

Safeway eNIF Quick Reference Guide

Non-Perishable New Items

Legal Page (All Questions Must Be Answered)

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.
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?
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?
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 Required Fields have an asterisk (*).

Field	Action
Safeway Merchandising Item Code (SMIC)*	Provide the 2 Digit Group Code & 2 Digit Category Code.
Item Usage Type*	Select the Item Usage Type(s) that apply. Options include: Open Stock, Bonus Pack, Consumer Brands, Display, Expense, Drop Ship (DSD Only), Cross Dock (Warehouse Only), Random Weight, One Time Buy, Pallet, Seasonal and Organic.
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).

Entry Page Required Fields have an asterisk (*).

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.
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 is provided)
Broker E-Mail (Whse Only)	Provide the Broker email (Required if Broker Contact is provided)
Safeway Category Optimization Process (SCOP)*	Indicate if the item is part of an SCOP. If yes, provide the reset type and wave.
Date of Presentation to Consumer Demand	Not required, but should be entered if available.
Universal Product Code (UPC)/Product Lookup Code (PLU)*	Provide the UPC, System 2 UPC or PLU. If the UPC has to be Safeway Assigned, select no.

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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 packaging. (Extend Abbreviations) For Bulk or Random Weight items, provide the most accurate description to describe the product.
Pack Configuration*	For Warehouse: Provide the number of retail 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 retail units per inner pack. For DSD: Indicate how the item will be invoiced and # Retail Units in Master Case. For Random Weight or Bulk items, enter 1 for the pack.
Product Size*	Provide the retail product size and unit of measure (16 oz as an example). For Random Weight or Bulk items, enter 1 LB.
Gross Case Weight*	Provide the gross case weight in lbs. For Random Weight or Bulk Items, please provide the Average Case Weight.
Hazard Analysis and Critical Control Point (HACCP)	Should be provided for items that are HACCP. (Yes/No)
Country of Origin Labeling	Not applicable to Non-Perishables.
Glass Container*	Indicate if the item is in a glass container. If it is a display and any item in the display is in a glass container, select yes.
Reset Provider*	Select the reset provider, if applicable. If the reset provider is not in the selection list, select other and provide the reset provider broker name and email. If there is not a reset provider, select none.
Tare Value	Not applicable to Non-Perishables.
Tray Size	Not applicable to Non-Perishables.
Women, Infant and Children Eligibility*	Indicate if the item is WIC eligible. If yes, select the state(s).
Bottle Deposit/California Refund Value Eligibility*	Indicate if the item is Bottle Deposit/CRV eligible. If yes, select the state(s).
Pre Priced Item*	Indicate if the item is pre-priced. If yes, enter the pre-priced retail.
Cannibalization Factor	Provide the anticipated % sales impact on other like items. Not required.
Hazmat Transportation*	Indicate if the item requires Hazmat Transportation. If yes, provide the Proper shipping name, class or division, UN ID number, packing group, label requirements and aircraft shipping limitations.
Other Regulated Materials – Domestic (ORM-D)*	Indicate if the item contains domestically regulated materials.
Ingredients Declaration	Not applicable to Non-Perishables.
Allergen Declaration	Not applicable to Non-Perishables.
Item Dated*	Indicate if the item is dated. If yes, select Pack Date or Expiration. If Pull Date/Expiration, enter days guaranteed to Safeway Warehouse (Or Store for DSD) at time of delivery and days of shelf life. Julian Date is for Floral Items only.
Flex Spending Account (FSA) Eligible*	Not required
Suggested Retail*	Indicate if there is an existing item with the same retail as the new item. If yes, provide the UPC and retail.
Placement Allowance*	Indicate if there is a placement allowance for the item. If yes, provide the amount per store.
Controlled Substance*	Indicate if the item contains a controlled substance. If yes, select the substance(s).
Ships w/ UPC (Whse Only)*	Indicate if the item will ship with an existing item. If yes, provide the UPC.
De-seasonalized Demand (DD) (Whse Only)	Provide the four week weighted average shipping unit demand form the stores while not on promotion or reduced retail.
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.
Vendor Availability Date (Whse Only)*	Provide the availability date.
FOB/Delivered Cost (Whse Only)	Indicate if there is Freight on Board or 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.
Unit Sales per Week (Whse Only)*	Provide the unit sales per week.
% of Stores	Provide the % of stores that will receive the product.
Swell Allowance (Whse Only)*	Indicate if there is a swell allowance offered. If yes, provide the amount. (2% Swell = 2.00)

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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/Genuardis Temperature Requirements	Not applicable to Non-Perishables.
Comment Field	Use for additional communication to Consumer Demand.

Display Page (For Displays Only)

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 (For DSD Items Only)

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: