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Dear Supplier,

Metcash Food & Grocery requires suppliers providing food and grocery products for company owned brands and fresh proprietary lines, to comply with the Metcash Approved Supplier Program. This is to ensure that adequate safe food handling, quality assurance practices & distribution processes are in place to meet legislative food & product safety requirements and Metcash Trading Ltd standards.

The scope of the Metcash Approved Supplier Program will be to ensure that each supplier's site / branch that manufactures for, and/or distributes goods to Metcash must have:

- Current certificate from a 3<sup>rd</sup> party certification scheme (or other "approved vendor quality assurance" programs) according to the Metcash Supplier Certification Standard.
- Adequate Public and Products Liability Insurance coverage (at least \$20M), which must be current at all times whilst supplying Metcash.
- Up to date & adequate recall / withdrawal / complaints processes & contacts for business activities.
- Adequate change control processes to ensure that any changes to the quality of the products supplied, are communicated in a timely manner to the Metcash Food Safety Department.
- Current specifications for all Metcash owned branded lines as well as any fresh proprietary lines with an intended further use in any retail fresh service department (deli, bakery, meat, produce).

A Supplier's food & product safety credentials will be subject to regular review, the frequency and scope of which, will be risk based.

If a certification program is not recognized, Metcash reserves the right to arrange for an audit to be conducted, using an Approved Third Party Auditor, under agreement & cost to the Supplier, prior to supply. In areas of non-conformance, Metcash may carry out an audit using internal food safety auditors, or decide to not range the items until corrective action has been completed.

Note: We endeavor to minimize multiple audits as per industry requests. The quality of your response and evidence supplied on the attached questionnaire will help reduce excess auditing.

For information, find also attached:

Attached is the **Supplier Evaluation Assessment**, which requires an authorized representative of your company, to provide Certification and process details. Please contact me or access [www.metcash.com](http://www.metcash.com) for a copy of the **Metcash Supplier Certification Standard** (HA05-02) – identifying the accepted Certification schemes.

We thank you for your understanding on these matters and look forward to developing a culture of continuous quality improvement with your company.

If you have any further enquiries, please contact me.

Yours sincerely,

**George Passas**  
 Group Food Safety Manager  
 Metcash Trading Ltd  
 02 9741 3138  
[george.passas@metcash.com](mailto:george.passas@metcash.com)

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## Supplier Evaluation Assessment

Please complete the following questionnaire and submit to Metcash.

Any queries, please email [consumersupport@metcash.com](mailto:consumersupport@metcash.com)

More than one Site? Complete a new form for each facility.

Supplier's Company Name:			
(Manufacturer's Name)			
Primary Trading Name:		Vendor ID	
Other Trading Names:		Vendor ID	
Street Address			
Postal Address			
(Manufacturer's Street Address)			
Main Office Phone Contact No.			
Your Metcash Buyer Contact Person			

National Sales Contact		Quality Assurance / Technical Contact	
Name		Name	
Phone		Phone	
Fax		Fax	
Email		Email	

### Business Information

Q.1	Your Business			
1.1	Supply category to Metcash <i>(More than one box can be checked).</i>	<input type="checkbox"/> Fresh Proprietary Lines <input type="checkbox"/> Metcash Private Label or Controlled Brands <input type="checkbox"/> Fresh Private Label		
1.2	Please indicate your business type / activity. <i>(More than one box can be checked)</i>	<input type="checkbox"/> Grower <input type="checkbox"/> Packer <input type="checkbox"/> Importer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Distributor <input type="checkbox"/> Broker / Agent (See 1.3) <input type="checkbox"/> Other - Specify		
1.3	Brokers or Agents, please clarify your activities	<input type="checkbox"/> Sourcing <input type="checkbox"/> Importing <input type="checkbox"/> Recall Contact <input type="checkbox"/> Quality / Safety Review <input type="checkbox"/> Initial Contact - Consumer Enquiry <input type="checkbox"/> Factory Inspections & Reporting <input type="checkbox"/> Specification & Artwork Development & Approvals <input type="checkbox"/> Other		
1.4	Your Business supplies Metcash with:-	<input type="checkbox"/> <b>Non Food</b> <input type="checkbox"/> Pet Food <input type="checkbox"/> Formulated Non Food <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Cosmetic <input type="checkbox"/> Hard Goods <input type="checkbox"/> Soft Goods <input type="checkbox"/> Electrical <input type="checkbox"/> Other (Please Specify)	<input type="checkbox"/> <b>Food</b> <input type="checkbox"/> Whole Fresh Produce <input type="checkbox"/> Prepared Produce Lines <input type="checkbox"/> Value Added RTE <input type="checkbox"/> Nuts & Confectionery <input type="checkbox"/> Bakery <input type="checkbox"/> Deli <input type="checkbox"/> Meat / Poultry / Seafood <input type="checkbox"/> Dairy / Eggs <input type="checkbox"/> Dry Goods <input type="checkbox"/> Frozen Foods <input type="checkbox"/> Canned Goods <input type="checkbox"/> Beverages	<input type="checkbox"/> <b>Storage</b> <input type="checkbox"/> Ambient <input type="checkbox"/> Perishable <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen

