



Lab Control #: _____
Date Distributed: _____

QUALITY ASSURANCE DIVISION
PRIVATE LABEL PRODUCT EVALUATION

*All information must be completed fully.
 A product specification with physical, chemical, and bacteriological parameters is a prerequisite to the evaluation process and must be attached.*

Item: _____	Date Initiated: _____
Pack/Size, Count: _____	Division: _____
Nat'l Brand Target: _____	Buyer name: _____
Check all that apply:	Buyer Signature: _____
New item: _____ New size: _____	Procurement Manager
New packer: _____ Current supplier: _____	Signature: _____
Alternate source: _____ Formula change: _____	

Information about your company:

Company name: _____	Brokerage: _____
Rep name: _____	Rep name: _____
Title: _____	
Corporate address: _____	Address: _____
_____	_____
_____	_____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
E-mail: _____	E-mail: _____

For Wakefern QA completion:

<input type="checkbox"/>	Not Approved	Reason: _____
<input type="checkbox"/>	Approved	
Date: _____		QA Manager: _____

Date received by QA: _____	By: _____	Date completed by QA: _____	By: _____
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Lab Control #: _____
Date Distributed: _____

Section 2

Item: _____

Complete Product Description: _____

Information about manufacturing facility

Plant name:	License Number: <small>(CT Lic./EPA #/NDC #/USDA Dairy or Meat #/FCE #, etc)</small>
Plant address:	
Plant Manager:	Phone:
QC Manager:	Phone:
24/7 Contact:	Phone:

- Product Specification:** Attach the physical, chemical, bacteriological specification.
- Ingredient Statement:** Attach the complete ingredient statement. All allergens must be noted.
- Nutrition Facts:** Attach NLEA format nutrition facts.
- What is the recommended shelf life/expiration date:** _____
Product Coding System: (if not open coded – attach code system breakdown)

- Is Product Kosher?** NO _____ YES _____ If YES attach current kosher certificate.
- Material Safety Data Sheet:** Attach if applicable (HABA and HOUSEHOLD items).
- Do you have a HACCP Program:** NO _____ YES _____ If YES attach outline.