

# Product Description Form



Facility:

If you require any assistance please call 514-700-1567

Process / product type name:	
Product name:	
Intended Use:	
Packing:	
Shelf life:	
Where will it be sold:	
Labeling instructions:	
Special distribution control:	

Comments:	Authorized Signature::
	Date:
	Time:
This document is intended for demonstrative purposes only. Please note that alternative approaches to documenting your food safety system are acceptable.	