



ANNUAL SUPPLIER DECLARATION for SERVICES

COMPANY DETAILS

| | |
|--|--|
| Company Name: | |
| Postal Address: | |
| Site Address (if different from above): | |
| Company Contact: | |
| Phone Number: | |
| Fax Number: | |
| Email Address: | |

PRODUCT / SERVICE SUPPLIED

| <u>PRODUCT / SERVICE</u> | Is product to be in direct contact with food? YES / NO | If yes, is the material of an approved food grade or additive*? YES / NO | Is the product an Allergen or at risk of allergen contamination? YES / NO |
|--------------------------|--|--|---|
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NOTE: (Attach specification from packaging manufacturer- includes any packaging/container coming in direct contact with product). Detailed specifications including size, composition, weight, thickness, dimensions, colour, free from TCA etc are available and provided in writing when any change occurs.

* Consideration to the country of origin and destination is to be given.

QUALITY SYSTEM

1. Is your company accredited under any Quality System? **YES / NO (if no answer Q2-4)**

If **YES** please attach copies of ALL current certification e.g. HACCP, ISO, NZS, SQF, BRC, OH&S etc

2. Is your company operating under a Food Safety System? **YES / NO**

3. Do you have any of the following work systems?

- Effective GMP (Good Manufacturing Practice) program – **YES / NO**
- Effective cleaning procedures – **YES / NO**
- Effective Pest Control – **YES / NO**
- Effective means of Traceability and Control – **YES / NO**

If you have any of the above in place, attach copies of policies/procedures/work instructions or stipulate conditions under which documents can be viewed.

4. Does your company comply with relevant safety standards? **YES / NO**

Chemicals are to be clearly labelled and a current MSDS is to be supplied

5. If your company does not have documentation of the work systems or you do not wish to distribute details of policy / procedures, we would be happy to conduct an audit of your premise to confirm the above standards are being met.



PROCUREMENT MANUAL

Annual Supplier Declaration

| | |
|---------------|-----------|
| Site: | All Sites |
| Page: | 2 of 2 |
| Version: | 1 |
| Release Date: | Jun 16 |

Premises and procedures available to audit – **YES / NO**

EXISTING SUPPLIERS TO COMPLETE

Have there been any changes to the following since previous approval?

| | | |
|---|---------------------------------------|--------------------------------------|
| Ingredients (<i>inc allergens</i>): YES / NO | Processing Equipment: YES / NO | Packaging: YES / NO |
| Storage: YES / NO | Distribution: YES / NO | Suitability for use: YES / NO |

Do you have the ability to supply goods & are there any capacity issues?

If yes – please provide a brief overview and description of issue below.

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|-----------|
| Comments; |
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If your product is in food/beverage contact – please provide the following;

Do you know the identity of the last manufacture or packer of the supplied goods - **YES / NO**

Please provide a traceability test of one product you supply to WineWorks.

Name of person completing this declaration: _____

Title of person completing this declaration: _____

Signature: _____

Date: _____

Note: All information provided in this declaration is securely stored by WineWorks and is only used to approve and review suppliers. All information provided is treated as confidential and will not be made available to external parties.