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1.5	Do any of the products supplied (either branded or proprietary fresh), fall into any of these categories which are considered high risk:-	<input type="checkbox"/> Refrigerated Ready to Eat <input type="checkbox"/> Thaw to Eat <input type="checkbox"/> Allergen Free Claim <input type="checkbox"/> Heat to Serve <input type="checkbox"/> Baby Food <input type="checkbox"/> Baby Products  <input type="checkbox"/> High Risk Non Food <input type="checkbox"/> Hazardous Goods <input type="checkbox"/> Poison (Scheduled) <input type="checkbox"/> Dangerous Goods <input type="checkbox"/> None <input type="checkbox"/> Other High Risk - Describe:-			
<b>Q.2</b>	<b>Certification</b>				
2.1	Which Certification standards are in place for your site operations (e.g. ISO, HACCP, Retailer Programs, FreshCare, SQF 2000, BRC, TGA, State / Federal Licences)? <b>Please provide copies of Certificates.</b>	<input type="checkbox"/> Certificates Attached			
2.2	Please identify the Certification body used for auditing your product safety / quality system. (E.g. HACCP, Quality, Safety, Environmental etc.)				
2.3	Does the current scope of your Certification cover your proposed products / activities for Metcash?				
2.4	Specify the date of the last completed 3 <sup>rd</sup> Party Audit, and the specific program audited.				
2.5	At your last 3rd Party Audit, were any non-conformances raised? If "Yes", please indicate how many were raised against these or similar severity levels:-	<input type="checkbox"/> Yes <input type="checkbox"/> No <u>Critical :-</u> <u>Major:-</u> <u>Comments:-</u>			
2.6	If "Yes" above, please identify the areas of non-conformance and indicate whether they have been closed.	Yes	No	Open	Closed
	1. GMP / Hygiene / Cleaning				
	2. Doc. Control / Specifications				
	3. Process Control				
	4. Allergen Management				
	5. Recall / Product Traceability				
	6. Maintenance				
	7. Training				
	8. Premises / facility				
	9. Pest Control				
	10. Verification / Validation				
	11. Calibration				
	12. Supplier Management				
	13. Corrective Actions				
	14. Other:-				

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2.7	If no 3rd Party Audited Program, please confirm expected date for completion / Certification.	
2.8	Please provide a copy of your Public & Products Liability Certificate of Insurance. (Ensure you include the insurance amount and expiry date – minimum AUD\$20M)	
<b>Q.3 Supplier Management</b>		
3.1	Do you outsource or subcontract activities? (E.g. Grow / manufacture / pack / store / transport etc.) If so, do all of these companies have a third party audited system for product safety or quality? If "no", to any supplier, list the company and their base activity.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Comments:-</u>
3.2	Do you have a process in place to approve and review suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Comments:-</u>
<b>Q.4 Recall &amp; Crisis Management</b>		
4.1	Do you have a documented crisis management plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Comments:-</u>
4.2	Do you have a documented recall protocol in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	Have the procedures been tested within the last 12 months with real incidents or mock incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Comments:-</u>
<b>Q.5 GMP (Good Manufacturing Practices) / Hygiene</b>		
5.1	Do you have a GMP/hygiene program in place? Are reviews conducted on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Frequency of reviews:-</u>
<b>Q.6 Pest Control</b>		
6.1	Do you have a documented pest control program in place?  Name the Pest Control Company:- Does the program cover:- Is the pest controller licensed? Have you sighted the Insurance certificate? How frequently is the pest program monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  _____ <input type="checkbox"/> Rodents <input type="checkbox"/> Crawling Insects <input type="checkbox"/> Flying Insects  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Frequency:-</u>

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**Q.7 Rework / Reject Product**

7.1	Do you use rework and rejected product in production? If "yes", have the risks associated with cross contamination and allergens been considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Q.8 Allergen Management**

8.1 <i>(FOOD ONLY)</i>	Please indicate all of the allergens present or handled on your site.	<input type="checkbox"/> Gluten <input type="checkbox"/> Soya <input type="checkbox"/> Milk <input type="checkbox"/> Egg <input type="checkbox"/> Peanut <input type="checkbox"/> Sesame <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Shellfish <input type="checkbox"/> Other Food Allergen <u>Comments:-</u>
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8.2 <i>(FOOD ONLY)</i>	Do you use VITAL [ <i>Voluntary Incidental Trace Allergen Labelling</i> ] as an allergen assessment tool? If so, is the person using this system formally trained in its proper use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
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8.3 <i>(FOOD ONLY)</i>	If VITAL has <u>not</u> been used for food allergen risk assessment, have the risks have been assessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:-
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8.4	There are control measures on site for allergen segregation and handling.	<input type="checkbox"/> No <input type="checkbox"/> Yes If "YES", please describe briefly:-
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8.5	Describe what testing is conducted on your product/s to verify the presence or absence of allergens and nominate the frequency of scheduled testing.	
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**Q.9 Microbiological Review**

9-1	Do you have a schedule for the microbial evaluation of:-		<u>Frequency of testing:-</u>
	1. Products	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	2. Product Contact Surfaces	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	3. Factory Environment - e.g. walls, floors, drains, vents etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	4. Any other microbial testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Comments:-	

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9.2	Please list any organisms of concern within your manufacturing environment (e.g. organism levels that are monitored)	
9.3	Do you use a NATA (or ILAC equivalent) accredited laboratory for testing?  If "YES" please list name/s of laboratories used.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <u>Laboratory Name:-</u>
9.4	Do you have your own laboratory performing product testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Q.10</b>	<b>MRL (Maximum Residual Limits) Testing</b>	
10.1 <i>(FOOD ONLY)</i>	For suppliers of produce or imported foodstuffs, do you have an MRL testing program in place?  Are reports available for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No

**DECLARATION:**

I/We confirm that all information supplied is true & correct. (PLEASE PRINT)

Signature:

Position Held:

Date Completed:

*Metcash Limited reserves the right at all times to verify via a site visit that details of the programs identified above, are in place. It is expected that all suppliers' HACCP based food safety programs shall meet FSANZ guidelines.*

**Final Check:-**

- All 3<sup>rd</sup> Party Audit Program Certificates are attached
- Public & Products Liability Insurance Certificates are attached