**SIDI™ Template Form**

Dietary Ingredient Data Sheet (DIDS)

*Site Quality Overview*

This document is intended to be a template or example for how dietary ingredient suppliers might consider organizing information on the site where their product is manufactured. This form is not intended to be binding or required, and has intentionally been developed in Word format to allow it to be modified by users, if they so choose, to a format or organization that best meets their needs. In addition, users are not expected to confine their site quality information to the space provided in this document. However, users are encouraged to follow the same basic flow of information, regardless of the specific format used. Documentation or explanation related to specific sections should be included/attached when applicable.

**COMPANY LOGO/LETTERHEAD/OFFICIAL STATIONERY**

**SITE QUALITY OVERVIEW DATA SHEET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| [**Section 1. SITE OVERVIEW**](file:///\\hs.local\shared\coures\shares\pubfiles\CRN%20DEPARTMENTS\REGULATORY\Working%20Groups\SIDI%20Working%20Group\SIDI%20Working%20Documents\SIDI\Updates\SIDI%20Protocol%20V2%201%20working%20group%20rev%20CRN%20123107.doc#Section1#Section1) | | | | | | |
| SITE NAME AND ADDRESS: |  | | | | | |
| FOOD FACILITY REGISTRATION COMPLIANCE: |  | | | | | |
| STATE AND OTHER LICENSE REQUIREMENTS: |  | | | | | |
| CORPORATE OWNERSHIP  (IF DIFFERENT FROM SITE ABOVE): |  | | | | | |
| SITE SIZE: |  | | | HISTORY: | |  |
| GENERAL AND PRODUCT LIABILITY INSURANCE LEVELS: |  | | | UNION: | |  |
| TYPE(S) OF INGREDIENT(S)  PRODUCED/SUPPLIED BY THE SITE AND THEIR INTENDED APPLICATIONS: |  | | | | | |
| SITE ACTIVITIES: |  | | | | | |
| ORGANIZATIONAL STRUCTURE: |  | | | | | |
|  | | |  | | | |
| **Section 2. CGMP INFORMATION** | | | | | | |
| THIRD-PARTY VERIFICATION: | If yes, provide documentation | | | | | |
| SUMMARY OF RECENT FACILITY INSPECTION BY STATE, FEDERAL OR FOREIGN AGENCY: |  | | | | | |
|  | |  | | | | |
| **Section 3. FOOD SAFETY INFORMATION** | | | | | | |
| PROVIDE A SUMMARY OF HOW THE SUPPLIER COMPLIES WITH FOOD AND/OR DIETARY SUPPLEMENT REGULATIONS, AS APPLICABLE. | | | | | | |
| PREVENTIVE CONTROLS FOR HUMAN FOOD OR APPLICABLE HACCP PLAN: | | | | | | |
| SUPPLY CHAIN CONTROLS: | | | | | | |
| SANITARY TRANSPORTATION: | | | | | | |
| FOREIGN SUPPLIER VERIFICATION PROGRAMS: | | | | | | |
| FOOD DEFENSE PLAN: | | | | | | |
|  | | |  | | | |
| **Section 4. DOCUMENT INFORMATION** | | | | | | |
| VERSION NO.: |  | | REVISION/REVIEW DATE: | |  | |
| SIDITM PROTOCOL VERSION USED: |  | | | | | |
| VERSION CONTROL HISTORY: |  | | | | | |
| **Section 5. CONTACT INFORMATION** | | | | | | |
| COMPANY NAME: |  | | | | | |
| CONTACT NAME: |  | | | | | |
| TITLE: |  | | | | | |
| EMAIL: |  | | | | | |
| PHONE |  | | | | | |