



SHELF-LIFE EVALUATION LABORATORY

Regional Standards & Testing Laboratories - 10
Department of Science and Technology - 10
J. V. Serina Street, Carmen, Cagayan de Oro City, 9000

SHELF - LIFE EVALUATION INITIAL QUESTIONNAIRE

Please fill out all required information

Customer's Name and Address:	Telephone No.:
Company/Institution:	Mobile No.:
Address:	Email:
PRODUCT/PRODUCTION BACKGROUND	
Generic Name of Product: (Baked goods, Beverage, etc)	
Brand or Trade Name of product:	
Expected/Observed Shelf life of your product:	
Packaging Material: <input type="checkbox"/> PE/PP Plastic <input type="checkbox"/> Metal/Tin <input type="checkbox"/> Cardboard <input type="checkbox"/> PVDC (Foil) <input type="checkbox"/> Others: <input type="checkbox"/> PE Plastic Bottle <input type="checkbox"/> Glass (Laminated) <input type="checkbox"/> Cardboard (Not Laminated)	
Net Content of sample/ pack for evaluation:	
Ingredients:	
Preservatives/Antioxidants/Additives. Etc:	
Which of the following are employed in your production area: <input type="checkbox"/> Good Manufacturing Practices (GMP) <input type="checkbox"/> Hazard Analysis Critical Control Points (HACCP) <input type="checkbox"/> Quality Monitoring/ SSOP <input type="checkbox"/> Others, please specify:	
Storage requirements/conditions (e.g. temperature requirements, humidity, light):	
What is your production volume? (specify daily, monthly, etc.)	
Specify the market distribution of your product(include transport requirements/conditions of there are any):	
Have you received any complaints regarding your product? <input type="checkbox"/> No <input type="checkbox"/> If yes, pls specify :	
How long have you been doing your production process?	
What are the processes involved in the production: <input type="checkbox"/> Mixing <input type="checkbox"/> Fermentation <input type="checkbox"/> Freeze drying <input type="checkbox"/> Baking <input type="checkbox"/> Salting/Curing <input type="checkbox"/> Heating <input type="checkbox"/> Freezing <input type="checkbox"/> Bottling/ Caning <input type="checkbox"/> Smoking <input type="checkbox"/> Cooling <input type="checkbox"/> Heat Sterilization <input type="checkbox"/> Vacuum packing <input type="checkbox"/> Hot filling <input type="checkbox"/> Sugar/ Sweetening <input type="checkbox"/> Pasteurization <input type="checkbox"/> Hand sealing <input type="checkbox"/> Sun drying <input type="checkbox"/> Frying <input type="checkbox"/> Grinding <input type="checkbox"/> Others: <input type="checkbox"/> Refrigeration <input type="checkbox"/> Pickling <input type="checkbox"/> Proofing	
How often do you change your production method? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Others <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Same method since the start of production	
What are the factors considered by the company/institution to maintain quality of products?	
What are the criteria for acceptance of importing company? (If applicable)	
What are the observed modes of deterioration for your product?	
Other information that may be significant for the evaluation of your product:	
Customer's Signature:	Date:

All information will be considered confidential and for shelf-life evaluation purposes only.

To be filled up by RSTL Personnel Only

Received by:

Date received:

Questionnaire number:

Tel. / Fax Nos. : 855-0081
Email: rsl-cro@region10.dost.gov.ph
DOST Central URL: <http://www.dost.gov.ph>
DOST-X URL: <http://region10.dost.gov.ph>

OP-007-F5
Revision 3
Effectivity Date : 05 January 2024