

Pilot Plant Trial Questionnaire

Date _____

rtech laboratories strives to provide you and your company with the utmost of service in the timeliest manner. The following form is a list of information that will expedite your processing request. Be as complete as possible. If you have any questions or concerns, please call or email Carle Shanks, CJShanks@landolakes.com, phone 651-375-2856, fax 651-375-2002. Thank you!!

Complete all applicable sections of questionnaire

1. rtech Pilot Plant process, list equipment requested:

2. Batch size required (Final determination of batch size will depend on, equipment, number of samples required, total project time). **Specify units, gallons, pounds, ounces, liters, milliliters, etc.**

3. Specify collected sample size

4. Number of collected samples required per batch

5. Will you provide sample containers/ packaging?

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

6. Formula Ingredient List: (MSDS required for each ingredient)

Attach additional sheet if necessary

- _____
- _____
- _____
- _____
- _____
- _____

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7. **Known to Contain Allergens?** Yes No
Known Allergen List

- _____
- _____

Client must provide allergen labels for all samples

8. **May Contain Allergens?** Yes No
May Contain Allergen List

- _____
- _____

Client must provide allergen labels for all samples

9. **Temperature Treatments:** (If applicable)

- Mixing Temperature F°
- Mixing Duration mins.
- Preheat Temperature F°
- Pasteurization/Heating Temperature F°
- Hold Times F°
- Cooling Temperature F°

10. **Homogenization Treatments:** (If applicable)

- Homogenization Temperature F°
- One Stage Pressure psi
- Two Stage Pressure psi

11. **Spray Drying:** (If applicable)

Spray Dry Feed Characteristics:

- %Protein %
- %Fat %

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- %Lactose %
- %Feed Total Solids %
- Feed Temperature F°

Spray Dry Process Variables:

- Homogenization Pressure : First Stage psi
- Second Stage psi
- Exhaust Air Temperature F°

10. Analytical Testing

- Standard/ Aerobic Plate Count (*required*)
- Coliform (*required*)
- Salmonella (*required*)
- Yeast/mold (*required*)
- Fat
- Moisture
- Total Solids
- Other

Request Additional Analytical Tests

- 1.
- 2.
- 3.
- 4.
- 5.

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11. Special Instructions/Additional information:

- Critical Control Points which require on-line data collection

12. Attach flow diagram of process, (Critical Control Points Labeled)

13. Final Product Storage: (If applicable)

- Long term storage (>24hrs)
- Storage conditions _____

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

14. Product Shipping: (if applicable)

- Packaging _____
- Shipping conditions _____
- Carrier (UPS, FEDERAL EXPRESS, etc.) _____
 - *May require shipper ID number*

| | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

15. People attending trial:

| Name | Phone | email |
|------|-------|-------|
|------|-------|-------|

Project Lead: _____

Additional Attendees:

| Name | Company |
|----------|---------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

16. Company Name/Address: