

TECHNICAL REVIEW COMMITTEE FOOD PRODUCT ASSESSMENT RECORD	DOCUMENT NO. 6000.2000R.121013	DATE ISSUED December 26, 2013	PAGE 1	OF 4
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FOOD PRE-ASSESSMENT PRODUCT PROFILE:

Brand:	Primo Taglio		
Product Name:	Thick Slice Turkey Breast		
SMIC Group:	88 Meat	BU:	Meat and Seafood
Product Description:	Thick Sliced Turkey Breast, Cooked and Smoked		

Vendor:	XYZ Company
Vendor Manufacturing Location(s):	Boise, ID

REQUIRED ATTACHMENTS:	
<input checked="" type="checkbox"/>	Ingredient Statement including all ingredients; annotate components of natural flavorings and spices
<input checked="" type="checkbox"/>	Process Flow Diagram specific to this product; ingredients through finished packaging; annotate CCP's and Control Limits

SPECIFICATION AND AUDIT REQUIREMENT:			
Vendor must agree to enter product specifications in SpecConnect upon award of business			
1. (A) Has the vendor been trained on SpecConnect?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact: Matthew Peters	
(B) If "No", when is SpecConnect training scheduled?		Training Date: 5/13/2015	
Vendors must have GFSI Certification:			
2. What is the GFSI Certification Scheme?	SQF 2000 Audit Date: 12/1/2014		
3. Has the vendor been audited by Safeway?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Audit Date: 4/15/2014	
4. Has the FDA, USDA or other regulatory agency been at your facility in the last year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
5. Has a FDA 483, FSIS NOIE or other regulatory finding been issued in the last year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes, attach findings and corresponding corrective actions			
6. How is the product distributed?	<input type="checkbox"/> Shelf-Stable	<input checked="" type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen
If Frozen, is the product presented as slacked out?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7. Will the product be prepared in-store?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Assembled	<input type="checkbox"/> Cooked
8. Will the product be sold from the service deli case?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Cold Case	<input type="checkbox"/> Hot Case
9. (A) How is the product merchandised?	<input type="checkbox"/> Shelf Stable	<input checked="" type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen
(B) How is the product presented to the consumer?	<input checked="" type="checkbox"/> Ready-to-Eat (RTE)	<input type="checkbox"/> Not Ready-to-Eat (NRTE)	
10. Are microwave cooking instructions provided for the consumer?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
11. Is the product USDA Certified Organic?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Auditor:	
12. Is the product Certified Gluten Free?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Auditor:	
13. Other Certifications/Inspections/Claims:			
14. Check allergens contained in the product:	<input type="checkbox"/> Milk <input type="checkbox"/> Peanuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish		
	<input type="checkbox"/> Eggs <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Wheat <input checked="" type="checkbox"/> Soybeans		
15. If no allergens, is the product produced in a facility where allergens are present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

THIS FORM CAN BE FOUND AT THE FOLLOWING URL: <http://collab.safeway.com/corp/perishables/TRC/default.aspx>

PREVENTIVE CONTROLS PRE-ASSESSMENT:**BRAND:** Primo Taglio**PRODUCT NAME:** Thick Slice Turkey Breast**Biological Hazards:** Yes – Describe the “Preventive Control” or No – Justify why “Not Considered a Risk”

1. <i>C. botulinum</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proper Cooling After Cooking
2. <i>E. coli</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proper Cooking Temperature Monitoring, Water Testing, Good Manufacturing Practices
3. <i>Listeria monocytogenes</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Thermal Processing Program, Environmental Swabbing Program, Sanitation
4. <i>Salmonella sp.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Proper Cooking Temperature Monitoring
5. Other Biological Hazards (list)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Chemical Hazards:

6. Sanitation Chemicals	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Proper storage and labeling, using chemicals at proper concentrations
7. Pesticide Residues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Testing determines not a risk
8. Drug Residues	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Drug residues are not stored or used in facility
9. Other Chemical Hazards (list)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No other chemical hazards identified

Physical Hazards:

10. Metal Inclusion	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Metal Detection CCP as well as magnets
11. Glass Inclusion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No glass allowed in production area, glass policy in place.
12. Other Physical Hazards (list)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No wood pallets allowed in plant.

