

Standard Operating Procedure

FARM NAME _____

Doc.No. **2.54**

Title: **Policy for Approved Suppliers and Vendors**

Effective Date: _____

Reviewed by: _____ GAP Coordinator, Date: _____

1. All vendors and suppliers of product to this farm will have an approved application on file with the farm (3.34)
2. An active list of approved vendors was created and is maintained by the GAP Coordinator (3.35)
3. Where exceptions are made, approval from management shall be documented.
4. This farm shall request from each vendor a letter that assures this farm that their company complies with all applicable local, state, and federal regulations as well as Good Agricultural Practices (GAPs) and Good Manufacturing Practices (GMPs).
5. This certificate of assurance should be updated every year.
6. The declaration on page 4 of the questionnaire must be signed with a signature of the responsible party.
7. The returned questionnaires should be kept on file in the office and a copy placed in the current food safety manual (4.47).