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| Approval (sign) | Doc # | Title: FSVP SOP |
| Print name | Revision Date | Replaces |

Identifying information about your facility

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| --- | --- | --- | --- |
| Company Name: |  | Facility State or province: |  |
| Facility Address: |  | Facility zip or postal code: |  |
| Facility City: |  | Facility Phone: |  |
|  | DUNS#: |  |

* **Scope -** This SOP delineates the actions and responsibilities for the Foreign Supplier Verification Program for (insert facility name)
* **Purpose -**  This SOP is in conformance with FD&CA 801 (q) and the Foreign Supplier Verification Program rule forthcoming under FSMA and any GFSI scheme requirements
* **Requirements –** None
* **Responsibilities -** It is the responsibility of the owner or designee to understand and comply with this SOP. This SOP, and the suppliers interviewed must be updated every 3 years.
* **Storage -** The documentation generated for this SOP will be stored on site for 6 months, and then available from either onsite or offsite storage with 48 hours of request for a minimum of 3 years.

**Procedure**

In compliance with the **FSVP SOP:**

* **Importer Identification Number.** This facility will have an importer identification number (DUNS) for each line entry of food that is imported.
* **Foreign Supplier Assessment**. This facility will conduct, an assessment based on FD&C 801 q requirements and industry standards on each one of its foreign suppliers. Results will be recorded on the foreign supplier assessment form. This assessment will be part of the foreign supplier approval or denial process.
* **Compliance Status Review**. This facility will conduct a compliance status review on each of its foreign suppliers, every 3 years. This will done by way of querying local government, FDA and foreign governments for warning letters and alerts pertaining to the foreign supplier. This will be recorded on the compliance status review form. This compliance status review will be part of the foreign supplier approval or denial process.
* **Hazard Analysis.** This facility will evaluate each foreign food it imports for potential physical, chemical or microbial hazards that are reasonably likely to occur (RLTO). This hazard analysis will be recorded on the Hazard Analysis form. This hazard analysis will be part of the foreign supplier approval or denial process.
* **Foreign Supplier Registry**. This facility will add each of its approved foreign supplier to the foreign supplier registry.
* **FSVP Customer complaint**. This facility will track its corrective actions based on customer complaints. Customer complaints will be recorded on the FSVP customer complaint form.
* **FSVP Monitoring Foreign Suppliers**. This facility will monitor its foreign food suppliers on an ongoing basis. Monitoring activities of foreign suppliers will consist of reviewing all relevant documents in a timely fashion.
* **FSVP Verification checklist**. This facility will conduct a verification of its FSVP every 3 years in accordance with the FSMA rule. If this facility is certified under a GFSI scheme the verification must be conducted annually (once a year).

If the supplier has a HACCP plan certified by an accredited 3rd party, that HACCP plan will suffice for the hazard analysis. Records review of the HACCP, focusing on those hazards deemed RLTO will include:

* Onsite audits records
* Sampling and testing records
* Food safety records review

These documents may be verified by a suitable 3rd party auditor. In addition, once the supply is received, **(insert your facility name)** will conduct periodic sampling and testing of product lots.

* **Verification/Validation -** Owner or designee will review the records generated by this SOP
* **Corrective Action Program -** Owner or designee will assess the procedures and implement CAR as needed for failure to comply
* **Documents –** FSVP Registry, FSVP Assessment, FSVP Compliance Status Review, FSVP Hazard Analysis, FSVP Customer Complaint, FSVP Monitoring and FSVP Verification Checklist

**Signatory Authority:**

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| --- | --- |
| Print Name: |  |
| Sign Name: |  |
| Job: |  |
| Date: |  |

**Implementation/Revision History:**

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| --- | --- |
| **Date** | **Action** |
|  | Implementation |
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