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| 1. General | Information |
|------------|-------------|

1.1. Supplier or manufacturer

| company name | |
|----------------|--|
| address | |
| phone | |
| fax | |
| e-mail address | |
| website | |

1.2. Other production sites (in which products for us are manufactured)

| | <u> </u> | | |
|----------------|----------|--|--|
| company name | | | |
| address | | | |
| phone | | | |
| fax | | | |
| e-mail address | | | |
| website | | | |

1.3. Outsourced processes/ bought-in goods

| If any processes or goods are | |
|-------------------------------|---|
| outsourced (excluding those | |
| performed at sites mentioned | |
| at Point 1.1 / 1.2 above), | |
| please forward this | |
| questionnaire to each | |
| respective company and list | |
| them all in detail here. | |
| | l |

1.4. Contact persons

| Position | Name | Phone | e-mail address |
|--------------------|------|-------|----------------|
| CEO | | | |
| Head of R&D | | | |
| Commercial contact | | | |
| Head of QA | | | |
| Head of QC | | | |
| 24h/7d emergency | | | |
| contact | | | |
| 24h/7d emergency | | | |
| contact | | | |
| | | | |
| | | | |



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| 2. | Quality and | Food Safet | v Svstem | Certifications. | and environme | ental managemer |
|----|-------------|------------|----------|-----------------|---------------|-----------------|
| | | | | | | |

| Certification | YES | NO | Expiry date | Production site |
|---------------|-----|----|-------------|-----------------|
| IFS Food | | | | |
| IFS Broker | | | | |
| IFS Logistics | | | | |
| BRC | | | | |
| FSSC 22000 | | | | |
| HACCP | | | | |
| ISO 9001 | | | | |
| ISO 22000 | | | | |
| ISO 14001 | | | | |
| FAMI-QS | | | | |
| GMP+ | | _ | | |
| | | | | |

Please send us copies of your current certificates by e-mail! If any changes in your certifications occur, please inform us without any delay.

If you have a valid IFS Food, IFS Broker or IFS Logistics certification, you do not need to complete the remainder of this questionnaire. Otherwise please continue page 3.

| This guestionnaire was completed by/ position |
|---|
| 4 |
| |
| |
| |
| Date, location, company stamp and signature |

Please send us the following documents in addition to this questionnaire:

- All quality and food safety system certificates
- All flow charts concerning the products to be delivered from the previous 2 years
- IF CCP's apply to the products to be delivered, then please also attach their descriptions and monitoring systems.
- Respective specification, allergen, GMO, MSDS and nutritional-information, if you did not provide them during the last two years.



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Please answer the following questions completely and in a clear manner, for example with: YES (Y), NO (N) or NOT APPLICABLE (NA). Additional explanations and remarks are welcome and desired for every point.

3. General

| Question | Y, N, NA | Comments/ remarks |
|---|----------|-------------------|
| Do you operate a documented HACCP | | |
| system? | | |
| Is the HACCP-plan routinely audited by | | |
| an external auditor? | | |
| If so, by whom and how often each | | |
| If so, by whom and how often each year? | | |
| Is the HACCP-plan routinely audited by | | |
| internal persons? | | |
| | | |
| If so, by whom and how often each | | |
| year? | | |
| Do you have a documented quality | | |
| policy? | | |
| Do you have a documented procedure | | |
| for document control? | | |
| Have you evaluated all risk factors (chemical, physical, biological and | | |
| allergens) and performed a risk | | |
| analysis for each process step? | | |
| Have you implemented a monitoring | | |
| system for each CCP? | | |
| | | |
| Please give details: | | |
| Do you work with documented | | |
| cleaning and sanitation procedures? | | |
| How is the efficiency of cleaning | | |
| monitored and in which interval? | | |
| Please give details: | | |
| Are cleaning agents and disinfectants | | |
| stored separately and locked up | | |
| outside of the production area? | | |
| Do you use color-coded cleaning | | |
| equipment for floors, walls, etc. versus | | |
| production equipment (i.e. product | | |
| contact vs. non-product contact surfaces)? | | |
| Do you carry out plant inspections? | | |
| If so, how is the implementation of | | |
| their actions controlled? Please give | | |
| details: | | |
| Do you carry out process validation | | |
| and process control? | | |
| Is the waste material stored separately | | |
| from the production and storage areas? | | |



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| Is a waste separation system | |
|-----------------------------------|--|
| implemented (e.g. paper, plastic, | |
| metal, glass)? | |

