

## ***Food Analysis Laboratory / Quality Survey***

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## Objective

### ***To our Current or Potential Lab Partner:***

The \_\_\_\_\_ is committed to analysing food products that are recognized by WFP's beneficiaries as high quality, safe and wholesome. To this end, WFP has always considered Food Laboratories as a partner of our organization; thus, require your lab to achieve the high standards set by ourselves on behalf of our beneficiaries. We must ensure that all our partners comply with fundamental criteria and provide a vehicle to further strengthen our relationships.

In order to maintain a proactive Quality Assurance Program, we require your support in completing the attached quality survey. This information is essential to meeting our Quality Assurance goals. All information will be kept strictly confidential.

For both of our convenience, we would prefer to send and receive this information form electronically. Therefore, if you can provide us with your email address, we will be happy to send the survey to you electronically. Otherwise, complete the attachments and mail/fax them to \_\_\_\_\_.

Please return the completed Survey by       (date)      

to:       (Contact)      

Contact Name	
Address	
City, code	
Telephone	
Fax	
Email	

## *Food Analysis Laboratory / Quality Survey*

**\*\*PLEASE FILL OUT A SEPARATE SURVEY FOR EACH LAB WHERE YOU ANALYSE FOOD.  
\*\*IF YOU SUB-CONTRACT SOME ANALYSIS: PLEASE HAVE ANY OTHER LABS THAT ANALYSE FOOD, COMPLETE THIS SURVEY AS WELL.**

<i>Name and function of the person who filled the questionnaire</i>	
<i>Date of the questionnaire filling</i>	

Please attach to this form:

1. Table of Contents of your documented quality system
2. Copy of any accreditation, certification you may have

<b>Company Name</b>			
<b>Respondent</b>		<b>Title</b>	
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Address</b>			
<b>City, Country</b>			

<b>Contact</b>	<b>Title</b>	
<b>Phone Number</b>	<b>Fax</b>	
	<b>E-Mail</b>	

<b>Emergency Recall contact</b>	<b>Business Number</b>	
<b>Title</b>	<b>Home Number</b>	
<b>E-Mail</b>	<b>Fax</b>	

## 1) Lab Activity

Please provide an explanation at the end of each section for any question answered no.

### I. Lab main activity

1. Food and Agro products
2. Percentage: \_\_\_\_\_%
3. Pharmaceutical products
4. Percentage: \_\_\_\_\_%
5. Construction material
6. Percentage: \_\_\_\_\_%
7. Other
8. Precise: \_\_\_\_\_
9. Percentage: \_\_\_\_\_%

Yes	No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### II. Food analysis

1. Cereal (grains)
2. Cereal products (flours, fortified blended foods)
3. Biscuits
4. Pulses
5. Oil / Fat
6. Can products
7. Milk (dry powder)
8. Minerals and Vitamins
9. Others: sugar, & salt.

Yes	No

10. Please precise the number of food samples analysed per year
- \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2) Certification

Please provide an explanation at the end of each section for any question answered no.

### I. Lab main activity: food analysis

1. Certifications (National or International)  
Please list them and **attached them along with their scope**
2. Is the lab inspected by National bodies?
3. If yes please provide frequency: \_\_\_\_\_  
scope of audit: \_\_\_\_\_
4. Is the lab part of an association, organization such as AOAC, ISO, ICC, AACC,

Yes	No



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GAFTA, FOSFA, etc if yes, which one (circle the name) & provide a copy of the membership.

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Comments: \_\_\_\_\_

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3) Premise details

Please provide an explanation at the end of each section if need be.

I. Lab premises

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- 1. How old is the lab?
2. When was it open?
3. Does the lab participate to 'ring testing' with other labs?
4. Total size of the lab in square meter
5. Chemical lab (in m2)
6. Microbiology lab (in m2)
7. Other sections (please describe)


Comments: \_\_\_\_\_

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II. Equipment

Yes	No
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- 1. GC, if yes: number
2. HPLC, if yes: number
3. Atomic Absorption Spectrophotometer, if yes: number
4. ICP/AES, if yes: number
5. ICP/MS, if yes: number
6. GCMS, if yes: number
7. LCMS, if yes: number
8. LCMSMS, if yes: number
9. Muffle Furnace, if yes: number
10. Oven, if yes: number
11. Floor Mount Centrifuge, if yes: number
12. Temperature Controlled Incubators, if yes: number
13. Others: please precise


Comments: \_\_\_\_\_

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III. Equipment maintenance

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- 1. How often are maintain the different equipment?
2. How often are calibrated the equipment (balance, pipettes)?

Yes	No



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- 3. Does the lab keep inventory of chemicals?
- 4. As well as there shelf-life? Age?
- 5. Is the autoclave performance monitored?
- 5. How: \_\_\_\_\_

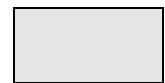

Comments: \_\_\_\_\_

\_\_\_\_\_

4) Staffing

Please provide an explanation at the end of each section if need be.

