

Safeway eNIF Quick Reference Guide

The following information details fields for **In Store Bakery Items**:

Legal Page (All Responses Required)

Topic	Question
Spoiled/Damaged Merchandise	Select the handling method for spoiled/damaged merchandise. Options include: Product Recovery, Bill Back, Credit Memo or Product Exchange or N/A. Product Recovery does not apply to Bakery Items.
Certificate of Insurance (COI)	Do you have a Certificate of Insurance (COI) on file with Safeway?
Safeway Commodity Guarantee (SFWY CCG)	Do you agree to be bound by the terms of the Safeway Commodity Guarantee (SFWY CCG)?
Sale Guaranty	Do you agree to repurchase at Safeway's net cost, including transportation and handling expenses, all unsold merchandise?
U.S. Dept of Transportation Hazardous Materials regulations	Do you guarantee that this product meets all packaging, labeling classification requirements of the U.S. Dept of Transportation hazardous materials regulations?
Scan Verification Sample	Have sufficient samples been provided to Consumer Demand for scan verification?
Gladson Interactive Sample	Is product on file with Gladson Interactive? For In Store Bakery, this is at the discretion of the Category Manger at this time.
Sample Guarantee	Do you agree to submit the product to Gladson Interactive 30 days before first shipment, and, if you fail to do so, do you agree to reimburse Safeway for resulting charges and handling costs? For In Store Bakery, this is at the discretion of the Category Manger at this time.
Extended Terms	Are extended terms offered for the product presented? If Yes, please submit a Notice of Promotional Allowance (NOPA).
Line Extensions	Is this item is a line extension? If yes, it is required to send a separate note to Safeway with an attachment with a revised Notice of Promotional Allowances (NOPA) for each previously presented deal for the line that includes this New Item. Please state 'new' in the 'Corporate Item Code' field of the revised NOPA for this item.
Discontinuation Process	If, in Safeway's sole discretion, this new item is discontinued at any future date (and Vendor and Safeway have not otherwise agreed, in writing (enter as a comment in the comment box)), do you agree to accept return of the unsold product for full credit at list cost if Safeway unit sales of the product were less than 80% of Vendor's forecast.

Basic Data Entry Page

Field	Action
Safeway Merchandising Item Code (SMIC)	Provide the 2 Digit Group Code & 2 Digit Category Code – See Group Category Document Located Here for Reference (link)
Item Usage Type	Select the Item Usage Type(s) that apply. Options include: Open Stock, Bonus Pack, Consumer Brands, Display, Expense, Drop Ship, Cross Dock, Random Weight, One Time Buy, Pallet, Seasonal and Organic. **Please also choose Random Weight in combination with Open Stock if you are setting up a new Random Weight item.
Reason For Presentation	Select New Item, Pack Change or Size Change. For Pack or Size Changes, provide the current Corporate Item Code.
Divisions	Select the Divisions. Category Management cannot add divisions – so all applicable Divisions should be selected (or process will have to be repeated)

Warehouse Entry Page

Field	Action
Vendor Name	Provide the vendor name.
Vendor Number (Whse Only)	Not required, but should be entered if exists
Vendor Contact	Provide the name of the vendor contact.
Vendor Contact Phone Number	Provide the vendor contact phone number.
Vendor Email	Provide the primary vendor email for email confirmations and item updates.
Secondary Contact	Provide the name of the Secondary vendor contact if needed
Secondary Contact Phone Number	Provide the Secondary vendor contact phone number if needed.
Secondary Contact Email	Provide the Secondary vendor email if needed
Broker Contact (Whse Only)	Provide the Broker contact if applicable
Broker Contact Phone Number (Whse Only)	Provide the Broker contact phone number (Required if Broker Contact Used)
Broker E-Mail (Whse Only)	Provide the Broker email (Required if Broker Contact Used)
Safeway Category Optimization Process (SCOP)	Indicate if the item is part of an SCOP. If yes, provide the reset type and wave.

