



MSF QUALITY ASSURANCE
SPECIALIZED FOOD

Ref: QA-NFOS-F2-4
Ref ITC: NFSFQCONFFE
Date of issue: 02/09/2010
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CHECK LIST for the QUALITY CONTROL :
PRECOOKED FORTIFIED FLOUR

1. General information

Product:	Manufacturer:	Batch nb:	BB date:
Type of control: : <input type="checkbox"/> Regular quality control <input type="checkbox"/> Suspicion of deterioration		<input type="checkbox"/> Control upon receipt <input type="checkbox"/> Other :	

2. Control of the information printed on the bags

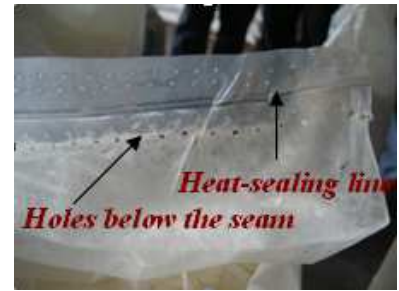
Readable printing with: <input type="checkbox"/> manufacturing date <input type="checkbox"/> batch number <input type="checkbox"/> best before date	<input type="checkbox"/> net weight <input type="checkbox"/> name of supplier <input type="checkbox"/> origin (country)
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- Control of the bag:

Bag not perforated / not damaged and good stitching



perforated / damaged



>>> Please go directly to the paragraph 5.2

- Control of the heat sealing

Good



Absent



Incomplete



>>> Please go directly to the paragraph 5.2

- Research of insects or larvae

Absence

Presence outside of the bag



>>> spraying is possible

Presence in the fortified blended flour



>>> Please go directly to the paragraph 5.2

3. Organoleptic control:

Flour:	
- Visual control and touch: <input type="checkbox"/> Presence of aggregates, lumps <input type="checkbox"/> Do not flow through the fingers <input type="checkbox"/> Presence of seeds or fragments of seeds <input type="checkbox"/> Wet <input type="checkbox"/> Suspicious color (shall be mid tan-cream)	- Smell <input type="checkbox"/> off smell, acrid (smells like a very mild cake) <input type="checkbox"/> musty smell <input type="checkbox"/> smells like linseed oil (sign of oxidation) - Hearing: <input type="checkbox"/> constant cracking, rubbing sound (insects)
If you have ticked ONE OR MORE box(es) above, please go directly to the paragraph 5.2	
Prepare a porridge (cook one cup of product in 3 cups of boiling water for 10 min) and taste it:	
<input type="checkbox"/> Cooking time >10 minutes <input type="checkbox"/> bitter taste	<input type="checkbox"/> acidic (like a dry cake without sugar) <input type="checkbox"/> soapy, rancid, sharp, pungent
If you have ticked ONE OR MORE box(es) above, please go directly to the paragraph 5.2	

4. Storage conditions

<input type="checkbox"/> Warehouse in good general state	<input type="checkbox"/> Warehouse dirty	<input type="checkbox"/> Suspicious Odor in the warehouse
<input type="checkbox"/> Presence of products other than medicine and specialized food in the vicinity of the pallets:		
<input type="checkbox"/> Evidence of insect or rodent damage or activity		

5. After the control

- Close the sacks
- Identify the sacks by means of labels (for example, checked + date).
- Record the quality control on the stock file.
- Keep this form for 2 years

5.1. If no problem detected

- Place the sacks on the pallet and keep ready in order to be consumed as soon as possible
- Use the checked sacks first.

5.2. If a problem has been detected

- Isolate the sacks immediately.
- If there are insects, check several sacks with the same lot, the contaminated sacks will need to be stored in a place where there are no foodstuffs. The remaining sacks will need to be checked more regularly.
- If you notice degradation of the product, assess it by opening more sacks.

Supply channel :		
<input type="checkbox"/> Local/Regional purchase	<input type="checkbox"/> International/Regional procurement center (name :	
<input type="checkbox"/> Agreement with <input type="checkbox"/> WFP / <input type="checkbox"/> UNICEF / <input type="checkbox"/> other: to be distributed by MSF		
<input type="checkbox"/> Donation by: (the product is the property of MSF, otherwise, choose "agreement" above		
Order/agreement/donation Ref: Reception date :		
Total quantity received :	Quantity consumed :	Quantity concerned by the problem:

- Send this report immediately to your section pharmacist and/or nutrition referent, cc food-quality-coord@msf.org
- The decision to take samples for laboratory testing will be made by the Coordinator for Specialized Food Quality Assurance in collaboration with the section pharmacist and the nutrition referent.

Date:	Name and signature of the controller:
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To be filled by the Coordinator for Specialised Food Quality Assurance

Quality complaint ref:	Opened on:
Samples received on:	Closed on: