

D. Allergenes		
In case the questionnaire covers more than one product, please use a separate form D for each product.		
Material Brand Name	Chemical Name (if applicable)	Product Code
1. Allergen		
Does the product contain:		
1.1	Cereals containing gluten and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.2	Crustaceans and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.3	Eggs and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.4	Fish and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.5	Peanuts and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.6	Soybeans and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.7	Milk and dairy products (including lactose)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.8	Nuts and nut products	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.9	Celery and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.10	Mustard and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.11	Sesame seeds and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.12	Sulphur dioxide and sulphites at concentrations of more than 10 mg/kg or 10mg/liter expressed as SO ₂	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.13	Lupine	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.14	Molluscs (gastropods, bivalves, cephalopods)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.15	Maize and products thereof	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.16	Sugar (sucrose)	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.17	Benzoates	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.18	BHA/BHT	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.19	Cinnamon, Cocoa, Vanilla, Chicken, Yeast, Legumes (other than Peanut), Pulses, Coriander, Umbellifereae, Flavour (any artificial/natural), Glutamate (% if naturally occurring), Carrot	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. HACCP – Allergen Risk In Place (cross-contamination)		
2.1.	Are processing aids containing substances causing hypersensitivity listed in section 1, used during the manufacturing process ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.1.1	If yes, which one(s) ? (please indicate ppm level, where applicable)	
2.2	Unintended presence of substances causing hypersensitivity (e.g. carry over / cross-contact). Can you exclude that the material contains any of the substances listed in section 1. due to unintended presence (e.g. cross-contact in the manufacturing site or during transportation, cross-contact / carry-over due to shared production lines, rework, dust, packaging, etc) ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.2.1	If yes, please give details (e.g. used raw materials are under control – audits, supplier’s questionnaires –, efficient validated wet cleaning, system based on HACCP which excludes unintended presence, etc) :	
2.2.2	If no, please specify the reasons and for which substance(s) unintended presence is possible (please indicate ppm level, where applicable)	
2.3	Please provide us a Manufacturing Process Flow	Ref:
2.4	Please detail hereunder the exact Quantitative Product Composition	Ref: