

Supplier Traceability Audit Form for Food Ingredients

Supplier Name

Audit Date

Auditor

Supplier Address

Contact Person

Contact Phone/Email

Food Ingredient Details

Ingredient Name	Batch/Lot No.	Date Received	Country of Origin	Certificate/Document Ref.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Traceability Checks

Are traceability records available and up-to-date?

Select

Describe the traceability system/method in use

Traceability Exercise Performed (e.g., mock recall)? Result:

Supporting Documentation

Which documents were verified?

E.g., Delivery note, Certificate of Analysis, Supplier approval forms

Auditor's Findings/Comments

Required Actions / Follow-Up

Auditor Signature

Date