

# Mascot Incorporated



## Quality Management Supplier Survey

To ensure a satisfactory level of quality both for ourselves, as well as for the companies we supply, Mascot Incorporated requests the following information regarding your facility and all products supplied to us.

\*Additional documentation may be attached to this Supplier Survey to answer questions that require explanation of procedures or programs\*

**Date:** \_\_\_\_\_

<b>Supplier Name:</b>	
<b>Corporate Address:</b>	
<b>Corporate Phone / Fax:</b>	
<b>Facility Location:</b>	
<b>Facility Address:</b>	
<b>Facility Phone / Fax:</b>	

Once completed, the Supplier Survey may be returned to the following address or email. In addition, any technical questions or concerns may be directed to these contacts as well:

**Mascot Incorporated  
819 S. Veterans Blvd.  
Glennville, GA 30427  
Attention: Amy Vizcarra  
E-mail: amy@mascotpecan.com**

<b>Name and Title of Person Completing this Survey:</b>	
<b>Phone Number, Extension, Fax Number:</b>	
<b>Date Completed:</b>	



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3) Do any of the materials that are supplied to Mascot Incorporated present a radiological hazard?

Yes       No

If yes, please explain:

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4) Mascot Incorporated asks that all suppliers who are providing raw agricultural commodities perform (at a minimum) Salmonella testing on every lot of such materials. As a supplier, are you able to accommodate this request?

Yes       No

If no, please explain:

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5) Does your process include a kill step?

Yes       No

If yes, what is your kill step, and when was it last validated?

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6) Please attach a copy of the facility's quality organization charts. If one is not available, please describe the structure of the Quality Department and the number of employees (including whom the Quality Manager reports to):

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7) Do you have a documented Quality Assurance System in place?

Yes       No

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**8) Does the Quality Assurance System include a Quality Policy? Explain in Detail:**

- Yes       No

**9) Non-Conforming Product:**

- a. Are you willing to accept returned goods that do not conform to printed specifications, quality standards, or labeling?

- Yes       No      If no, please explain:

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- b. Are you willing to accept count discrepancies at a later date if your sealed containers are opened and found to be either higher or lower than indicated?

- Yes       No      If no, please explain:

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**10) Pest Control Program:**

- a. Is a third party service used for pest control?

- Yes       No

If yes, what is the provider's name? \_\_\_\_\_

- b. Are the persons responsible for the application of pesticides formally certified?     Yes       No

- c. Are labels and MSDS for all pesticides used in the factory on file and readily available?

- Yes       No

**11) Production Control:**

- a. Are returned products accepted back into the facility?

- Yes       No

- b. Is the potential of allergen contamination of products considered?

- Yes       No

\*Please attach your allergen control policy.

- c. Do you have a plan in place to ensure the training of personnel?

- Yes       No

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## 12) Control of Purchased Materials:

- a. Is an approved supplier list maintained?  
 Yes       No
- b. Are any goods ever purchased from a supplier that is not on this list?  
 Yes       No

If yes, please explain:

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- c. Please list or describe what is required before a provider can be added to this list:

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## 13) Incoming Materials:

- a. Describe how incoming materials / products are stored, handled, and coded to protect their integrity and facilitate their traceability:  

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- b. Are materials handled under **FIFO** (First in First Out) or **FEFO** (First Expired First Out)?  
 FIFO       FEFO
- c. Are all materials/products covered by specifications?  
 Yes       No
- d. Who has the authority to reject incoming shipments?  

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- e. Briefly explain the rejection process:  

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## 14) Cleaning:

- a. Do you have a Master Cleaning Schedule (MCS) that covers all of the warehouse/production areas?

Yes       No

- b. Do you use an external contractor for cleaning?

Yes       No

Name of Contractor: \_\_\_\_\_

Areas Cleaned by Contractor: \_\_\_\_\_

- c. Are cleaning records kept for all cleaning performed, with content on the area, equipment, date, person that performed the cleaning and post cleaning inspection and verification?

## 15) Hazard Analysis and Critical Control Points (HACCP) / Other Food Safety Plans:

- a. Do you have a HACCP or other Food Safety Plan?

