



INTERAGENCY MANUFACTURER QUALITY QUESTIONNAIRE

Ref MSF: MSF-NFOS-F1.1-2

Revision: 10

14/02/2013

Scope

This questionnaire applies to all specialized food (ready to use or not) suppliers. It aims to get more details/information about the quality management system in place at the factory, the production means, and the controls implemented in the factory to prevent final products from main microbiological, chemical and physical risks.

Manufacturer/supplier information

	MANUFACTURER:	SUPPLIER (IF DIFFERENT THAN MANUFACTURER)
NAME:		
Address:		
Phone & email		

This questionnaire has been completed by:

Name(s)	
Function(s)	
e-mail(s)	

List of documents to provide

Mandatory:

- ☐ This Manufacturer Quality Questionnaire filled
- ☐ Annex 1: List of products manufactured in the site (see paragraph 2.3)
- ☐ Annex 2 – Environmental monitoring program (see paragraph 4.3)
- ☐ Map of the manufacturing site, detailing the zoning system, flow of material, personnel, waste... site (see paragraph 4.3)
- ☐ Copy of the procedure for cleaning operations, including cleaning of the production zone. (see paragraph 4.8)

If applicable:

- ☐ Food manufacturing license (see paragraph 1)
- ☐ Copy of the certifications (quality system/environment... ie : ISO 22 000 / ISO 14 001...)

Outcome (to be filled by MSF / UNICEF / WFP)

Date sent	
Date returned	
Manufacturer confidence level	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Very high

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RECOMMENDATIONS TO THE MANUFACTURERS

- Codex alimentarius (http://www.codexalimentarius.net/web/index_en.jsp)
 - Recommended International Code of Practice. General Principles of Food Hygiene CAC/RCP 1-1969, Rev. 4-2003
 - Code of Hygienic Practice for Powdered Formulae for Infants and Young Children (CAC/RCP 66 – 2008)
 - All standards linked to specific products for ingredients/raw materials and final products (ex : aflatoxins levels in peanuts, peroxide levels in vegetable oils, radioactive elements in milks, etc.) are detailed in the applicable Product Specifications Sheet (ref QA-NFOS-T:PSS+).
- Iso <http://www.iso.org/iso/en/ISOOnline.frontpage>
 - ISO 22000:2005: Food safety management systems – Requirements for any organization in the food chain
 - ISO/TS 22004 – Guidance on the application of ISO 22000:2005
 - ISO 9001:2000

- - -

MSF/UNICEF/WFP highly recommends the manufacturer to read the technical guidance:

- “Control of salmonella in low-moisture foods” and its annex, published by The GMA Association of Food, Beverage and Consumer Products Companies, in February 4, 2009.
<http://www.gmaonline.org/downloads/technical-guidance-and-tools/SalmonellaControlGuidance.pdf>
- General Guidelines on sampling CAC/GL 50-2004, codex alimentarius

- - -

MSF/UNICEF/WFP highly recommends the manufacturer to read the following documents:

- US FDA – ‘The Changing Science of Peanut Butter’
http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=10&ved=0CIABEBYwCQ&url=http%3A%2F%2Fwww.ncagr.gov%2Fncfoodsafetyforum%2Fpresentations%2FDonald%2520Zink%2520-%25202009%2520Food%2520Safety%2520Forum.ppt&ei=eNUQUdfnLem00QXI0YH0CA&usq=AFQjCNHuf_TaCO34yz6961RBxeoY6gvdvg&sig2=JL9_YJO7XEFutx9YW19faw&bvm=bv.41867550.d.d2k
- Thermal inactivation of Salmonella in peanut Butter Li Ma et al., 2009. J. Food Protect. 72:1596 – 1601

1. COMPANY IDENTIFICATION

What is the legal status of the company?

Does the company belong to a group?
If yes, which one?

☐yes ☐no

Do you have a Food Manufacturing License?

☐yes ☐no

If yes ☐ *Please provide a copy*

Sanitary approval number (if applicable):

2. GENERAL INFORMATION

What is the plant's construction date?

What is the total surface of site?

What is the total covered surface?

What is the date of the most recent MSF, UNICEF and/or WFP inspection?

2.1. ORGANISATION

Factory Manager:

Name:

Email: @

Production Manager:

Name:

Email: @

Quality Manager :

Name:

Email: @

Other key person: Function:

Name:

Email: @

Emergency Recall Contact:

Name:

Function:

Email: @

Business Number:

Home Number:

Fax:

2.2. PLANT WORKFORCE

What is the number of permanent employees on the site?

What is the number of temporary employees on the site?

What is the number of working days per week?

