

**Model Template Certificate of Analysis\* - Non-botanical**

**"Certificate of Analysis"**

**HEADER**

Supplier Company Name	Example Template
Supplier Address, Contact Information	
<u>Manufacturing Location</u>	
Name of Manufacturer (if different than Supplier) Factory Address	

**GENERAL INFORMATION**

Product Name:	Trade name or Common name	Customer Code:	xxxxx
Grade:	Descriptor or Number	Manufacturere Date:	Date
Batch Number:	Value	Testing Date:	Date
Code:	Value	Expiration and/or Retest Date:	Date

**ANALYSES**

ITEM DESCRIPTION:	SPECIFICATION	TEST METHOD	RESULT
<b>PHYSICAL TESTS</b>			
APPEARANCE	Description		COMPLIES or N/A
COLOR	CHARACTERISTIC or N/A		COMPLIES or N/A
AROMA	CHARACTERISTIC / Detail if appropriate		COMPLIES or N/A
TASTE	CHARACTERISTIC / Detail if appropriate		COMPLIES or N/A
PARTICLE SIZE	If Applicable or N/A		COMPLIES or N/A
TOTAL SOLIDS	Percentage Range or N/A		COMPLIES or N/A
REFRACTIVE INDEX	Range (if applicable) or N/A		COMPLIES or N/A
VISCOSITY	Range (if applicable) or N/A		COMPLIES or N/A
SOLUBILITY IN WATER	Specify		COMPLIES or N/A
CARRIER USED	If Applicable or N/A		COMPLIES or N/A
BULK DENSITY (identify Loose or Tapped, g/cc)	Specify		COMPLIES or N/A
<b>CHEMICAL TESTS</b>			
ACTIVE INGREDIENT/ANALYTE/COMPONENT	Percentage (Min or Max)	Method / Reference	Numerical Result (%)
MOISTURE	Percentage (Min or Max)	Method / Reference	Numerical Result (%)
ASH	Percentage (Min or Max)	Method / Reference	Numerical Result (%)
TOTAL HEAVY METALS	Numerical Value (Max PPM)	Method / Reference	Num. Result (ppm)
ARSENIC	Numerical Value (Max PPM)	Method / Reference	Num. Result (ppm)
LEAD (AS Pb)	Numerical Value (Max PPM)	Method / Reference	Num. Result (ppm)
MERCURY	Numerical Value (Max PPM)	Method / Reference	Num. Result (ppm)
CADMIUM	Numerical Value (Max PPM)	Method / Reference	Num. Result (ppm)
RESIDUAL SOLVENTS (INDICATE SOLVENT)	Numerical Value (Max % or PPM)	Method / Reference	Num. Result (ppm or %)
<b>MICROBIOLOGICAL TEST</b>			
TOTAL PLATE COUNT	NMT <Value> (cfu/g)	Method / Reference	Numerical Result
YEAST & MOLD	NMT <Value> (cfu/g)	Method / Reference	Numerical Result
SALMONELLA	ABSENT (cfu/ 25 g)	Method / Reference	Absent / Present
E. COLI	ABSENT (cfu/ 25 g)	Method / Reference	Absent / Present
TOTAL COUNT ENTEROBACTERIACEA	ABSENT (cfu/ 10 g)	Method / Reference	Absent / Present

**OTHER OPTIONAL INFORMATION**

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Identity of Authorized Individual for Approval (including Title):

Name, Title

Date of Approval:

Date

**\*Based on Section 4.0 of the Joint SIDI WG COA Guideline this document is intended to serve solely as a template with a suggested format and suggested items for a component COA**