Other Hazards:

13. Histamines	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not a common risk in turkey
14. Parasites	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Not a common risk in turkey
15. Allergens	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Allergen Control Policy in place

16. Is the product produced in a USDA-inspected facility?	Establishment No. P - XXXX	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Is the product part of the FDA:		
(A) Seafood Hazard Analysis Critical Control Points Program		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(B) Juice Hazard Analysis Critical Control Points Program		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(C) Thermally Processed Low-Acid Canned Foods Program		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Are fresh and processed components comingled in package? (Yes – justify shelf life beyond 7 days)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Does the product contain spices or spice blends? (Yes – describe microbiological control strategy)	Product is fully cooked after spice blend is added. Supplier COA for spices.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Are any in-process rework ingredients used in this product? (Yes – describe ingredients and use)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

TECHNICAL REVIEW COMMITTEE FOOD PRODUCT ASSESSMENT RECORD	DOCUMENT NO. 6000.2000R.121013	DATE ISSUED December 26, 2013	PAGE 3	OF 4
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FOOD SAFETY AND PRODUCT QUALITY PRE-ASSESSMENT:

BRAND: Primo Taglio

PRODUCT NAME: Thick Slice Turkey Breast

1. What is the equilibrium pH of the product?	Equilibrium pH: 5.34	
2. What is the water activity (Aw) of the finished product?	Equilibrium Aw: 0.92	
3. What is the target processing temperature?	°F: 160	
4. What is the target processing time?	Time: 5 Hours	
5. Has microbial testing been conducted on this product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Describe Tests and Results: APC testing on finished products		
6. Have Microbial Standards been established for this product?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(A) What are the initial Microbial Limits for this product? APC : 2 log		
(B) What are the Microbial Limits for this product at the end of the shelf life? APC : 4.5 Log		
7. What are the results of shelf life testing?	Shelf Life: 60 Days	
Describe shelf life failure criteria: Organoleptic Evaluation determines spoilage		
Describe testing storage conditions: 38 F		
8. Have visible quality defects been identified (color, dehydration, decomposition, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Describe: 1. Meat Defects including blood clots, bruising, arteries, veins 2. Excessive fat spots 3. Bone fragments		
9. Has a rejection standard been established for visible defects (level, count, percentage, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Measurement: 1. Size of meat defect 2. Size of fat spot 3. If present, Reject		
10. Is the product <input type="checkbox"/> Vacuum Packed or <input checked="" type="checkbox"/> Modified Atmosphere Packaged?	<input type="checkbox"/> N/A	
Target Oxygen (%): <0.5%		
11. Does the product contain fish or crustacean shellfish?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Raw <input type="checkbox"/> Ready-to-Eat <input type="checkbox"/> N/A		
Acceptable Market Name:		
12. Does the product contain meat or poultry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Raw <input checked="" type="checkbox"/> Ready-to-Eat <input type="checkbox"/> N/A		
Common or Usual Name: Turkey		
13. Does the product contain produce or plant products?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Raw <input type="checkbox"/> Ready-to-Eat <input checked="" type="checkbox"/> N/A		
Commodity Type:		
14. Is the product Ready-to-Eat (RTE) without additional heating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
For RTE Meat/Poultry products, what is the Listeria Control alternative? Alternative 3		
15. Does the product contain any non-GRAS ingredients?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are any ingredients self-affirmed as GRAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TECHNICAL REVIEW COMMITTEE FOOD PRODUCT ASSESSMENT RECORD	DOCUMENT NO. 6000.2000R.121013	DATE ISSUED December 26, 2013	PAGE 4	OF 4
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PRE-ASSESSMENT SUPPLEMENTAL INFORMATION:

This worksheet is for supplemental information describing the vendor's Food Safety and Product Quality Program

Brand:	Primo Taglio
Product Name:	Thick Slice Turkey Breast
Vendor:	XYZ Company

1. Is the product currently being produced by the proposed vendor? (If yes, provide product label)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is a written product specification available for the product? (If yes, provide product specification)	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. (A) What is the complaint history for comparable products? Rate (per million units): 2 per 1,000,000 lbs produced (B) What is the most frequent complaint? High Salt Level		
4. Describe food safety Critical Control Points (CCP's) and associating control limits. Cooking CCP - 155F. HACCP Plan is available for viewing during plant visit		
5. Describe any continuous improvement program for Product Quality: Plant is in process of achieving SQF level 3 certification		
6. Other Information: NA		

REFERENCE ONLY