**Checklist POA’s HACCP-Plus/NZVT-system**

Please send this form to the Dopingautoriteit (nzvt@dopingautoriteit.nl)

|  |  |
| --- | --- |
| Company name |  |
| Address |  |
| Zipcode, City |  |
| Country |  |
| VAT number |  |
| Email address (contact for website) |  |
| Phone no. (contact no. for website) |  |
| Brand name (if different from company name) |  |
| Product name |  |
| Product description |  |
| Product category | Weight lose / amino acid / anti-oxidant / creatin / protein(powder) / joints / herb / multivitamin-mineral / single vitamin / vitamin complex / mineral complex / single mineral / other / probiotics / ribose / sportsdrink / fish oil |
| Product form | Tablet / capsule / drink / etc |
| Batch number on product |  |
| BBE date |  |
| Date of filling |  |
| Frequency of NZVT analysis | **Irregular:*** Less than two batches a year and/or
* The company cannot declare by forehand to participate with at least two batches per product a year.

**At least two batches per product a year:*** The company declares prior to the analyses and has promotion activities as described in phase two\*

**All produced batches of a product participate:*** The company has signed the ‘Agreement for use of NZVT for promotion activities’ .
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\* As mentioned in ‘NZVT promotion activities' (Annex 7 and 8 of the NZVT manual).

|  |  |  |
| --- | --- | --- |
| **Points of attention (POA)** | **Performed?** | **Remarks** |
| Control of all POAs of form F-04-05? | YES / NO |  |
| Did the supplier sign the supplier assessment form F-08-03? | YES / NO |  |
| Is the supplier being audit on a regular base?  | YES / NO |  |
| Is the procedure of line release performed in order to prevent cross contamination? Check procedure of line release.  | YES / NO |  |

In case a question cannot be answered with a YES, the company is required to substantiate that the product meets the norms of a NZVT product. Detailed information regarding subjects not answered with YES must be enclosed.

**This form is filled in completely and truthfully at** ……………….…………………….…..(date)

**By:** ..……..…..…….………………. (signature)