Subject to FSVP?</i>"</p>		
<p>If yes, do you intended to name Raley's as the FSVP importer of the food on the U.S. Customs and Border Protection entry records? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>California Proposition 65 Do any of your products require a warning pursuant to CA proposition 65? Yes <input type="checkbox"/> No <input type="checkbox"/> For more information, consult the California Office of Environmental Health Hazard Assessment (OEHHA) website: http://oehha.ca.gov/</p>		

Representative Name: _____

Representative Title: _____

Representative Signature: _____

Date Signed: _____