

# Manual Micro Analysis Help Guide



NQAC

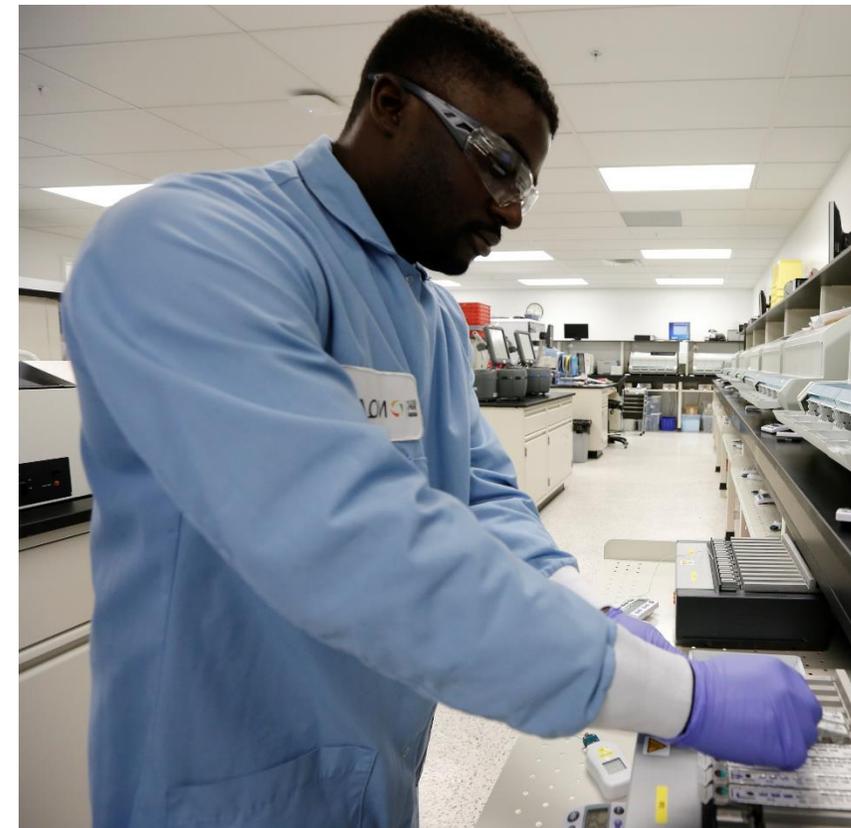
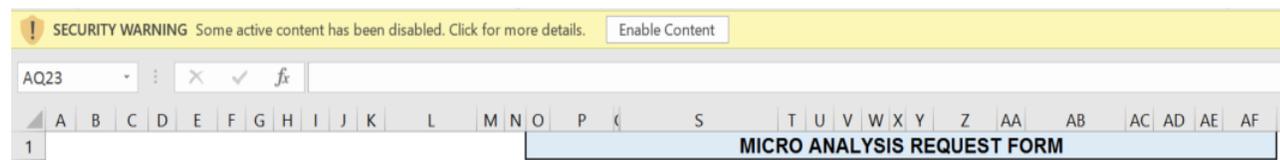
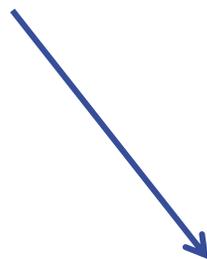
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# Getting Started

Begin by enabling the macros within the form.



# Provide Your Contact Information

In the field pictured on the right, enter your business' contact information.

- Business Name
- Address
- Phone
- Fax

<b>SUPPLIER OR FACTORY NAME AND LOCATION</b>	
Fill in business name, address, phone and fax below:	
<b>TELEPHONE:</b>	
<b>FAX:</b>	

All samples for Microbiological testing are started within 24 hours of being received at NQAC unless otherwise advised.



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# Submitter Information

The individual completing the form will list their name and the date the sample(s) are submitted to NQAC.

\*The submitter is not copied on the Final Laboratory Report.

**Click To Email to NQAC**

If the click option does not work, please send directly to [usnqacmarf@us.nestle.com](mailto:usnqacmarf@us.nestle.com)

<b>NQAC Contact</b>
<a href="mailto:grpCSNDub@us.nestle.com">grpCSNDub@us.nestle.com</a>
<b>Primary Contact for Deviations</b>
<b>NAME OF SUBMITTER:</b>
<b>DATE SUBMITTED/SHIPPED TO NQAC:</b>
<b>REPORT RECIPIENTS (Please include email if outside of Nestlé)</b>
1.
2.
3.
4.
5.
6.

\*International Clients: Please include USDA Importation Permit 44434 on the outside of each package shipped



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# Report Recipients

List the name and email address of the individuals who should receive a copy of the Final Laboratory Report.

**Click To Email to NQAC**

If the click option does not work, please send directly to [usnqacmarf@us.nestle.com](mailto:usnqacmarf@us.nestle.com)

<b>NQAC Contact</b>
<a href="mailto:grpCSNDub@us.nestle.com">grpCSNDub@us.nestle.com</a>
<b>Primary Contact for Deviations</b>

<b>NAME OF SUBMITTER:</b>
<b>DATE SUBMITTED/SHIPPED TO NQAC:</b>
<b>REPORT RECIPIENTS (Please include email if outside of Nestlé)</b>
1
2
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4
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\*International Clients: Please include USDA Importation Permit 44434 on the outside of each package shipped

# Billing Information

Fill in your NQAC Customer ID and Client P.O. or Reference #.

*\*If you do not know or do not have a Client P.O. or Reference #, you can leave this cell blank.*

The NQAC Customer ID is used for reporting and billing purposes and must be listed on the form.

*If you do not have a NQAC Customer ID, you can click the "For NQAC Customer ID" button located in the box to the right.*

NQAC Customer ID :
Client P.O. or Reference # :

<b>NESTLE USA, INC</b> QUALITY ASSURANCE CENTER <b>Shipping:</b> 6625 Eiterman Rd, Dublin, OH 43016 <b>Mailing:</b> PO Box 1516, Dublin, OH 43017  <b>Telephone:</b> 614-526-5200 <a href="#">For Customer Service:</a> <a href="#">For NQAC Customer ID:</a>
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# Project Description

The project description will be the project report name.

This description will be the subject line of the Final and Partial Report when they are emailed to you.

*\*If this field is left blank the subject of the email containing your results will be:*

*Final or Partial Laboratory Report :  
(Project #)*

<b>NQAC Customer ID :</b>
<b>Client P.O. or Reference # :</b>
<b>Project Description</b>



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# Sample Information

Choose the sample type from the drop-down box. The following are your options:

FP = Finished Product

RM = Raw Material

ENV = Environmental Sample

WIP = Nestlé WIP

Please fill in Sample Description,

NQAC NUMBER <small>(for internal use only)</small>	Sample Type	S:
		▼
	FP	
	RM	
	ENV	
	WIP	



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# Sample Information

Enter the description, SAP Lot or Production Code, and Client Sample ID #.

This information will show up on the Final Laboratory Report. This information must be able to be matched to the samples received at NQAC Dublin.

Sample Description (Product Name)	SAP Lot or Production Code	Client Sample ID #



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# Pooled Requirements

Choose Y (yes) or N (no) if you would like NQAC to composite the samples.

\*Please note that NQAC cannot pool multiple containers for general microbiology testing.

Client Sample ID #	Pooled?	SAI
		▼
	Y	
	N	



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# Testing Requirements

To indicate what testing you would like performed on your samples click on the small square in the desired column.

Please note that by clicking within each cell you can access a drop-down menu to select sample weights and testing variations.

General Testing				Pathogen Testing		
APC	EB	Coliforms / E.Coli	Mold / Yeast	Staph (CPS)	Listeria	Salmonella
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The following are the drop-down menu options for each testing category:

- Listeria:** 25g, 100g, 125g, 250g, swab
- Salmonella:** 25g, 100g, 125g, 150g, 250g, 325g, 375g, 750g
- EB:** Petrifilm, Petrifilm x2, Pour Plate, Pour Plate x2, MPN
- Coliforms / E.Coli:** Coliforms only, E. Coli only, Both
- Mold / Yeast:** Mold only, Yeast only, Both



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# Requesting Commercial Sterilities

List your testing in the other column.

Other
Comm Sterility & pH

Indicate the temperature of incubation in the sample description.

Sample Description (Product Name)	SAP Lot or Production Code	Client Sample ID #	Pooled?	SAP Material ID #
30°C Strawberry Pudding	12345	11:15		54321

In the Special Instructions indicate the incubation temperature and duration.

Special Instructions	Please Incubate at 30°C for 10 Days
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We will also need the targeted pH ranges listed in the other column.



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# Requesting Commercial Sterilities

Please fill in Sample Description, SAP Lot, and (if desired) SAP Material ID as you would like for them to appear on the report.

NQAC NUMBER <small>(for internal use only)</small>	Sample Type	Sample Description (Product Name)	SAP Lot or Production Code	Client Sample ID #	Pooled?	SAP Material ID #	General Testing				Pathogen Testing			Other
							APC	EB	Coliforms / E.Coli	Mold / Yeast	Staph (CPS)	Listeria	Salmonella	
		30°C Strawberry Pudding	12345	11:15		54321	<input type="checkbox"/>	Comm Sterility & pH						
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# Submit Your Analysis Request Form

Once the form is completed, click the "Click to Email to NQAC" button to submit the form.

*If this button doesn't work you can manually send the form by sending directly to this email address.*

<b>MICRO ANALYSIS REQUEST FORM</b>
<a href="#">Click To Email to NQAC</a>
If the click option does not work, please send directly to <a href="mailto:ARF-Micro@nestle.com">ARF-Micro@nestle.com</a>
<b>NQAC Contact</b>
<a href="#">NQAC Dublin Customer Service</a>
<b>Primary Contact for Deviations</b>

Please be sure to print out a copy and ***include it with your shipment.***

Contact Customer Service at [nqacdublincustomerservice@us.nestle.com](mailto:nqacdublincustomerservice@us.nestle.com)  
OR 614-526-5200 with any questions.



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# Thank you.



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