



# VitaPurity

Welcome to Recovery, Good Health and a Long Life!

[www.vitapurity.com](http://www.vitapurity.com)

December 30, 2013

Lisa M. Elrand  
Food and Drug Administration  
22215 26<sup>th</sup> Avenue S.E.  
Bothell, Washington 98021

**RE:** On-Site Inspection Conducted by Barbara J. Rincon on December 11, 2013

Hello Lisa, This letter is to address the violation that FDA Consumer Safety Officer Barbara J. Rincon noted on your FDA form 483 (09/08). I have corrected the issue and brought VitaPurity up to current FDA/GMP standards by creating a standardized "*Product Complaint Form*" that will be used for any in-house complaints received and will be sent to each of our retail distributors for their use. I have attached the form for your approval.

I will be reviewing the changes to our website recommended by Safety Officer Rincon and will be making updates to our website throughout the month of January, 2014. Upon completion I will write you again and itemize the changes I have made.

Finally, I would like to commend Safety Officer Rincon for her professional and friendly demeanor. Safety Officer Rincon was extremely informative by providing me with detailed answers to my questions along with the FDA statutes that are specific to my business and which I need in order to maintain compliance with the ever-changing FDA rules and regulations.

Consumer Safety Officer Barbara J. Rincon is an outstanding representative for the FDA.

To Your Health,

Otto Roder  
VitaPurity Nutraceuticals  
P.O. Box 5462  
Central Point, Oregon 97502-0060

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**VitaPurity Nutraceuticals**

(a Division of VitaPurity Corporation)

P.O. Box 5462, Central Point, OR 97502-0060 Website: <http://vitapurity.com> Contact: [http://vitapurity.com/index\\_co.html](http://vitapurity.com/index_co.html)

Orders: (877) 878-PURE Phone: (541) 664-1942 Fax: (541) 664-1885

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Faxed form to (541) 664-1885

### Product Complaint Form

(Complete, fax and attach photocopy of form to the returned product if applicable).  
Please print clearly.

\*Distributor #: \_\_\_\_\_

\*Date of complaint: \_\_\_\_\_

| Customer Information    |                       |                        |
|-------------------------|-----------------------|------------------------|
| *Name: _____            |                       |                        |
| *Contact phone #: _____ |                       |                        |
| Address: _____          |                       |                        |
| City: _____             | State/Province: _____ | Zip/Postal Code: _____ |

| Product Information  |  |   |
|--|--|---|
| *Product Description: _____  |  |   |
| *Best Before Date: _____   | Size: _____                                    |   |
| *Batch/Lot Code: _____   | *UPC Code: _____                               |   |
| <input type="checkbox"/> Product Received                                  | <input type="checkbox"/> Product not available | <input type="checkbox"/> Product will be received |
| *Receipt Received <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |

| *Reason for Complaint  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Quality Complaint</b> <input type="checkbox"/> <b>Foreign object</b> (place in envelope/container) <input type="checkbox"/> <b>Illness</b> (describe symptoms, indicate date & time) |  |  |
| Description: _____   |  |  |
| _____  |  |  |
| _____  |  |  |
| _____  |  |  |
| Call back from Store Manager requested <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |

#### Head Office Use Only

|                                   |                      |                    |
|-----------------------------------|----------------------|--------------------|
| Forward to PL/Buyer/ Manufacturer | Resolution/Follow-up | Verified by: _____ |
|                                   |                      | Date: _____        |

| Store Action            |  |
|-------------------------|--|
| *Customer's Name: _____ | Date: _____  |
| *Employee's Name: _____ |  |
| *Refund \$ _____        | <input type="checkbox"/> Quality Guarantee <input type="checkbox"/> Claim for Credit |
| Other: _____            |  |
| _____                   |  |

*\*Anything with an asterisk must be completed*

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