What is the number of work-shifts per working day?

What is the minimum age if employment for regular employees?

What is the minimum age for the temporary workers?

Do you comply with International Labour Organisation Conventions against Child Labour, especially with respect to age, work situation and attendance at school?

☐yes ☐no

2.3. PRODUCTS

Are products other than for human consumption manufactured on the site?

☐yes ☐no

If yes Do you use the same machines as those for products for human consumption

- For their production?

☐yes ☐no

- For their filling and packing?

☐yes ☐no

☐ *Please fill in the table in [Annex 1](#) with the list of all products manufactured.*

2.4. SUB-CONTRACTING

Do you sub-contract?

- Some of the production? ☐yes ☐no

If yes, which part and where?

- Some of the services (maintenance, sanitation, cleaning of premises, storage...)? ☐yes ☐no

If yes, which one?

3. QUALITY MANAGEMENT SYSTEM

What is the number of persons employed in the quality department?

3.1. QUALITY MANAGEMENT SYSTEM

Do you have a documented Quality Management system (Quality Manual)? ☐yes ☐no

Is your Quality Assurance system certified? ☐yes ☐no

If yes What is the reference standard?

Who is the certifying organisation?

What is the date of the last certification?

What is the title of the certification (application field)?

☐ *Please provide a copy of the last certificate*

Do you organise formal internal audits? ☐yes ☐no

If yes How many per year?

Do you organise formal management reviews? ☐yes ☐no

If yes How many per year?

Do you have a procedure for the management of the customer specifications? ☐yes ☐no

Do you have a customer complaint management system? ☐yes ☐no

3.2. TECHNICAL DOCUMENTATION

Do you have a technical file on each finished product ? ☐yes ☐no

Do you have a Quality Plan (QP) for each finished product (technical documentation of process parameters, control criteria...)? ☐yes ☐no

3.3. HACCP

Do you have a HACCP plan for the production of **each product**? ☐yes ☐no

Have you set up a team for HACCP? ☐yes ☐no

If yes Name & position of the coordinating person:

Do all employees know what the HACCP concept is? ☐yes ☐no

Are all employees able to locate the CCPs pertaining to their area of responsibility? ☐yes ☐no

Is your HACCP system regularly audited? ☐yes ☐no

If yes What is the date of the latest audit?

4. GOOD MANUFACTURING PRACTICES

4.1. PERSONNEL

Is there a clear organization chart? ☐yes ☐no

Do you have documentation for job description? ☐yes ☐no

Do you have the curriculum vitae of your key employees? ☐yes ☐no

Is health screening regularly carried out on all employees and prior to employment? ☐yes ☐no

Do you provide protective clothing?
If yes, What is the frequency of change? ☐yes ☐no

Are the following articles mandatory: ☐ Head covers ☐ Masks ☐ Special shoes ☐ Other:

Is hand washing part of hygiene regulations? ☐yes ☐no

Is it forbidden to:
- Smoke in the workshops and warehouses? ☐yes ☐no
- Eat in the workshops and warehouses? ☐yes ☐no
- Bring personal effects (bags...) into the workshops? ☐yes ☐no
- Wear jewellery? ☐yes ☐no

Are employees personnel items stored in a special place? ☐yes ☐no

4.2. TRAINING

Are there signs supporting GMP's posted? ☐yes ☐no

Do you have a training programme?
If yes Does it include quality assurance (GMPs, HACCP, hygiene...) for everyone? ☐yes ☐no

Do you have training for new, temporary and seasonal personnel?
If yes Does it include quality assurance (GMPs, HACCP, hygiene...) for everyone,
including technical department? ☐yes ☐no

Do you evaluate training needs ? ☐yes ☐no

Do you have documented training records? ☐yes ☐no

Do you evaluate the effectiveness of training? ☐yes ☐no

4.3. PREMISES

Are zoning principles applied in the plant? ☐yes ☐no

Is there any specific identification (on a map) of: ☐ Standard hygiene areas ☐ Sensitive areas
Are access restrictions for these areas defined and materialized? ☐yes ☐no

Are different flows (material, personnel, waste) defined to avoid cross contamination?
Are different flows written on a plan ? ☐yes ☐no

☐ *Please provide a copy of a map including the zoning system, flow of material, personnel, waste...*

Are change rooms and bathrooms available and logically located? ☐yes ☐no

Is ventilation adequate and sufficient? ☐yes ☐no

Is lightning adequate and sufficient? ☐yes ☐no

4.4. EQUIPMENT

Is equipment suitable for the intended use?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does equipment design and condition (smooth, surface...) facilitate effective cleaning?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are instructions on how to use the equipment available?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are the labels for calibration and maintenance available on the equipment?	<input type="checkbox"/> yes	<input type="checkbox"/> no

4.5. SECURITY

Is access to the plant secured?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are visitors required to sign in and sign out ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are Emergency exits adequate in number and location?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are fire extinguishers adequate in number and location?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are first-aid procedures and equipment available?	<input type="checkbox"/> yes	<input type="checkbox"/> no

4.6. PEST CONTROL

Is there a control plan (documented) against the following:

☐ Rodents ☐ Birds ☐ Insects ☐ Other:.....

Are pest control devices (including rodent traps and electrical fly killers) adequate in number & location, and located away from exposed food products?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you use a specialised external company for pest control?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Which one? What is the frequency of the interventions?		
Is there a written report after each inspection?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you know which treatment products are used?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are corrective actions implemented in case of regular detection of pest activity?	<input type="checkbox"/> yes	<input type="checkbox"/> no

4.7. PROTECTION AGAINST FOREIGN BODIES

Foreign bodies are any element which is not part of the product (glass, metal, insect, plastic, stone, wood, hair,...), as well as all elements which may come from the materials being processed (shells, stones, pips, leaf...) and which should have been eliminated during processing (cleaning, washing, sorting out, etc.).

Have the areas where one might find glass objects or materials been identified?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Are these areas checked in any particular way?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are the light bulbs and fluorescent tubes protected?		
- Throughout the whole site?	<input type="checkbox"/> yes	<input type="checkbox"/> no
- Only in the areas where the product is exposed?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does a procedure exist to specify what to do after glass breakage occurs?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are the lines used for MSF/UNICEF/WFP equipped with metallic foreign body detectors?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Is there a procedure for checking the metal detectors?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the metal detector frequently calibrated ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are personnel issued with metal detectable plasters for cuts/grazes?	<input type="checkbox"/> yes	<input type="checkbox"/> no

Has the facility eliminated the use of wooden items or surfaces? ☐yes ☐no

4.8. CLEANING

Have you set up a cleaning plan? ☐yes ☐no

If yes, does it include

- The roofs? ☐yes ☐no
- The waste storing areas? ☐yes ☐no
- The dustbins and waste containers? ☐yes ☐no
- The equipment? ☐yes ☐no

Have you implemented dry cleaning for the production zone? ☐yes ☐no

If yes How often?

Do you sometimes have wet cleaning? ☐yes ☐no

If yes How often?

Do you keep records of all the cleaning operations? ☐yes ☐no

Do you check after cleaning operations? ☐yes ☐no

If yes What inspection methods do you use?

Do you keep a list of cleaning products used? ☐yes ☐no

Do you use a specialized external company/contractor for cleaning? ☐yes ☐no

If yes Which one and for what type of operations?

☐ *Please provide a copy of the detailed procedure for cleaning operation, including cleaning of the production zone.*

4.9. ENVIRONMENTAL MONITORING PROGRAM

Have you set up a surveillance plan for contamination usual pathogens (Salmonella, Enterobacteriaceae ...) on product contact surfaces? ☐yes ☐no

Have you set up a surveillance plan for contamination usual pathogens (Salmonella, Enterobacteriaceae ..) on non-product contact surfaces, equipment and in the vicinity of the production lines? ☐yes ☐no

☐ *Please detail the environmental monitoring program in the annex 2.*

4.10. FLUIDS

What is the volume of water used per day?

What is the origin of the water? ☐town ☐well ☐surface

Do you use other types of water (softened, industrial, recycled, ...)? ☐yes ☐no

Is the process for making the water drinkable under your responsibility? ☐yes ☐no

Do you have a water monitoring plan? ☐yes ☐no

If yes, What is the kind of control?

What is the frequency of control?

Have arrangement been made with local health officials to ensure immediate notification of the plan if potability of public water supply is compromised? ☐yes ☐no

Do you have a mapping of the various water circuits?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is each circuit physically identified inside the plant?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does steam ever come in contact with the product during the process?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is steam used for equipment sanitation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are inspections made on the steam?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> NA
If yes Please list the different inspections and their frequency		

4.11. MAINTENANCE

Is there a maintenance plan in place?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Does it include preventive maintenance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you keep records of maintenance operations and equipment ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you identified the chemicals (sanitizers, detergents, lubricants...) used in the product's immediate vicinity?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Are they surveyed in any particular way?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are they stored securely?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you keep an up-to-date list of the chemicals used?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are all chemicals labeled "for food contact" (ex USDAH1 class)?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are they labeled correctly?	<input type="checkbox"/> yes	<input type="checkbox"/> no

4.12. ENVIRONMENT

Do you have someone in charge of environment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have a defined policy and measurable goals in terms of environment?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have precise actions plan to reach these objectives?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the site comply with all applicable national/regional legislation? (e.g. licenses/permits, emissions into the air, waste water discharge...)	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the site audited for environmental performance, impact and compliance?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you undertaken an ISO 14001 certification procedure?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes Who is the certifying organization?		
What is the date of the last certification?		
<input type="checkbox"/> <i>Please provide a copy of the last certificate</i>		
Have the latest inspections by the authorities shown any cases of non-conformity?	<input type="checkbox"/> yes	<input type="checkbox"/> no <input type="checkbox"/> NA
Do you have a procedure of environmental crisis management?	<input type="checkbox"/> yes	<input type="checkbox"/> no

5. PRODUCTION AND QUALITY CONTROL

5.1. MONITORING OF INCOMING MATERIALS

Do you know the geographical origin of all raw materials used ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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Do you require your customers to set up a traceability system? ☐yes ☐no ☐NA

Do you have a procedure for recall? ☐yes ☐no

Do you have a designated person(s) responsible for recall? ☐yes ☐no

Do you audit the traceability system regularly? ☐yes ☐no

If yes What is the date of the last audit?

What part of the traceability system was audited?

5.3. NON-CONFORMING PRODUCTS

Are they physically identified? ☐yes ☐no

Do you keep a record of them? ☐yes ☐no

Who decides what to do with non-conforming products?

6. LABORATORY

6.1. LABORATORY

Does the plant have an internal laboratory? ☐yes ☐no
If yes, kind of analysis? ☐ Organoleptic ☐ Physical-Chemical ☐ Microbiological ☐ Others:

Is there a validation system for the laboratory methods? ☐yes ☐no ☐NA

Are in-house methods documented and approved by a suitably qualified person? ☐yes ☐no ☐NA

Do you use outside laboratories for some analyses? ☐yes ☐no

If yes Do you use accredited laboratories for those analyses? ☐yes ☐no

How do you select/approve external laboratories?

.....
.....

6.2. CALIBRATION

Is there a written procedure for the calibration of all equipment and instruments, including new equipment and instrument prior to use? ☐yes ☐no

How long are calibration records kept?

7. STORAGE AND TRANSPORT

7.1. STORAGE

Do you have an outside storage location? ☐yes ☐no

If yes How far is it from the factory?

Does the warehouse belongs to your company? ☐yes ☐no

Is there staff permanently present at this warehouse? ☐yes ☐no

Do you have specific premises for storing the following:

- Raw materials? ☐yes ☐no

- Packaging materials? ☐yes ☐no

- Chemicals? ☐yes ☐no

- Finished products? ☐yes ☐no

Are there specific storage conditions (temperature, humidity) for materials? ☐yes ☐no

If yes Please describe:

.....

.....

Are those parameters recorded? ☐yes ☐no

If yes, how often?

Are the persons authorized to change those parameters clearly defined? ☐yes ☐no

How do you protect finished products on the pallets:

- Between layers? ☐yes ☐no

- Plastic film cover? ☐yes ☐no

Are procedures in place for stock rotation? ☐yes ☐no

Are materials properly marked with rotation codes (receipt dates, manufacture dates...) ☐yes ☐no

Are periodic stock reconciliations performed by comparing the actual and recorded stocks (inventory)? ☐yes ☐no

Are significant stock discrepancies investigated? ☐yes ☐no

Is there sufficient space along all walls (<30cm) to permit proper cleaning and inspection for pest activity? ☐yes ☐no

7.2. DESTRUCTION

Do you have a procedure for destruction of raw material/finished products? ☐yes ☐no

7.3. TRANSPORT

Do you have set procedures for inspecting the equipment before unloading and loading (cleanliness, absence of odor, absence of suspicious products...)? ☐yes ☐no

Do you keep a record of these checks? ☐yes ☐no

Are there specific transport conditions (temperature, humidity) for the ingredients based on stability studies? ☐yes ☐no

If yes, Are those parameters recorded? ☐yes ☐no

ANNEX 1 – LIST OF PRODUCTS MANUFACTURED ON THE SITE

MSF products	UNICEF products	WFP products	Products	Reference of production line	Filling conditions (packaging type)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ANNEX 2 – ENVIRONMENTAL MONITORING PROGRAM

Where	bacteria	Method	Frequency	Number of sampling points	target	% of out of target results within the last year	Laboratory used (internal/external)	
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
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							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External
							<input type="checkbox"/> Internal	<input type="checkbox"/> External

Name and location (country) of the external laboratory(ies):