

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