



Allergen & Sensitive Ingredient
(One form per supplied item)

Product:	Product Code Number:
Company:	Contact Name & Number:

Fill in the following chart for each product you supply to the Anne Arundel County Public Schools.

√ Yes or No.

Component	Present in Product?
Milk	<input type="checkbox"/> Yes <input type="checkbox"/> No
Egg	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peanut	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tree Nut	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fish	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shellfish	<input type="checkbox"/> Yes <input type="checkbox"/> No
Soy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wheat	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there a policy to prevent cross contamination? Yes No

Is this product produced in a peanut free facility? Yes No

Is this product produced in a tree nut free facility? Yes No

IF FOR ANY REASON, THERE ARE MODIFICATIONS TO THIS PRODUCT, YOU ARE RESPONSIBLE FOR UPDATING YOUR RECORDS AND NOTIFYING US IMMEDIATELY.

Form completed by:

Signature of Representative

Date

Title