



International Bottled Water Association

| Company/Contact Information | | Audit Information | |
|-----------------------------|---|-------------------------|-------------------------|
| Facility# - Name | C0242368 - Vetter's Inc. DBA Culligan | Audit# - Visit# | 1210657 - 955030 |
| Address | 701 West 76th Street, Davenport, Iowa, United States, 52806 | Audit Type | IBWA |
| Store# | | Template Version | 1.2 |
| Facility Contact | Mr. Kevin Schlemme | Audit Category | RECURRING |
| Phone | 563-391-4414 | Audit Year | 2015 |
| Fax | | Period | |
| Email | kevins@vettersculliganwater.com | Auditor | Stuart Zeilstra |
| Audit Contact | Josh Schlemme | Audit Start Time | 02-SEP-2015 07:55:00 AM |
| Client# - Name | C0038869 - Culligan International Company | Audit End Time | 02-SEP-2015 11:30:00 AM |
| Client Contact | Ms. Brenda Kougias | | |

| Facility Performance | |
|---|---|
| Number of GMP + HACCP Major Non conformances | 0 |
| Number of GMP + HACCP Minor Non conformances | 1 |
| Number of Membership Major Non conformances | 0 |

| Auditor's Note |
|----------------|
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| General | | |
|---------|--|--------|
| No | Question/Notes | Answer |
| H1 | HACCP Plan written and implemented. (HMj) | Yes |
| H2 | HACCP Plan independently validated or self-validated by the company. (HMn) | Yes |
| H3 | Multi-disciplinary HACCP team with product and process experience identified in HACCP Plan - meets regularly. (HMj/HMn) | Yes |
| H4 | All product water types identified and addressed by HACCP Plan. (HMj) | Yes |
| H5 | Process flow diagram covering all steps in the operation and representative of operation included in HACCP Plan. (HMj/HMn) | Yes |
| H6 | Biological, chemical, and physical hazards identified in HACCP Plan. (HMj) | Yes |
| H7 | Preventive measures identified for each hazard in HACCP Plan. (HMj) | Yes |
| H8 | Critical control points identified in HACCP Plan. (HMj) <i>This facility has two CCPs. UV light and finished product (O3)</i> | Yes |
| H9 | Monitoring schedule established for each CCP in HACCP Plan and is verifiable with records. (HMj) | Yes |
| H10 | Person(s) responsible for monitoring identified in HACCP Plan and verified. (HMj) | Yes |
| H11 | Records signed by responsible person(s); verified. (HMn) | Yes |
| H12 | Records reviewed and signed by review official and verified. (HMn) | Yes |
| H13 | Corrective action established in HACCP Plan for each CCP. (HMj) | Yes |
| H14 | Product disposition tracked and verifiable with records. (HMn) | Yes |
| H15 | Process for review of HACCP system and records established. (HMj) | Yes |
| H16 | Documentation and recordkeeping system in place. (HMj / HMn) | Yes |
| H17 | Employee training documentation. (HMn) | Yes |



| General | | |
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| H18 | Quality assurance SOP. (HMn) | Yes |
| Section Note: | | |

| GMP | | |
|----------------------|---|--------|
| No | Question/Notes | Answer |
| G1 | Product water from approved source; complies with applicable laws and regulations; documented; complies with GMPs and SOQs; source integrity verified; source free of surface water influence. (HMj) | Yes |
| G2 | Source waters analyzed annually for chemical/physical parameters; every four years for radiological parameters. Non-PWS source waters analyzed weekly for microbiological contaminants. (HMj) | Yes |
| G3 | Product water contact surfaces comply with FDA, Codex, or other applicable standards; are of nonabsorbent, nontoxic materials; can be adequately cleaned and sanitized. (HMj) | Yes |
| G4 | Treatment process achieves intended purpose; inspection records maintained and reviewed. (HMn) <i>This facility uses softening, carbon filtration, reverse osmosis, distillation, uv, and ozone treatment.</i> | Yes |
| G5 | Product water samples taken after processing prior to bottling to verify effectiveness of treatment process; approved analysis methods. (HMn) | Yes |
| G6 | Unsanitary or defective containers reprocessed or discarded; multi-service containers cleaned, sanitized prior to filling and capping; records maintained. (HMn) | Yes |
| G7 | Mechanical washers inspected and records maintained for maintenance and performance. (HMn) | Yes |
| G8 | Sanitizing operations comply with applicable regulations and manufacturers directions; records maintained. (HMn) | Yes |
| G9 | Containers and closures nontoxic; comply with applicable regulations. (HMj) | Yes |
| G10 | Filling, capping, and sealing monitored; filled containers inspected; records maintained. (HMn) | Yes |
| G11 | Containers and closures tested for microbiological contaminants at least quarterly; records maintained. (HMj) | Yes |
| G12 | Samples taken at least once per week for each product type; analyzed at an approved laboratory for microbiological contaminants; records maintained. (HMj) | Yes |
| G13 | Bottled water products tested daily for total coliform by an in-house laboratory or an approved laboratory. (HMj) | Yes |
| G14 | Samples analyzed at least once per year for each product type for chemical and physical parameters by an approved laboratory. (HMj) | Yes |
| G15 | All records of certifications and approvals of source and operations water on file. (HMn) | Yes |
| G16 | All records retained for a minimum of five years. (HMn) | Yes |
| Section Note: | | |