HACCP                       Other: \_\_\_\_\_       N/A

Please describe the program in place:

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- b. Do you have Critical Control Points (CCP's) in place?

Yes       No

If yes, what are they, and what are the control limits?

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## 16) Traceability, Recall, and Crisis Management:

a. Describe how you ensure traceability of the product:

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b. What is the maximum amount of time required to trace materials / finished product and recover the pertinent records:

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c. Does your lot coding require a definition for interpretation?

Yes       No

If yes, please describe how to interpret your lot code:

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d. Do you assign new / internal numbers or use original lot numbers?

New / Internal Lot Numbers       Original Lot Numbers

e. Are separate receipts of the same lot number distinguishable?

Yes       No

f. Mascot Incorporated asks that multiple lot numbers NOT be mixed on one pallet.

If mixed pallet are not avoidable, we ask that the pallets be marked in a fashion that allows for the easy identification of mixed pallets. Are you able to comply with this request?

Yes       No

If no, please explain:

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- g. Do you have a formal crisis management committee and procedures, including an up-to-date list of crisis management members with their contact information for work and off-work hours?  
 Yes       No
  
- h. Is a written product recall program in place with content on recall process, recall team member emergency contact information, recall team responsibilities, recall test / mock recall requirements, recall summary, record requirements, etc.?  
 Yes       No
  
- i. Is your recall program tested, at a minimum, twice annually to check speed of communication and to identify areas that need improvement?  
 Yes       No

Summarize the results of your last mock recall (Include the date of the last mock recall performed):

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## 17) Employee Practices:

- a. Is there a GMP / hygiene policy in place with content on uniforms, hairnets, beard covers, safety shoes, hand washing, restrictions on smoking in the workplace, personal effects restrictions, eating restrictions, chewing gum restrictions, jewelry restrictions, etc.?  
 Yes       No
  
- b. Do you perform training on your GMP / hygiene policy?  
 Yes       No  
If yes, at what frequency? \_\_\_\_\_
  
- c. Are visitors and contractors to the facility instructed in the factory rules and practices?  
 Yes       No
  
- d. Is hot water supplied at the hand washing stations?  
 Yes       No



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## 18) Protective Clothing:

a. Which of the following are mandatory in the warehouse / production areas (check all that apply)?

- Hairnet       Beard Net       Gloves  
 Uniforms       Smock       Other: \_\_\_\_\_

b. What types of gloves are provided for employees?

- Nitrile       Vinyl       Latex       Other: \_\_\_\_\_

c. Are uniforms and/or protective clothing provided to employees and visitors / contractors prior to entering the production environment?

- Yes       No

d. How are company issued garments laundered (if used)?

- Laundry Service       On-Site Laundry       Employee Self Wash

**19) Training:**

a. Is there a written training program in place for employees, visitors, and contractors?

Yes       No

**20) Storage and Distribution:**

a. Are raw materials, packaging, non-food materials/chemicals, allergen containing materials, finished products, and semi-finished products stored separately?

Yes       No

b. Is there a documented trailer inspection for all incoming shipments?

Yes       No

c. Are seals required on all incoming loads?

Yes       No

d. Are LTL's required to be locked and secured upon receipt?

Yes       No

e. Is there a documented trailer inspection for outgoing shipments?

Yes       No

f. Are seals applied and numbers recorded for all full loads?

Yes       No

g. Are warehouse personnel required to apply the seals personally?

Yes       No

h. Are LTL's required to be locked and secured prior to departure?

Yes       No

i. Describe the procedures in place if seals are broken or do not match those listed on the Bill of Lading:

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## 21) Biosecurity:

a. Has there been a buildings and grounds security review?

Yes       No

If yes, have all necessary precautions been implemented to secure the facility?

Yes       No

b. Describe how access to the plant is secured:

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c. Please provide FDA Bio-Security Number: \_\_\_\_\_

## 22) What is the date of the last regulatory inspection? What regulatory agency? Reason for visit? Are the results available for review?

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## 23) Has there been a 3<sup>rd</sup> party audit performed at your facility? At what frequency are these audits performed? Are reports available for review? Please attach current 3<sup>rd</sup> party audit certificate to this survey.

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