PENNSYLVANIA DEPARTMENT OF CORRECTIONS
Outside Purchases – Approved Vendor Request

1. BACKGROUND

Through this Outside Purchases – Approved Vendor Request, vendors may request to be added to the Approved Vendors list for PA DOC inmates for Outside Purchases. Vendors will be evaluated based on the best value criteria as well as compliance with the security and packaging requirements.

All Outside Purchases must be in compliance with **DC-ADM 815, "Personal Property, State Issued Items/Outside Purchases."** Mail order catalogs will be made accessible to inmates in general population for selection of approved items not stocked by the commissary and as approved by the Statewide Commissary Committee in conjunction with required Executive review.

Requests must be submitted via email to CR, DOC Vendor Requests

2. Best Value Criteria

a. Vendors must agree to accept payment by check. Please confirm your acceptance of this requirement.

b. Vendors must agree to provide brochures, catalogs, and/or product order forms to the inmates listing their return and refund polices in writing **on all documentation provided to inmates**. Please confirm your acceptance of this requirement AND list your refund/return policy below or as a separate attachment.

3. All products must meet security requirements of the PA DOC. Before a product can be accepted into the institution the product must be reviewed by the Central Office Security Division and the Statewide Commissary Committee in order for the product to be determined appropriate for institutional use.

4. The vendor must provide a sample of each product offered as an approved outside purchase item (not previously approved) to the Statewide Commissary Committee for a security review ***when requested***. Samples must be submitted within 2 weeks of notification. The DOC reserves the right to allow companies to adapt their packaging to meet the DOC's security requirements. Product approval may be made contingent upon packaging changes. If the DOC determines that a product poses a security threat, the DOC will remove the item from the Approved Outside Purchase Item list. The Vendor will have ten (10) business days from the date of notification of rejection to correct the packaging/security requirement or provide a new sample. Item approval may be made contingent upon packaging changes.

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5. Listed below are general security requirements that must be adhered to for all products. This is not a complete list of requirements/restrictions and additional security requirements with regard to packaging or products may be added as deemed necessary by the Central Office Security Division the and Central Commissary Committee:

a. Containers/bags are to be clear, resealable when appropriate, and plastic when available. Glass will not be accepted;

b. No foil packaging, hard canisters or cans, no squirt-type bottles for liquid products, and no metal of any kind will be permitted;

c. Apparel, if approved thru medical or the Statewide Commissary Committee, should be white (no t-shirts), natural and cocoa brown unless specified - no mesh; and

d. Footwear should be shankless and injected molded, when applicable. Colors allowed are white, black, gray or a combination of the three colors.

Please confirm your acceptance of this requirement.

6. The inmate will pay all costs associated with the outside purchase including taxes, postage, and delivery charge. Credit and layaway purchases are not permitted. Please confirm your acceptance of this requirement AND provide a list of delivery charges below or as a separate attachment.

7. The vendor's name and return address must be clearly shown on the outside of the package. No handwritten labels, business cards, or store receipts will be accepted. Please confirm your acceptance of this requirement.

8. In the event of a product recall the vendor shall immediately (within 24 hours) notify the Statewide Commissary Committee by e-mail and via telephone indicating:

a. The reason for the product recall;

b. Product lot number and/or model number; and

c. The interim action or antidote to be taken to remedy any emergency situation arising from product ingredients or malfunction.

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9. The vendor must provide the appropriate product(s) by replacing/substitute the product stock with approved equivalent value product and/or crediting the account. Please confirm your acceptance of this requirement AND details regarding your recall policy below or as a separate attachment.

10. Please provide information regarding your return policy below or as a separate attachment.

11. Please provide the type of product(s) being proposed (i.e., art supplies, music supply, religious items, general/misc., footwear, etc.).

Company Name:	
Company Contact:	
Address:	
Company Phone:	
Contact Email:	