| Plant Construction | | |
|--------------------|--|--------|
| No | Question/Notes | Answer |
| G17 | Properly stored equipment, refuse, waste; litter. (GMn) | Yes |
| G18 | Road, yard, and parking lot dust controlled. (GMn) <i>Yard is paved.</i> | Yes |
| G19 | Grounds adequately drained. (GMn) | Yes |
| G20 | Sufficient space for equipment, storage of materials; aisles and working spaces clear; sufficient width. (GMn) | Yes |
| G21 | Proper construction: floors, walls, and ceilings; clean. (GMn) | Yes |
| G22 | Fixtures, ducts, and pipes placed to preclude dripage or condensate from contaminating product. (GMn) | Yes |
| G23 | Bottling room separate from other plant operations; tight walls and ceilings; self-closing doors; conveyor opening size; lights protected. (GMj / GMn) | Yes |
| G24 | Adequate lighting: work stations (50 FC min.), hand washing, locker rooms, toilet rooms; Other areas (20 FC min.). (GMn) <i>Lighting in the cooler cleaning room is only 39 Foot Candles (FC). The requirement for this area . All other lighting in the facility exceeds minimum requirements.</i> | Minor* |



| Plant Construction | | |
|----------------------|--|-----|
| G25 | Light fixtures over processing areas (outside fill room) safety type or otherwise protected. (GMn) <i>All light fixtures are covered.</i> | Yes |
| G26 | Adequate ventilation provided to minimize odors, noxious fumes, or vapors and condensate in processing, bottling, container washing and sanitizing rooms; ventilation equipment clean. (GMn) | Yes |
| G27 | Effective screening or other protection provided against birds, animals, or other pests. (GMn) | Yes |
| G28 | Product in process in sealed piping system under pressure; free of excessive leaks or other sources of contamination. (GMn) | Yes |
| G29 | Bottle washing/sanitizing in an enclosed room; positioned to minimize post-sanitization contamination. (GMn) | Yes |
| G30 | Processing, washing, other rooms not directly connected to room(s) used for domestic household purposes. (GMn) | Yes |
| Section Note: | | |

| Sanitary Facilities & Control | | |
|-------------------------------|--|--------|
| No | Question/Notes | Answer |
| G31 | Operations water meets applicable regulatory standards and requirements. (GMj) | Yes |
| G32 | Source water approved by agency having jurisdiction or by certified or licensed professional geologist or hydrogeologist. (GMn) | Yes |
| G33 | Air under pressure directed at product water or contact surfaces free of oil, dust, rust, excessive moisture; does not affect bacteriological quality. (GMn) | Yes |
| G34 | Locker and lunch rooms separate from plant operations and storage areas; doors are self-closing; rooms are clean and sanitary; refuse container(s) provided; packaging, wrapping materials and processing supplies absent. (GMn) | Yes |
| G35 | Sewage disposal and plumbing adequately installed and maintained. (GMn) | Yes |
| G36 | Floor drainage adequate where flooding type cleaning or where normal operations discharge on the floor. (GMn) | Yes |
| G37 | Toilet facilities adequate; handwashing facilities provided; facilities sanitary; doors self-closing; doors do not open directly into processing areas; handwashing signs provided. (GMn) | Yes |
| G38 | Handwashing facilities adequate, convenient; provided at each location where employees are required to wash or sanitize and dry hands; hot and cold tempered water provided; sanitary towels or dryers provided. (GMn) | Yes |
| G39 | Rubbish disposal provided; proper receptacles with covers. (GMn) | Yes |
| Section Note: | | |