4. Employee safety, operational and personal hygiene, trainings

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| Are there any working instructions | | |
| related to the use of personal | | |
| protective equipment (e.g. protective | | |
| clothing, appropriate shoes, hats, | | |
| gloves)? | | |
| Are employees provided with | | |
| appropriate personal protective | | |
| equipment? | | |
| Are there any safety and health | | |
| documents and are these visible for | | |
| any employee? | | |
| Are there material safety data sheets | | |
| (MSDS's) for all raw materials and can | | |
| these be viewed by every employee? | | |
| Are there changing rooms for all | | |
| employees separate from the | | |
| production area? | | |
| Are toilets separated from the | | |
| production areas? | | |
| Do all employees have access to basic | | |
| hand hygiene (suitable sinks, warm | | |
| water, soap, paper towels, disinfectant | | |
| and trash if necessary)? | | |
| Is smoking, eating and drinking | | |
| allowed in the production area? If not, | | |
| are there any designated areas where | | |
| it is allowed? Please give details: | | |
| Is there a common room / canteen for | | |
| the employees? | | |
| Are employees allowed to have painted | | |
| nails or beards and wear jewellery etc? | | |
| How is the absence of product | | |
| contamination ensured? Please give | | |
| details: | | |
| Does the company have a procedure | | |
| concerning notification of infectious diseases? | | |
| | | |
| Are all new employees trained | | |
| according to their particular tasks (first and foremost concerning hygiene and | | |
| food defense measures)? | | |
| Is a hygiene and safety training course | | |
| carried out at least once a year for all | | |
| employees? | | |
| Are the training courses documented? | | |
| If so, how is the effectiveness of these | | |
| checked? Please give details: | | |
| onconca. I loado givo actalis. | | |



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5. Foreign matter and pest control management

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| Have you implemented a glass, hard plastic and wood policy? | | |
| If so, are there any procedural instructions covering the occurrence of breakage and contamination? Please give details: | | |
| Do you use physical measurement instruments to detect and locate foreign objects? | | |
| If yes, please describe in detail: | | |
| Can you guarantee that the delivered products are free from foreign bodies? Please give details: | | |
| Have you implemented a documented pest control system within the plant? | | |
| If so, is it performed internally or externally, how often is it checked and how is it documented? | | |

6. Food Defense and visitors

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| Do you have a food defense system implemented within the plant? | | |
| Do you have a general security system (e.g. alarm system, security guard)? | | |
| Are the access routes for persons and vehicles monitored or are there access generally regulated? | | |
| Are raw materials or finished goods stored outdoors? | | |
| Can you guarantee that no manipulation of raw materials and finished products occurs? | | |
| If not, please describe in detail: | | |
| Are all visitors / non-employees, including external technical service personnel, controlled, trained and equipped with appropriate working clothes? | | |

7. Product Fraud

| Question | Y, N, NA | Comments/ remarks |
|--------------------------------|----------|-------------------|
| Have you implemented a product | | |
| fraud standard? | | |



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| If so, describe the prevention measures in detail: | |
|---|--|
| Does a cross-departmental product fraud team exist? | |
| Is there a vulnerability analysis and evaluation? | |
| If so, how often is it reviewed? | |
| Has a mitigation plan been established and have control measures defined and implemented? | |
| Are all raw materials, ingredients, packaging and outsourced processes integrated into your evaluation? | |

8. Allergen management

| Question | Y, N, NA | Comments/ remarks |
|---|----------|-------------------|
| Have you implemented an allergen management system? | | |
| Can you exclude cross-contamination? | | |
| Please describe in detail: | | |
| Which allergens are present in your plant? Please list: | | |
| Do you carry out risk-related analyzes? | | |
| Please describe in detail: | | |
| Are allergen-containing and allergen- | | |
| free raw- and finished goods stored | | |
| separately from each other? | | |

9. Products

9.1.Generally

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| AKRAS Flavors GmbH only accepts | | |
| products in which genetically modified | | |
| organisms (GMOs) are not used and | | |
| the articles do not consist of genetically | | |
| modified organisms or do not contain | | |
| GMO according to the current state of | | |
| knowledge and in the sense of the | | |
| Regulation (EC) 1829/2003 | | |
| concerning genetically modified food | | |
| and feed, and Regulation (EC) | | |
| 1830/2003 concerning the traceability | | |
| and labelling of genetically modified | | |
| organisms and the traceability of food | | |
| and feed products from genetically | | |
| modified organisms, both in their | | |
| current versions. This applies to all raw | | |
| materials used, including additives and | | |



