



Dear Valued Supplier,

We appreciate your working with us to supply our customers with high quality product. The consuming public and regulatory agencies are continually increasing their expectations regarding food safety. Food producers and distributors must, and should, meet these expectations to ensure that the product we supply is safe. We are asking for documents from you as described below for all products you sell to the Castellini Group of Companies in order to meet current regulatory and customer standards and to ensure we are supplying safe quality food.

Please review the items below and return all applicable documents. If the information is not readily available please let us know when we can expect to receive it.

1. Vendor Forms – Please complete the attached PDF fillable vendor forms in their entirety.
  - a) Contact Information Form
  - b) Allergen Declaration
  - c) Product Quality Warranty
  - d) FSMA Compliance Form
  
2. Current Food Safety audits, certificates and corrective actions for all facilities and/or farms used to source the Castellini Group of Companies with product. Please send updated audits as they are renewed. Please note, produce vendors may transfer this information via the Azzule Supply Chain Program by authorizing release of all food safety audits to Castellini (preferred method) or by sending each audit individually.

Please return completed forms (and audits if you will opt out of the Azzule supply chain program) at your earliest convenience.

We appreciate your prompt attention to this matter and please feel free to contact us with any questions and/or concerns.

Thanks and have a great day!

Castellini Group of Companies Food Safety Team



# Supplier Contact Information Form

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

Company Name: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

## A. Sales Contact Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## B. Food Safety/Quality Contact Information

### Primary Food Safety Contact

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Traceability Contact (if different from Primary Contact)

Note: Please list here the person we should contact to obtain grower, ranch, lot and harvest date information for shipments, if needed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Annual Audit Contact (if different from Primary Contact)

Note: Please list here the person we should contact to obtain copies of annual food safety audits for facilities and farms, as needed.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Item Maintenance

Note: Please list here the person we should contact to obtain item specific information. (e.g. product specs, GTIN, PTI Attributes, etc.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Supplier Contact Information Form

### C. Additional Contacts

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### D. Azzule Supply Chain Program

Is your company registered with the Azzule Supply Chain Program?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please add Castellini Company LLC, Club Chef LLC, Grant County Foods LLC, General Produce LLC, and Crosset Company LLC to your customer listing and authorize release of all audits to our supply chain (cost incurred by Castellini Group).

Azzule will charge a \$12 fee per audit transfer (cost incurred by vendor) if the vendor opts out of the full release.

\_\_\_\_\_ We will authorize release of all audits

\_\_\_\_\_ We will incur cost and send audits individually per request

## Supplier Allergen Declaration

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

Company Name: \_\_\_\_\_

Re: Food Allergen Labeling and Consumer Protection Act (FALCPA)

Note: Allergens included and controlled by FALCPA are as follows:

Milk  
Eggs  
Fish  
Crustacean Shellfish  
Tree Nuts  
Peanuts  
Wheat  
Soybeans

At this time, we sell the following products containing food allergens to the Castellini Group of Companies:

Please list items here or attach separate product listing. If you do not supply any of our companies with any Allergens please write N/A.

<b>ITEM NUMBER</b>	<b>ITEM DESCRIPTION</b>	<b>ALLERGEN</b>

We certify that all products manufactured for and/or distributed to the Castellini Group of Companies (including Castellini Company, Club Chef, Grant County Foods, Crosset Company and General Produce) are produced, labeled, handled, and distributed in keeping with US Food and Drug Administration and any applicable state and local regulations regarding food allergens.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title or Position: \_\_\_\_\_



# Supplier FSMA Compliance Form

Dear Valued Supplier,

In order to ensure compliance with the Food Safety Modernization Act the Castellini Group of Companies will require all vendors to be compliant with the provisions set forth in either the Preventive Controls for Human Food Rule or the Produce Safety Rule, as applicable. In an effort to gauge the compliance of our established vendors we are requesting the completion of the form below.

Company Name \_\_\_\_\_

## FSMA Preventive Controls for Human Food

Do any of your company facilities fall under the Preventive Controls for Human Food rule?

**Yes**

**No**

**Qualified Exemption**

Please list all facilities that fall under the requirements of Preventive Controls (please attach list if additional room is needed):

<b>FACILITY NAME</b>	<b>CITY, STATE</b>

Are all facilities currently compliant with the Preventive Controls requirements?

**Yes**

**No**

If no, when will all facilities meet requirements? \_\_\_\_\_

## FSMA Produce Safety Rule

Do any of your facilities and/or farms fall under the Produce Safety Rule?

**Yes**

**No**

**Qualified Exemption**

Please list the facilities and growers/farms that fall under the requirements of the Produce Safety Rule (please attach list if additional room is needed):

<b>GROWER/FARM NAME</b>	<b>CITY, STATE</b>

Are all facilities and growers/farms currently compliant with Produce Safety Rule requirements?

**Yes**

**No**

If no, when will all facilities and growers/farms meet requirements? \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Date \_\_\_\_\_