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Date of Presentation to Consumer Demand	Provide if available – can be left blank
Universal Product Code (UPC)/Product Lookup Code (PLU)	Provide the Format and UPC. If UPC has to be Safeway Assigned - Choose No.
Vendor Order Code (VOC)/Case Code (Whse Only)	Provide the VOC or Case Code.
Vendor Product Code	Provide Vendor Product Identifier
Multi-UPC	Indicate if there is a secondary retail configuration or the item within the stores receiving unit (Yes/No)
Item Description	Provide the retail description as it appears on the Fixed Weight packaging. (Extend Abbreviations) For Bulk, or Random Weight items – please provide the most accurate description to describe the product.
Pack Configuration	Provide the number of consumer units per master case and indicate if there are re-shippable inner packs per master case. If yes, provide the number of inner packs per master case and number of consumer units per inner pack. For DSD – Indicate how the item will be invoiced and # Retail Units in Master Case
Product Size	Provide the retail product size and unit of measure (16 oz as an example). For Random Weight or Bulk items, use LB.
Gross Case Weight	Provide the gross case weight in lbs. For Random Weight or Bulk Items, please provide the Average Case Weight.
HACCP	Should be provided for items that are HACCP (Seafood only) Yes/No Flag
Country of Origin Labeling	Currently Pertains to Seafood Items Only – Provide Country Details. Product of Country X, or Y, or Z (As an example)
Glass Container	Yes/No Required
Selected Reset Provider	Not Required
Tare Value	Not Required for In Store Bakery at this time.
Tray Size	Not Required for In Store Bakery at this time.
Women, Infant and Children	Yes/No Required
Bottle Deposit/California Refund Value	Yes/No Required
Pre Priced Item	Yes/No Required – If Yes, Enter Pre-Priced Retail
Cannibalization Factor	Not Required
Hazmat Transportation	Yes/No Required
Other Regulated Materials – Domestic (ORM-D)	Yes/No Required
Ingredients Declaration	Yes/No Required
Allergen Declaration	Yes/No Required
Item Dated	Yes/No Required – If Yes, Choose Pack Date or Expiration. If Pull Date/Expiration ~ User MUST enter Both Days Guaranteed to Safeway Warehouse (Or Store for DSD) at time of delivery.
FSA Eligible	Not required
Suggested Retail	Required – If no Suggested Retail – Use .01 and Apply All
Placement Allowance	Yes/No Required
Controlled Substance	Yes/No Required
Ships w/ UPC (Whse Only)	Indicate if the item will ship with an existing item. If yes, provide the UPC. Yes/No Required
De-seasonalized Demand (DD) (Whse Only)	Optional
Ti and Hi (Whse Only)	Provide the Ti and Hi.
Case Dimensions (Whse Only)	Provide the case dimensions in inches.
Case Cube or CAW/COF (Whse Only)	Provide the case cube dimensions in feet or CAW/COF
Cost (Whse Only)	Provide the item cost and unit of measure
Full Truck Cost? (Whse Only)	Indicate if the cost applies to a full truckload. Yes/No Required.
Vendor Availability Date (Whse Only)	Provide the availability date.
FOB/Delivered Cost (Whse Only)	Choose FOB/Delivered Cost
Vendor Availability Date (Whse Only)	Enter Date Product is Available
Shipping Units per Store (Whse Only)	Provide the number of shipping units per store (Optional)
Unit Sales per Week (Whse Only)	Provide the unit sales per week (Optional)
% of Stores	Indicate % of Stores to stock Product (Optional)
Swell Allowance (Whse Only)	Indicate if there is a swell allowance offered. If yes, provide the amount. (2% Swell = 2.00)
Freight Allowance	Indicate if there is a freight allowance offered. If yes, provide the amount.
Freight Charge	Indicate if there is a freight charge. If yes, provide the amount.
Eastern/Guardis Temperature Requirements	Not Required - Floral Items Only
Comment Field	Use for additional communication to Category Manager

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Display Page (Must be provided Only for Displays)

Field	Required Information
Universal Product Code (UPC)	Provide the UPC.
Corporate Item Code (CIC)	Provide the CIC.
SMIC	Provide the complete SMIC.
Item Description	Provide the retail item description as it appears on the package.
Shelf Units	Provide number of shelf units.
Unit Cost	Provide the unit cost.
Total Cost for this UPC	Provide the total cost for the UPC (shelf units x unit cost).
Suggested Retail	Provide the suggested retail.
WIC Authorization	Indicate if the item is WIC authorized.
CRV/Deposit	Indicate if the item is assigned a bottle deposit or CRV.
Package Shape Code	Indicate if the item has an assigned Package Shape Code. If yes, provide the Package Shape Code Value.

DSD Attachment (Must be provided Only for DSD Items)

Field	Required Information
Division	Provide Divisions for set-up (05, 10 etc.)
Vendor Number	Provide Safeway Vendor Number (6 Digit Field 000001 to 999999)
Vendor Sub Account	Provide Vendor Sub Account Number (3 Digit Field 001 to 999)
Vendor Name	Provide Vendor Name
Vendor Phone Number	Provide Vendor Phone Number (Optional)
Vendor e-mail	Provide Vendor e-mail (Optional)
Cost Area	Provide Cost Area – Numeric between 1 and 9 (usually 1 for Meat and Seafood)
Vendor List Cost	Provide Cost – Do NOT use \$ indicator – Numeric Field
Distributor Product Code	Provide Vendor's internal product code (Optional)
Store Authorization	Enter the Safeway Store Number(s) to authorize (4 Digit Field 0001 to 9999) or Enter "ALL" to authorize all stores in the Vendor's service area
Begin Authorization Date	Enter start of authorization (Must be greater than today)
End Authorization Date	Enter end of authorization (Must be greater than today) – (Optional)
Lead Vendor	Enter Lead Vendor Y or N (Must enter "Y" for exactly one vendor/sub account per division. All other lines must have an "N")
Payment Terms	Enter Terms of Payment (e.g. "Net 30 days")

Notes: