Shelf Life Study – Required Client Questionnaire

Submit completed questionnaire to samples1@pcaslabs.com and project1@pcaslabs.com

Thank you for choosing us to support your product testing needs. To help us design your shelf life study accurately and efficiently, please complete the following questionnaire. Your responses will guide the structure of the testing protocol. Feel free to contact us before submitting initial samples, extended shelf life can be arranged upon request.

Date:_____ Company Name:_____

Company address:_____

Primary Contact Name:_____Phone number:_____

Email:_____

Important Note:
Clients are responsible for determining their **target shelf life**.

☐ Check box if you wish to include our third party food consultant before starting shelf life if you are unsure where to begin or would like expert guidance.

Lab responsibilities will focus only on conducting the testing and delivering the results based on the parameters you provide below. Any data interpretation/evaluation will be provided by food consultant.

☐ Check box if you wish to include our third party food consultant for interpretation and evaluation of reports/results

*****Food consultant services are subject to an additional fee each time they are requested.***

1. **What is the reason for shelf life testing? (REQUIRED)**

___ New Product
___ Change in formula, ingredients, processing or packaging
___ Consumer complaints
___ Verification of current shelf life
___ Other(please describe): _____

2. **Please describe the product (REQUIRED)**_____

_____

_____

_____

_____

3. **Which product category does this most closely resemble? (REQUIRED)**

___ Beverage
___ Frozen Goods
___ Pet
___ Snack/Finished Dry Goods
___ Other(please describe): _____
___ Meat Based Products
___ Pharma/Supplement
___ Refrigerated Goods
___ Ingredients

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4. **Include the ingredient list. (REQUIRED) (Or attach your ingredients list.)**

_____
_____
_____
_____
_____
_____
_____
_____
_____

5. **Are there any preservatives, extenders or spices used in your product?**

_____

6. **Do you have any limitations on product availability? (REQUIRED)**

_____

7. **How is your product currently being stored? (REQUIRED)** *Note: Ambient temperatures could only proceed with accelerated shelf life.

___ Ambient – 60°F and above (Continue to #7**)**
___ Refrigerated – 35°F to 60°F (*Skip to #8)
___ Frozen – 35°F and below (*Skip to #8)

8. **Which temperature would you want the shelf life study to follow?**

___ Real time 72 °F
___ Accelerated 102°F *Recommendations: Suggested to test both accelerated and real-time shelf life for the ambient products. Some products do not respond well to accelerate conditions, so real-time shelf life can verify the accelerated results (1 week @102°F = 1 month @ 72 °F.)*

9. **What is your (a) current shelf life (b) estimated target shelf life for your product? ** (REQUIRED).**

(a)_____(b)_____

10. **Please describe your packaging, size and weight (REQUIRED)**

_____
_____

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11. Are you using modified atmosphere packaging?

___ Yes / No

___ If yes, describe: _____

_____

12. Is there a kill step/heating step in your manufacturing process? (REQUIRED)

___ Yes / No

___ If yes, describe: _____

_____

13. If known, provide starting values:

Initial Moisture: _____ Water Activity: _____ pH: _____ Fat Content: _____

14. If known, what criteria do you use to determine when your product is no longer fit for sale or use?

___ Change of texture ___ Change in color ___ Change in pH ___ Change in water activity

___ Other: _____

☐ Check box if you wish to be notified if any of the following changes occur during shelf life study.

Provided by Name _____ Signature _____