

Section I: Client Information

Company Name: _____
Street Address: _____
City: _____ **State:** _____ **Zip:** _____
Submitted by: _____ **Date:** _____
Phone: _____ **Email:** _____

Section II: General Product Information

Product Description:

Ingredient List (Optional):

Suspected Deteriorations:

Processing Summary & Kill-Step Procedure/Temperature:

Section III: Study Design

Analysis Reason: Verification of current Shelf life Ingredient/Formulation Change
 New Product Packaging/Processing Change

Expected Shelf Life:

Test frequency: Daily Weekly Monthly Quarterly Yearly

Product Category: Ready to eat: Fully Cooked
 RTE: non-processed, fresh
 Raw
 Other: _____

Section III: Study Design

Retail Holding Conditions: Ambient: 20°C ± 5
 Refrigerated: 4°C ± 3
 Frozen: ≤ -18°C
 Other: _____

Shelf life holding conditions: Ambient: 20°C ± 5
 Refrigerated: 4°C ± 3
 Frozen: ≤ -18°C
 Accelerated: 40°C ± 2, Relative Humidity 75% ± 5

End of Shelf Life Parameters: Nutrient Degradation Organoleptic Properties Microbiology
 Oxidative Rancidity Other:

Expected sample weight: Net Sample wt./vol: _____ Package + Sample wt.: _____

Section IV: Packing

Packaging Monitoring: Defects & Weight Change Defects None

Product Packaging Modified Atmosphere Sealed
 Packaging (MAP) Sealed Open
 Air-Tight Other:

Packaging Monitoring Defects & Weight Change
 Defects
 None

Section V: Organoleptic

Key Qualities/Descriptors:

Sensory Preparations/Cooking parameters: