

Please complete the following information:

Date: _____ Name: _____ Company: _____
 Email: _____ Phone: _____
 Mailing Address: _____
 City/State/Zip: _____

Where are you in this process of a food business? _____

What is the food product you want to make? _____

What type of food is it? Canned ___ Dairy ___ Fresh/ Frozen ___ Meat ___

Where is it made? Commercial kitchen: Private ___ Rented ___ Community incubator (shared) ___

Co-packer ___ Company: _____ Home based Food Processor ___

Where will it be sold? Farmer's Market ___ Restaurant ___ Direct to consumer ___ Wholesale ___

How is sold? Shelf-stable Canned ___ Refrigerated ___ Frozen ___ Dried/ dehydrated ___

WHAT DO YOU NEED HELP WITH? _____

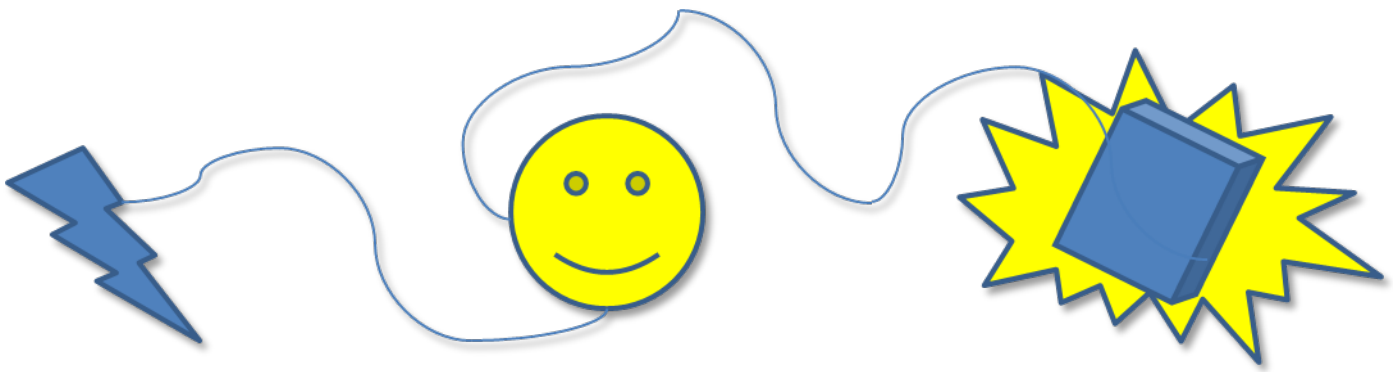
Product Development ___ Process/ product evaluation ___

Laboratory analysis ___ microbial ___ chemical ___ composition ___

Food label: Allergen ___ Ingredient Statement ___ Nutritional panel

For NMSU EFT USE:

PERMITS	NMED	NMDA	CITY/COUNTY	USDA	FDA
APPLIED					
REVIEWED BY?					
ANALYSIS	PH	WATER ACTIVITY	MICROBIAL	CHEMICAL	COMPOSITION
Completed?					
Date?					
LABELING	BASIC	NUTRITION	ALLERGEN	INGREDIENT	SPECIFIC
PROCESS CONTROL	GMP/SOP	HACCP	GAP	NOP	CERTIFIED?



TASK	Target date	Where (location)	Who (responsible)	Comment
PERMITS				
Agency(s)				
ANALYSIS				
LABELING				
PROC. CONTROL				