

## Gordon Food Service Product Information

The below information has been provided by the manufacturer of the item and is believed to be accurate.

ITEM INFORMATION	483162, SAUSAGE LNK CKD L/SOD IQF 1Z 12# GFS, Gordon Choice
SPECIFICATION APPROVAL DATE	4/7/2017
INGREDIENT INFORMATION	pork, water, dextrose, salt, potassium chloride, spices, yeast extract, lactic acid, calcium lactate, potato maltodextrin, natural flavors, citric acid, propyl gallate
ALLERGEN INFORMATION	none

Nutrition Facts						
Serving Size  Servings Per Container	1 link (28 g)					
bervings i er container	About					
	Or Do Servings Vary? Yes					
Amount Per Serving						
Calories	100					
Calories from Fat	80					
	Per Serving	% Daily Value				
Total Fat (g)	9	14				
Saturated Fat (g)	3	15				
Trans Fat (g)	0					
Cholesterol (mg)	20	7				
Sodium (mg)	105	4				
Total Carbohydrate (g)	1	0				
Dietary Fiber (g)	0	0				
Sugars (g)	1					
Protein (g)	4					
Vitamin A (%)	0					
Vitamin C (%)	0					
Calcium (%)	0					
Iron (%)	0					
Additional NLEA						
Notes						

## Sample Product Formulation Statement (Product Analysis) for Meat/Meat Alternate (M/MA) Products

Child Nutrition Program operators s in addition to the following informa	should include a	copy of the la	abel from the	e purchased pro	duct carton			
					itative.			
Product Name: Low Sadiu	m Sausa	ge_Cod	e No.: 4	83/62				
Manufacturer: Quincy Street Inc. Case/Pack/Count/Portion/Size: 1.0 3 Link								
I. Meat/Meat Alternate								
Please fill out the chart below to det	termine the cred	itable amount	of Meat/Me	at Alternate				
Description of Creditable		Ounces per Raw		FBG Yield/	Creditable			
Ingredients per		Portion of Creditable		Servings	Amount *			
Nood Buying Guide (FBG)	Ingre	Ingredient		Per Unit				
Pork, ground, the short 1024	n 1.3	1.302		4770	.61			
, , ,		, 0						
A. Total Creditable M/MA Amou	unt <sup>1</sup>							
*Creditable Amount - Multiply ounces	per raw portion o	f creditable ing	redient by the	FBG Yield Info	rmation.			
II. Alternate Protein Product (AP								
If the product contains APP, please	fill out the chart	below to dete	ermine the c	editable amoun	t of APP. If			
APP is used, you must provide docu								
Description of APP,	Ounces	Multiply	% of	Divide by	Creditable			
manufacture's name,	Dry APP		Protein	18**	Amount			
and code number	Per Portion		As-Is*		APP***			
		X		÷ by 18				
		X	1	÷ by 18				
		X		÷ by 18				
B. Total Creditable APP Amount								
C. TOTAL CREDITABLE AMO	OUNT (A + B re	ounded down	to					
nearest ¼ oz)								
*Percent of Protein As-Is is provided on		documentatio	n.					
**18 is the percent of protein when fully		multiplied by	the nevert of	nuotoin on in divi	ما ما الما الم			
***Creditable amount of APP equals ounces of Dry APP multiplied by the percent of protein as-is divided by 18.  Total Creditable Amount must be rounded <b>down</b> to the nearest 0.25oz (1.49 would round down to 1.25 oz meat								
equivalent). Do <b>not</b> round up. If you are crediting M/MA and APP, you do not need to round down in box A (Total								
Creditable M/MA Amount) until after you have added the Total Creditable APP Amount from box B to box C.								
The state of the s								
Total weight (per portion) of product as purchased								
7. 1. m. 1.								
Total creditable amount of product (per portion) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
(Reminder: Total creditable amount	cannot count to	or more than t	he total weig	tht of product.)				
I contify that the above information i	a turna and acuma	at and that a	1	:	1			
I certify that the above information is true and correct and that a ounce serving of the above								
product (ready for serving) contains ounces of equivalent meat/meat alternate when prepared according to directions.								
according to directions.								
I further certify that any APP used in	the product co	nforms to the	Food and No	strition Service	Regulations			
I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation.								
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Signature		Title	1					
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VelissA Hathorn		8-1-	17	(616)59	-5330			
Printed Name		Date		Phone Number	r out I CVII			