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| flavours. Can you confirm this? | | |
|---|--|--|
| If, no, please describe in detail: | | |
| Are all raw materials incl. packaging | | |
| and finished products fully traceable? | | |
| Do you perform traceability tests? | | |
| If so, in which frequency? | | |
| Have you implemented a written- | | |
| documented supplier evaluation | | |
| program and only purchase raw | | |
| materials from rated / approved suppliers? | | |
| Do you have certificates of analysis | | |
| and all legally required product | | |
| information available on all raw | | |
| materials including packaging? | | |
| Do you operate an internal (in-house) | | |
| quality control system? | | |
| Are your analytical methods validated? | | |
| Are all analytical instruments | | |
| documented and calibrated to national | | |
| or international standards? | | |
| Do you perform quality checks on all | | |
| incoming raw materials? | | |
| If no please describe in details | | |
| If no, please describe in detail: Do you analyse each batch of raw | | |
| materials, semi-finished products, and | | |
| finished products? | | |
| | | |
| If not, which are not analysed and | | |
| why? Please describe in detail: | | |
| Do you keep all retention samples and | | |
| the records for each batch for a period | | |
| equal to the shelf life plus 12 months? | | |
| If an allower law of the facility | | |
| If, no, please describe in detail: | | |
| Are there written records of all analysis & quality controls carried out? | | |
| Do you have a procedure for managing | | |
| non-compliant / rejected raw materials | | |
| and other non-conformities? | | |
| | | |
| Please describe in detail: | | |
| Do you have a crisis management | | |
| system and a related team? | | |
| Do you have a documented procedure | | |
| on how to deal with customer | | |
| complaints? | | |
| Is periodic customer complaint analysis performed in order to detect | | |
| systemic errors? | | |
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| If so, in which frequency? | |
|------------------------------------|--|
| Do you have a documented procedure | |
| concerning how to implement a | |
| product recall? | |

9.2. Measurements, monitoring and analysis

| | | /SIS |
|--|----------|-------------------|
| Question | Y, N, NA | Comments/ remarks |
| Do you carry out regular calibrations, | | |
| adjustments and checks of the | | |
| measuring and monitoring devices? | | |
| If yes, are these performed internally or | | |
| externally. Please describe in detail: | | |
| Do you carry out a final quantity | | |
| control of the finished products (i.e. | | |
| quantitative control, weight / volume | | |
| quantity control)? | | |
| Diseas describe in detail | | |
| Please describe in detail: Are auxiliary production materials such | | |
| as water, steam, air, etc. checked | | |
| regularly for their suitability for use with | | |
| foodstuffs (e.g. contamination, foreign | | |
| bodies etc)? | | |
| | | |
| Please describe in detail: | | |
| Is personal hygiene checked by means of microbiological controls? | | |
| of microbiological controls: | | |
| If yes, are these performed internally or | | |
| externally? In which frequency? Please | | |
| describe in detail: | | |
| Do you carry out microbiological | | |
| checks on the production aids used, | | |
| such as appliances, pots, containers, etc.? | | |
| Cic.: | | |
| If yes, internally or externally? Please | | |
| describe in detail: | | |
| How do you handle physical | | |
| contamination of the products? | | |
| Diagon deposible in detail | | |
| Please describe in detail: | | |
| What is the last barrier to physical, chemical, biological contamination and | | |
| cross contamination of our products? | | |
| | | |
| Please describe in detail: | | |

9.3. Processes

| Question | Y, N, NA | Comments/ remarks |
|----------|----------|-------------------|
|----------|----------|-------------------|



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| Do you work with the "first in - first out" principle? | | |
|--|--|--|
| If not, what is your principle? Please describe in detail: | | |
| Are only hygienic production equipments used and are they all suitable for use in the food industry? | | |
| Are all used greases and lubricants, which can come into contact with foodstuffs, food safe? | | |
| Do you have outsourced processes? | | |
| If so, are those which influence food safety and quality identified and documented within your quality and food safety management system? Please describe in detail: | | |

9.4. Packaging

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| Are the packaging materials utilized suitable for the specific delivered product? | | |
| Can you confirm that the used packaging materials comply with the relevant legal requirements of the following regulations: (EC) 2023/2006, (EC) 852/2004, (EC) 1935/2004, and (EU) 10/2011 in their current versions? | | |
| Are there any migration tests available for the packaging materials utilized? | | |
| If your packaging materials meet other legal requirements, describe them in detail. | | |
| Do you control the weight of your packaging units? | | |

9.5. Distribution, storage and transport

| Question | Y, N, NA | Comments/ remarks |
|--|----------|-------------------|
| Are the goods receipt and planning areas secured to the outside and hygienic? | | |
| Do you have documented requirements for your logistics partners that guarantee food safety? | | |
| Are the transport vehicles inspected concerning hygiene and food safety aspects before being loaded? | | |
| Do you use external warehouses? If so, do they have a hygiene and pest | | |



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| control concept in place? Please describe in detail: | |
|--|--|
| Do you have a designated quarantine storage area? | |

The supplier or manufacturer confirms its obligation to carry out all necessary and appropriate actions to ensure the product quality and product safety of the delivered product, in particular to perform adequate quality control measures and to record all corresponding quality control parameters. The supplier guarantees that he or the manufacturer of the delivered goods has set up, monitored and maintained a HACCP system. The supplier or manufacturer herewith declares that all information given above, are correct and that in the case of any changes being necessary, AKRAS Flavours will be informed prior to their implementation.

| This questionnaire was completed by/ position |
|---|
| |
| |
| |
| |
| Date, location, company stamp and signature |