Wendy Hess, MS RD ~ Consulting in Nutrition Analysis
phone: 802-863-3033 fax: 802-658-6376

email: wendyhess@burlingtontelecom.net

Fill in the form, print out and FAX, Email or postal mail (Please complete *all* information on both pages of the form)

|  |
| --- |
| **Nutritional Analysis Worksheet** |

|  |  |
| --- | --- |
| **Name of product (product identity):** |  |
| **Container type and size(s):**(include all package sizes you are marketing)  |  |
| **Actual fill of container in volume:**(the number of cups or fluid oz of product in the container) |  |
| **Serving size (***if known***):**(appropriate FDA/USDA reference amount will be used) |  |
| **Net content statement in weight:** (**net weight** as statedon principle display panel) |  |
|  |
| **Ingredients: (***Please list in descending order by* ***WEIGHT*)** |
| Ingredient | Descriptors | Volume | Weight |
| *(include brand name if available)* | *(fresh, canned, enriched, salted etc.)* | *(cups, tbsp, fl oz)*CIRCLE ONE | *(grams, lbs, oz.)*CIRCLE ONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FINISHED YIELD of above formulation**: \_\_\_\_\_\_\_\_\_\_(**CIRCLE** *unit of measure: weight, number of servings, or volume*) (*Please note: this is the final processed or baked amount produced by the recipe, not just the sum of the raw ingredients, which may lose some weight from moisture loss during production*.)

**Package display area** (dimension of food label): \_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_inches.

**Label orientation requested** (vertical, horizontal, linear) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I understand that if the above information is incorrect and needs to be changed, that I will be responsible for any possible charges involved in the correction of the analysis. I understand that* ***full payment*** *(by a CHECK made out to Wendy Hess MS, RD) will be* ***due upon receipt*** *of an invoice which will be provided with the completed work. I also understand that unpaid invoices will be subject to an additional 10% late fee per month, and invoices still unpaid at 90 days from date of service will be sent to collection. Sorry, electronic payments are not available at this time.*

**Company Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **MAILING ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please print name of person responsible for product:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**  ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may return this SIGNED form by:

* FAX: 802-658-6376
* Email: wendyhess@burlingtontelecom.net
* Postal Mail: Wendy Hess MS, RD

115 Charlotte Street

Burlington, Vermont 05401

(***If you have any questions please call: 802-863-3033)***

Wendy Hess MS, RD is a Vermont-based professional with more than three decades of experience in the dietetic and FDA/USDA regulatory field. Nutrition is a science as well as an art, and nutrition analysis is only as accurate as the information provided in this worksheet. As a professional, I appreciate your attention to these details and respect the proprietary nature of all recipes. ***All recipes/formulations are kept in the strictest confidence.***

Form © 2021, Wendy Hess MS, RD