Ingredient Questionnaire for Hormel Foods Corporation / Creative Contract Packaging Corporation / Century Foods International / Dan's Prize / Skippy / Justin's

– (Complete within 10-days)

Supplier Name: _____

Ingredient Hormel SI #: _____
(Note that like items may be included on this sheet (or on an attachment) provided that ALL information (questions 1-10) is applicable to each item).

Supplier Ingredient Description & Ingredient #:_____
_____

Type of Package & Size/Weight: _____

List plant names, addresses and phone numbers of ALL manufacturing facilities which will or could produce the above ingredient(s):

_____
_____
_____

1. **Was/Were the above ingredient(s) subjected to a Lethality step and/or Intervention for Pathogens (i.e. *Salmonella, Lm, E. coli* O157:H7, etc.)?** YES / NO.

   If YES,

   a. List the type(s) of Lethality/Intervention (i.e. Oven, Roaster, Irradiation, Ethylene Oxide (EtO), Propylene Oxide (PPO), Steam, etc.).
      _____

   b. Was the lethality step applied by your supplier, at your location or another location? _____

   c. List the log-reduction the Lethality provides for *Salmonella* _____

   d. Provide a copy of the validation study to Hormel Foods Corporation.

   e. Is the treatment conducted Pre or Post Packaging? _____

f. If there is more than one treatment/lethality conducted, list all information (i.e. one by your supplier and then another at your location or off-site).

_____

_____

If there is no lethality or treatment conducted, why not?

_____

_____

2. **If the total log-reduction is less than a 5-Log reduction for *Salmonella*, state rationale as to why this is sufficient**.

_____

_____

_____

3. **Does the manufacturing plant conduct environmental sampling for *Salmonella* and/or *Listeria monocytogenes*?** YES / NO

   a. How many samples are collected per manufacturing line per week?
   Salmonella: Contact-Surfaces: ____ Non-Contact Surfaces: ____
   Lm: Contact-Surfaces: ____ Non-Contact Surfaces: ____

      IF testing Product-Contact Surfaces for *Salmonella* or *Lm*, are you holding the corresponding product pending the results? YES / NO

   b. Are you aware of and following the "Primary *Salmonella* Control Area" approach outlined by GMA (Grocery Manufacturers Association)? YES / NO

   c. List summary of *Salmonella* and *Lm* environmental sampling locations (product-contact areas, non-product-contact areas, drains, floor tailings, etc.)

      _____

      _____

      _____

   d. List the *Salmonella* and *Lm* sample collection method (Q-Tip Swab, Sponge, etc.)

      _____

   e. List a summary of the % Positives from your *Salmonella* and *Lm* environmental testing over the last 2 years:

i. Product-Contact Surfaces: *Salmonella*:_____ *Lm*:_____
ii. Non Product-Contact Surfaces: *Salmonella*:_____ *Lm*:_____

4. **Do you conduct any Total Plate Count (TPC/SPC) environmental monitoring in the plant?** YES / NO. **If YES, please explain:** (i.e. Number of samples per week, Contact / Non-Contact Locations, etc.)

_____
_____
_____
_____

5. **Do you conduct any OTHER environmental monitoring in the plant?** YES / NO. **If YES, please explain:** (i.e. Organism(s) Sampled, Number of samples per week, Contact and/or Non-Contact Locations, etc.)

_____
_____
_____
_____

6. **List the Finished Product Pathogen testing procedures/frequency for the above ingredient** (i.e. Each lot of product is sampled for *Salmonella* and *Listeria monocytogenes* by pulling 30 x 25-gram samples which are composited into 2 x 375-gram samples).

_____
_____
_____
_____

Provide a summary of the Finished Product Pathogen testing results (i.e. Over 500 finished product samples taken for *Salmonella*, with one positive result.)

_____
_____
_____

7. **Has a government agency conducted any pathogen testing or environmental monitoring at your facility?** YES / NO. **If YES, please explain**: _____
_____
_____

Provide a summary of the government testing results:

_____

_____

_____

8. **Has your facility undergone one or more Product Recall in the past two years?** YES / NO**. If Yes, please explain:** _____

   _____

   _____

   _____

9. **How do you define a production lot window in the event of a "product-positive pathogen result" recall event? State rationale for this window.**

   _____

   _____

   _____

10. **Regarding Lot Identification on Ingredients, do you conform to the following requirements:**

    a. **Do you list a "Manufacturing Date" on the ingredient packaging?** YES / NO**. If Yes, give example and explain how to read it (if necessary):** _____

       _____

    b. **Do you list a "Lot Number" on the ingredient packaging?** YES/NO**. If Yes, give example and explain how to read it (if necessary):** _____

       _____

11. **Name of Person Completing this Questionnaire:** _____
    Title: _____
    E-mail Address: _____
    Phone Number: _____
    Date Completed: _____

Send completed information to:
(Also contact if you have any questions)

Kristin Grunwaldt
Ingredient Supplier Coordinator
Hormel Foods Corporate Services, LLC
1 Hormel Place (Attn: Quality Control)
Austin, MN 55912
Office Phone – 507-437-5624
E-Mail – krgrunwaldt@hormel.com