



Shelf Life Study Questionnaire

Company Name: _____

Contact Name: _____

Phone: _____ Email: _____

Product Description: _____

pH _____

What is the estimated shelf life? _____

Water Activity _____

Initial Moisture _____

Fat Content _____

What is the reason for the shelf-life analysis?

_____ New Product

_____ Verification of current shelf life (If so, please send a copy of completed report)

_____ Change in ingredients, formula, packaging or processing

_____ Customer Complaints

_____ Other: _____

What are the typical storage conditions for the product?

_____ Refrigerated

_____ Frozen

_____ Room Temperature

East Coast:
65 Marcus Drive
Melville, NY 11747
800-CERT-LAB
516-576-1400

Southern CA:
6460 Dale Street
Buena Park, CA 90621
888-FOOD-LAB
714-562-8622

Northern CA & CFSC:
3241 Liberty Square Pkwy.
Turlock, CA 95380
866-915-LAB3
209-664-1100

Midwest:
2505 Diehl Road
Aurora, IL 60502
855-CLMW-LAB
630-783-8600



How is the product packaged? _____

What type of deterioration is known to occur?

_____ Change in color

_____ Change in flavor

_____ Change in texture

_____ Change in functional characteristics

_____ Other: _____

What environmental conditions do you wish to simulate (if unknown, leave blank)

Temperature

Relative Humidity

_____ Frozen

_____ Low

_____ Refrigerated

_____ Ambient

_____ Warm

_____ High

_____ Hot

Are you applying Modified Atmosphere Packaging (MAP): _____

Describe the Manufacturing Process:

Project Budget/Expectation: _____

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