| Sanitary Operations | | |
|---------------------|---|--------|
| No | Question/Notes | Answer |
| G40 | Product water contact surfaces (utensils, pipes, equipment) clean and adequately sanitized daily; records maintained. (GMj / GMn) | Yes |
| G41 | Product water contact surfaces maintained free of scale, oxidation, and other residue. Presence of any unsanitary conditions corrected immediately. (GMn) | Yes |
| G42 | Cleaned multi-service containers, utensils, disassembled piping, and equipment transported and stored in a sanitary manner. (GMn) | Yes |
| G43 | Containers, closures, or seals purchased and stored in original containers in clean, dry place; examined before use; handled, dispensed in a sanitary manner. Washed, rinsed, and sanitized as needed. (GMn) | Yes |
| G44 | Sanitized open bottles protected from washer to filler. (GMn) | Yes |
| G45 | Filling, capping, closing, sealing, and packaging done in a sanitary manner. (GMn) | Yes |
| G46 | Cleaning operations conducted in a manner to preclude contamination of product contact surfaces. (GMn) | Yes |
| G47 | Only toxic materials necessary for maintaining sanitary conditions, plant, or equipment or for use in laboratory/processing operations are used/stored in plant. Materials are identified and used as intended. (GMn) | Yes |



| Sanitary Operations | | |
|----------------------|---|-----|
| G48 | Pesticides used in accordance with label directions, restrictions. (GMn) <i>Orkin Pest Control</i> | Yes |
| G49 | Non-product contact surfaces of equipment free of accumulated dust, dirt, and other debris. (GMn) | Yes |
| Section Note: | | |

| Equipment & Procedures | | |
|------------------------|---|--------|
| No | Question/Notes | Answer |
| G50 | Equipment suitable for intended use, designated, and of materials to be cleanable and properly maintained. (GMn) | Yes |
| G51 | Storage tanks can be closed to exclude all foreign matter; filtered vents provided; filters readily cleanable or replacement elements. (GMn) | Yes |
| G52 | Product water separate from operations water to preclude contamination of product; either separate piping systems or suitable backflow prevention. (GMj) | Yes |
| G53 | Dispensing equipment refurbishing used acceptable coatings; water dispensing reservoirs and valves adequately sanitized and protected before use. (GMj/GMn) | Yes |
| Section Note: | | |

| Processes & Controls | | |
|----------------------|--|--------|
| No | Question/Notes | Answer |
| G54 | Treatment equipment processes and substances used preclude contamination or adulteration of product. Bottled water product shall not be transported, stored or processed through non-food equipment. If equipment is used for other foods, a documented cleaning/sanitizing procedure shall be made available. (GMj) | Yes |
| G55 | Multi-service shipping cases maintained to assure they will not contaminate primary container or product. (GMn) | Yes |
| G56 | Each product identified by production code. Code identifies particular batch or segment of continuous run and day produced. (GMj) | Yes |
| G57 | Records maintained of kind of product, volume produced, date produced, lot code used, and distribution to wholesale and retail outlets. (GMn) | Yes |
| Section Note: | | |

| Personnel | | |
|----------------------|---|--------|
| No | Question/Notes | Answer |
| G58 | Personnel with disease in communicable form excluded from work in any capacity where there is reasonable possibility of product contamination or transmittal to other individuals. (GMj) | Yes |
| G59 | Personnel practices: Clean outer garments worn; high degree of personal cleanliness exhibited; hand washing practices adequate; uncleanable jewelry not worn on hands; effective hair restraints used; tobacco not used in any form; no eating at workstations. (GMn) | Yes |
| G60 | Sanitization SOP. (HMj) | Yes |
| G61 | Recall program. (HMj) | Yes |
| G62 | Raw material program: Are raw materials specifications documented. Are raw materials verified and checked for condition at time of receipt? (HMn) | Yes |
| Section Note: | | |

| IBWA MEMBERSHIP REQUIREMENTS | | |
|------------------------------|--|--------|
| No | Question/Notes | Answer |
| M1 | Plant is operated under the supervision of a competent person qualified by experience, education, and training to operate and maintain the plant's facilities. Said person holds a certificate from IBWA or an applicable state agency. (MMj) <i>Josh Schlemme, expires 12/31/17.</i> | Yes |
| M2 | IBWA member proprietary brands include on the label a telephone number of the bottler, distributor, or brand owner as a means of contact for consumers who wish to obtain additional product information. (MMj) | Yes |



| IBWA MEMBERSHIP REQUIREMENTS | | |
|------------------------------|--|-----|
| M3 | Written document containing analytical test results and any other pertinent water quality information for bottler's proprietary brands available for inspection during audit. Document is made available by company to consumers upon request. (MMj) | Yes |
| M4 | Annual audit completed each year. (MMj) | Yes |
| M5 | Written policies and procedures designed to protect the integrity and security of their operations and products (bottled water facility security plan). Facility registered with the US Food & Drug Administration.(MMj). <i>Verified plant is certified.</i> | Yes |
| Section Note: | | |

| Audit Contact | Signature | Date Signed |
|---------------|---|-------------------------|
| Josh Schlemme |  | 02-Sep-2015 12:25:00 PM |

* Represents Non Compliances.

For questions regarding the audit, please contact your program manager, Anna Ciechanowski , at 734-827-5623 or aciechanowski@nsf.org or through NSF Online.