Kosher Product List SCHEDULE "B"

Company Name:	Location:
Date:	Phone Number:

Product Name	Brand Name	Kosher	Dairy/Pareve	Passover	Comments

Schedule B Update

1. Complete this form by listing all **products** produced in the plant. Verify Name and Brand as they will appear on the actual label of the product.
2. Check if the product is Dairy, Pareve, and if it Kosher for Passover. Add any pertinent information in the comment box
3. Check to make sure that all products, ingredient legends, and kosher insignia are properly posted.
4. Make any necessary corrections. Sign this form, and return it to our office by fax.

Name of Person filling out form _____ Title _____

Signature _____ Date _____

Code	Schedule A = list of all ingredients	Cert. = Kosher Certification	D/P = Dairy or Pareve Ingredient		

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