I. Staffing structure and qualifications



- 1. How many personnel are employed
- 2. Please describe their function \_\_\_\_\_

Number of staff per function \_\_\_\_\_

- 3. \_\_\_\_\_

Staff qualification: please detail number of staff per level of qualification

- 4. \_\_\_\_\_

Please provide information on average year of experience per function

- 5. \_\_\_\_\_

- 6. Can you provide (if requested) proof of staff qualifications?

Yes	No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 5) Quality Management

Please provide an explanation at the end of each section if need be.

### I. Quality aspects

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Does the lab have internal method of analysis?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the lab keep record of raw data? If yes, please provide an example as attachment.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the lab have quality policy? If yes, please provide an attached copy.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. What is the procedure followed by the lab in case of non-conforming results? Please attached procedure: _____<br>Provide a report analysis sample (as an attachment)<br>Lab name and address?<br>Food description? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Parameters to analyse?<br>Method of analysis?<br>Units?<br>Signature of the lab responsible?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the lab have implement measures to avoid corruption? If yes, please describe the internal policy: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Describe the lab disinfection program. Include how and how often disinfection is verified.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Describe the personnel hygiene program. Include how and how often disinfection is verified. _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Describe media preparation _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the water tested for suitability?  | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 6) Tests **routinely** performed by the lab

Please provide an explanation at the end of each section if need be.

I. Test	Yes	No	Food (describe)	Method of analysis (Reference)
1. Moisture				
2. Broken kernel				
3. Damaged kernel				
4. Foreign matters				
5. Other type of grains				
6. Other colour of grains				
7. Shrunken grain (wheat)				
8. Sprouted grains				
10. Noxious seeds				
11. Heat damaged grain				
12. Milling degree (rice)				
13. Toxins: Aflatoxin B & G				
14. Toxin: Aflatoxin M				
15. Toxins: DON				
16. Toxins: Zea				
17. Toxins: Ochratoxin				
18. Ergot (wheat)				
19. Hagberg Falling number				
20. Zeleny index				
21. Grain size (pulses)				
22. Insect damaged grains				
23. Test weight				
<b>WHEAT / WHEAT FLOUR</b>				
24. Wet gluten				
25. Gluten index				
26. W				
27. P/L				
28. Fatty acid				
<b>COMPOSITION</b>				
29. Crude Protein				
30. Crude Fiber				
31. Crude Fat				
32. Ash				
33. Granulation				
34. Urease index				
<b>FORTIFICATION</b>				
35. Vitamin A				
36. Vitamin E				
37. Vitamin D				
38. Vitamin C				
39. Thiamin				
40. Riboflavin				
41. Folic Acid				





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- 42. Niacin
- 43. Pyridoxine
- 44. Vitamin B12
- 45. Iron
- 46. Zinc
- 47. Calcium


**HEAVY METALS**

- 48. Lead
- 49. Mercury
- 50. Arsenic
- 51. Cadmium


**RANCIDITY**

- 52. Peroxide Value
- 53. Free Fatty Acid
- 54. Anisidine Value


**OTHER TESTS**

- 55. Organoleptic taste
- 56. Radioactivity
- 57. Melamine
- 58. GMO test


**PESTICIDES**

- 59. Carbamate group
- 60. Organochlorine group
- 61. Organophosphorus group
- 62. Pyrethroid group


**MICROBIOLOGY**

- 63. Aerobic Plate count
- 64. Total Coliform,
- 65. E. coli
- 66. Salmonella
- 67. Staph aureus, cp
- 68. Bacillus cereus
- 69. Enterobacter sakazakii
- 70. Yeast & Molds
- 71. Toxins from E. Coli
- 72. Toxins from B. Cereus
- 73. Toxins from Staph


**OIL / FAT**

- 74. Water and impurities in oil
- 75. Insoluble impurities in oil
- 76. Acid value of oil
- 77. Oil colour:
- 78. Soap content
- 79. Taste
- 80. Iodine value (Wijs)
- 81. Saponification
- 82. Unsaponifiable matter
- 83. Refractive index at 40° C
- 84. Relative density of oil at 27° C
- 85. Melting point at 24° C maximum
- 86. Specific weight at 20° C




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- 87. Erucic acid
- 88. Linolenic acid
- 89. Linoleic acid
- 90. Delta-7-stigmasterol
- 91. BHT/BHA


**MILK (DSM & FFM)**

- 92. Titratable acidity in ml of decinormal NaOHsolution
- 93. Lactates
- 94. Phosphatase test
- 95. Insolubility index
- 96. Burnt particles
- 97. Buttermilk test
- 98. Whey test


**CAN FISH**

- 99. Ingredient (liquid/sauce)
- 100. Fish species
- 101. Number of fish
- 102. The contents of cans
- 103. Can size
- 104. Can seam, lid (tightness rate, integrity rate, test V&P, side scam examination)
- 105. Quality of the cans and carton boxes
- 106. Incubation Test
- 107. Colouring Test for Para red, Rhodamine B, SUDAN red dyes (I, II, III and IV)
- 108. physical inspection (gross, drained weights, aspect, cleanliness, colour, impurity, inner fish conditions, etc)


**Other tests** (please use this section to mentioned the tests you can offer to WFP)