

Nonconformity Summary Report

SQF Edition 7.2

Date of Issue: March 16, 2016

This is a preliminary summary of the non-conformances identified by the SQF auditors at the recent audit. It has yet to be presented to the Certification Body for technical review. The full reviewed report shall be made available on-line within 10 days of the last day of the audit. All minor nonconformities shall be closed out within thirty (30) calendar days of the completion of the audit; all major nonconformities within fourteen (14) calendar days.

Supplier Information:

Supplier Name:	Taylor Warehouse Corp.
Supplier Number:	640780
Food Sector Category(ies):	26. Food Wholesaling and Distribution
Address 1:	2875 E. Sharon Rd.
Address 2:	
City:	Cincinnati
State/Province:	Ohio
Zip Code:	45241
Country:	UNITED STATES
SQF Practitioner:	

Audit Information:

Audit Number:	36296
Audit Type:	Recertification Facility Audit Ed. 7.2 Lv. 3
Audit Start Date and Time:	Mar 15, 2016 09:00:00 AM EDT(-0400)
Audit End Date and Time:	Mar 16, 2016 06:00:00 PM EDT(-0400)
Certification Body:	Mérieux NutriSciences Certification LLC
Lead Auditor:	Steven Pachan
Secondary Auditor or Technical Expert:	
Modules Audited:	Re-certification Facility Audit Edition 7.2 Module 2 (3), Re-certification Facility Audit Edition 7.2 Module 12 (3)

Audit Summary:

Total Items (Combined for all modules):	
Critical	0
Major	0
Minor	1
Compliant	201
OIP	0
Exempt	0
N/A	36

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Nonconformities:

NCR # 1	
Clause: 2.3.3.2 Contract Service Providers Ed. 7.2	Item: A register of all contract service specifications shall be maintained.
Evidence: The Taylor Supplier List - Contractor is the register maintained by the facility that lists the approved contractors to the facility. Each service provided must read and sign the GOOD CONTRACTOR Practices SOP # 61 form prior to entering the facility. The facility Good Contractor Practices SOP # 61 and Register are not up to date for the contractors used by the facility.	
Primary Response: Minor	Corrective action due date: April 15, 2016
Supplier confirmation:	Date:

Lead Auditor Signature: _____ Date: _____

SQF Practitioner Signature: _____ Date: _____