

# Lactaid<sup>®</sup>

## NONFAT

Serving Size 1 cup (240mL)  
Servings Per Container 8

Amount Per Serving % Daily Value\*

Calories	90	
Total Fat (g)	0	0%
Saturated Fat (g)	0	1%
Trans Fat (g)	0	
Cholesterol (mg)	<5	1%
Sodium (mg)	125	6%
Carbohydrate (g)	13	5%
Dietary Fiber (g)	0	0%
Total Sugars (g)	12	
Added Sugars (g)	0	0%
Protein (g)	8	17%
Vitamin D (mcg)	2.5	15%
Calcium (mg)	310	25%
Iron (mg)	0.1	0%
Potassium (mg)	420	8%
Vitamin A (mcg)	150	15%
Riboflavin (mg)	0.4	30%
Vitamin B12 (mcg)	0.9	35%
Phosphorus (mg)	240	20%

## Ingredients

Fat free milk  
Lactase enzyme\*  
Vitamin A palmitate  
Vitamin D3

\* Ingredient not in regular milk.

### Contains:

Milk

JUL 2024

## “PRODUCT FORMULATION STATEMENT”

An original copy of this form must be completed by an authorized officer of the manufacturer. Please complete all sections applicable to the product. Information submitted will be used in CRE audits.

### Product Identification

**Product Name/Brand:** Lactaid Fat Free Milk, Calcium Enriched      **Manufacturer Name:** HP Hood  
**Vendor Providing Product:** \_\_\_\_\_ **Product Schedule Line Item No.:** \_\_\_\_\_  
**Add'l Prods. Offered Line No.** \_\_\_\_\_ **Product Code No.** 7413      **Commodity (Y/N)?:** \_\_\_\_\_  
**Unit Weight/Serving Size:** 8 oz.      **Count per Case:** 12      **Case Net Weight:** 7.7 lbs

#### **Canned Vegetables Only:**

Is this product USDA Grade B or better?      Yes \_\_\_\_\_      No \_\_\_\_\_      Not Applicable \_\_\_\_\_

### Product Handling

#### **Product Shelf Life:**

Frozen: \_\_\_\_\_ months      Refrigerated: \_\_\_\_\_ days      Shelf-Stable: 70 days

#### **Heat and Serve Frozen Items Only:**

Recommended heating method:

- Heating from the Frozen State:       **OR**      Heating from the Thawed State:
- Can this product be safely thawed and refrigerated prior to heating?      Yes \_\_\_\_\_      No \_\_\_\_\_  
If yes, how long can the product be safely stored in the refrigerator prior to heating? \_\_\_\_\_ day(s)

### Product Specification, Label, Preparation Instructions & CN Label

Please attach a copy of the following:

- Manufacturer's Specification Sheet: This information must be printed on the manufacturer's letterhead and include the signature of an authorized officer of the manufacturer.
- Product Label: Must include: Product Name, Ingredient Statement, Nutrition Facts, Net Weight, Manufacturer/Distributor Name and Address, and an inspection legend (for meat and poultry products).
- Preparation Instructions
- Child Nutrition Label (CN): If this product has a Child Nutrition Label, please attach

### Buy American Certification

The Richard B. Russell National School Lunch Act requires that school food authorities purchase foods that meet Buy American Certification requirements. Products that meet this requirement are produced and processed in the United States substantially (greater than 51%) using agricultural commodities that are produced in the United States.

**Does this product meet the Buy American Provision?**      Yes Y      No \_\_\_\_\_

**If no, does the product meet either permitted waiver?**      Yes \_\_\_\_\_      No \_\_\_\_\_

Check off the applicable waiver for this product (if any)

1. \_\_\_\_\_ The product is not produced in the United States.
2. \_\_\_\_\_ The cost of a U.S. product is significantly higher than the foreign product.  
Domestic Price: \$ \_\_\_\_\_      Non-American Price: \$ \_\_\_\_\_

**SECTION 5: Allergens**

**Allergen information:** Does this product contain any of the following potential allergens? Specify type where applicable.

<u>Allergen</u>	<u>Yes</u>	<u>No</u>
Citrus	<input type="checkbox"/>	<input type="checkbox"/> N
Eggs/Egg Products	<input type="checkbox"/>	<input type="checkbox"/> N
Fish	<input type="checkbox"/>	<input type="checkbox"/> N
Cow's Milk/Milk Products	<input type="checkbox"/> Y	<input type="checkbox"/>
Food Starch	<input type="checkbox"/>	<input type="checkbox"/> N Specify Type(s): _____
Peanuts	<input type="checkbox"/>	<input type="checkbox"/> N
Shellfish	<input type="checkbox"/>	<input type="checkbox"/> N
Soy	<input type="checkbox"/>	<input type="checkbox"/> N
Tree Nuts	<input type="checkbox"/>	<input type="checkbox"/> N Specify Type(s): _____
Wheat	<input type="checkbox"/>	<input type="checkbox"/> N

**SECTION 6: Meal Contribution Documentation**

Please complete the following applicable Product Formulation Statement (PFS) attachments for documenting school meal components:

- Grains (page 3)
- Vegetables and Fruits (page 4)
- Meat/Meat Alternate (page 5 & 6)

NOTE: Only complete and submit the PFS attachments that are needed for this product.

**SECTION 7: Signature and Contact Information of Manufacturer**

Joanne M. Follette  
Signature of Authorized Officer of the Manufacturer

Joanne Follette  
Printed Name

617-887-8437  
Phone Number

SR. QA CORP PROGRAMS  
Title

January 1, 2024  
Date