

Extraneous Matter Inspection Report (Supplement)

Product Name:	Lot Number:	Location:	Date:
Supplier (s):		Inspection Plan: ☐ Low Risk ☐ Medium Risk ☐ High Risk	
Technician(s):		Number of Subsamples Collected:	
Start Time:	End Time:	Number of Containers Sampled:	

	Subsample 1 Date:	Subsample 2 Date:	Subsample 3 Date:	Specification	Notes
Weight examined (g)					
Glass				Absent	
Choking Hazards (metal, rigid plastic)				7mm to 24mm	
Live Insects				Absent	
Foreign Matter % by Wt.				<2% by Wt.	
Parent Plant Matter % by Wt.				Varies	
Visible Mold (If required per specification sheet)				<3% by Wt.	
Reviewed By Lab Technician:			Date:		

Remarks: