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| **Recall Plan Template** | |
| *Company Information* | |
| Company Name: | *What is the registered name of the company undertaking the recall?* |
| Address: | *Company’s registered address?* |
| Business hours phone number: | *What is the business contact phone number during business hours?* |
| After hours phone number | *What is the business contact phone number after business hours?* |
| Email: | *What is the recall coordinator’s email address?* |
| Business Website: | *What is the business website?* |
| *Notifications* | |
| Federal Department Notification: | *Have you contacted the FDA? □ Yes □ No* |
| Federal Dept. Contact Person: | *Who did you speak with at the FDA?* |
| State Department Notification: | *Have you contacted the state regulatory agency (Dept. of Ag & Markets, etc.)?*  *□ Yes □ No* |
| State Dept. Contact Person: | *Who did you speak to with?* |
| Health Department Notification: | *Have you contacted the State Health Department? □ Yes □ No* |
| Health Dept. Contact Person: | *Who did you speak with?* |
| SQFI Notification: | *If you are certified through SQFI, have you contacted your CB? It is required to notify them within 24 hours of the recall.* |
| SQFI Contact Person: | *Who did you speak with?* |
| ***Company Recall Coordinator Contact*** | |
| Contact Name: | *What is the company recall coordinator’s name?* |
| Contact Phone Number: | *What is the best contact number for this contact?* |
| ***Consumer Enquiries Contact*** | |
| Consumer Contact Name: | *Who can consumers contact for questions in relation to the recall? This can be a customer service line or a specific person.* |
| Contact Phone Number: | *What is the best contact number for the contact?* |
| *Brand Owner Information The brand owner is the business/company that owns the intellectual property rights to the brand. If you are not the brand owner and import the product, you must inform them of the recall.* | |
| Brand Owner: | *Is your the company the brand owner of the product? □ Yes (If so, move on to the ‘Product Information’ section) □ No* |
| Notification of Brand Owner: | *If No, have you discussed the recall with the brand owner? □ Yes*  *□ No* |
| Brand Owner Name: | *What is the brand owner’s company name?* |
| Brand Owner Address: | *What is the brand owner’s business address?* |
| Brand Owner Phone Number: | *What is the brand owner’s contact number?* |
| Primary Responsibility: | *If you are not the brand owner, is your company taking primary responsibility of the recall?*  *□ Yes*  *□ No* |

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| *Product Information* | |
| Product Name: | *What is the name of the product as it appears on the packaging?* |
| Food Type: | *What food type is the product? Please specify category (bread, milk, etc.)* |
| Food Storage Category: | *What is the shelf stability of the product? (shelf stable, chilled, frozen)* |
| Type of Product Coding: | *What type of date marking appears on the product packaging? □ Use by…*  *□ Best before… □ Other (please specify):* |
| Date on Packaging: | *What is the date or lot mark of the affected product? Please record exactly as it appears on the packaging. If there are multiple dates, please indicate each date.* |
| Lot Code: | *List all lot codes of affected product(s).* |
| Bar Code: | *If available, what is the bar code of the affected product(s)?* |
| Packaging dimensions: | *What are the dimensions of the product and/or packaging? Please indicate how may individual portions of a product are included in one package.* |
| Weight: | *What is the weight of the product?* |
| Description: | *What is the description of the product packaging (cardboard box, vacuum-sealed plastic, plastic tub, etc.)?* |
| Import: | *Has the product been imported? □ Yes. If so, from where?*  *□ No* |
| Export: | *Has the product been exported? □ Yes. If so, to where?*  *□ No* |
| Manufacturer Location: | *If you do not manufacture the product at the address listed on page 1, where is the product manufactured?* |
| Manufacturer Name: | *If you are not the manufacturer, what is the name of the product manufacturer?* |
| Manufacturer Address: | *What is the manufacturer’s address?* |
| *Supplier Information \*Imported foods not purchased from the manufacturer* | |
| Supplier Name: | *If you did not purchase the imported product from the manufacturer, what is the business name of the company that you purchased the product from?* |
| Supplier Address: | *What is the supplier’s company address?* |

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| *Product Distribution* | |
| Recall Classification: | *□* ***Class I*** *Dangerous or defective products that predictably could cause serious health problems or death. Examples include: food found to contain botulinum toxin, food with undeclared allergens, a label mix-up on a lifesaving drug.*  *□* ***Class II***  *Products that might cause a temporary health problem, or pose only a slight threat of a serious nature.*  *□* ***Class III*** *Products that are unlikely to cause any adverse health reaction, but that violate FDA labeling or manufacturing laws. Examples include: a minor container defect and lack of English labeling in a retail food* |
| Recall Level: | *□* ***Consumer*** *Recovery of affected product from all points in the production and distribution network (retail stores, food service, wholesalers, online sales, etc.) as well as product already in the possession of the consumers. □* ***Trade*** *Recovery of affected product where the product has not been available for direct purchase by the general public. This may include school, hospitals, prisons, restaurants, and other food service/catering businesses that sell and/or provide food for immediate consumption. □* ***Consumer and Trade***  *Recall containing food products packaged for different markets (ie pints of ice cream for home consumption and bulk tubs of ice cream for use in a restaurant)* |
| Distribution Method: | *How was the affected product distributed? □ Direct to consumer (Please provide a list which contains contact details of consumers to whom you have directly sold the affected product) □ Direct to Food Service/Trade □ Wholesalers/Distribution Centers □ Retail Outlets*  *□ Online (Please provide a list which contains contact details of consumers to whom you have directly sold the affected product) □ Other (Please specify):* |
| Distributors Notifications: | *Have the distributors been notified?*  *□ Yes □ No It is required that you contact all distributors to whom you have sold the affected product. Documentation of this communication is required.* |
| Retailers: | *At what retail outlets is the affected product available for sale to the public?*  *It is required that you contact all retail outlets to whom you have sold the affected product. Documentation of this communication is required.* |
| Manufactured Stock: | *How much affected product was manufactured?*  *Quantity: ­­­­\_\_\_\_\_\_\_\_\_  □ Exactly □ Approximately □ Unknown* |
| Imported Stock: | *How much affected product was imported?*  *Quantity: ­­­­\_\_\_\_\_\_\_\_\_  □ Exactly □ Approximately □ Unknown* |

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| Exported Stock: | *How much affected product was exported?*  *Quantity: ­­­­\_\_\_\_\_\_\_\_\_  □ Exactly □ Approximately □ Unknown* |
| Warehoused Stock: | *How many units of affected product remain in the warehouse?*  *Quantity: ­­­­\_\_\_\_\_\_\_\_\_  □ Exactly □ Approximately □ Unknown* |
| Time in marketplace: | *How long has the affected product been in the marketplace?* |
| In which states has the affected product been distributed and in what quantity? |  |
| Has the product been exported outside the US? |  |
| Exported countries and quantity? |  |
| *Recall Reason* | |
| Description of the recall reason: | *What is the reason for the recall?*  *□ Microbial (Pathogen, Viral, Standard Plate Count)*  *□ Biotoxin (Aflatoxin, mycotoxin, histamines)*  *□ Chemical contamination (Cleaning fluid, intentionally added) □ Foreign matter (Glass, metal, wood, etc.) □ No-compliant labeling (Incorrect instructions, etc.) □ Package tampering □ Faulty packaging □ Undeclared Allergens □ Other (Please specify):* |
| Recall reason specifics: | *Please detail specific recall reasons: (ie undeclared peanuts in a product, a packaging fault resulting in a choking hazard)* |
| Pathogen Notices: | *If one of the following reasons are the cause of your recall, the following statement may be used to communicate to the public: □ Pathogens*   * *Listeria monocytogenes may cause illness in pregnant women and their unborn babies, children, the elderly, and the immuno-compromised.* * *Salmonella may cause illness in children, the elderly, and the immune-compromised.* * *E. coli may cause illness in children, the elderly, and the immune-compromised. While most people recover within a week, some develop a type of kidney failure called hemolytic uremic syndrome (HUS).*   *□ Undeclared Allergens*   * *Any consumers who have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ allergy or intolerance may have a reaction if the product is consumed.*   *□ Faulty Packaging/Foreign Matter/Chemical Contamination*   * *Food products containing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may cause illness or injury if consumed.* |

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| Advice to Consumers: | *What should consumers who have the affected product do?  If one of the following reasons are the cause of your recall, the following statement may be used to communicate to the public: □ Pathogens*   * *Consumers should not eat this product. Consumers who have consumed this product should seek medical advice.*   *□ Undeclared Allergens*   * *Consumers who have a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ allergy or intolerance should not consume this product. Consumers who have consumed this product should seek medical advice.*   *□ Faulty Packaging/Foreign Matter/Chemical Contamination*   * *Consumers should not eat this product.* |
| Problem detection: | *How was the problem first detected?*  *□ Consumer complaint □ Routine testing by company □ Routine testing by state agency □ Routine testing by federal agency* |
| Tests: | *Have any analytical tests been performed? □ Yes □ No* |
| Test Results: | *If yes, what were the results? (ie number of pathogens present)* |
| Illness Reports: | *Have there been any reported cases of illness/injury associated with this recall? □ Yes*  *□ No* |
| Illness Reports Details: | *Describe the incidence of illness/injury.* |
| Recall Decision Responsible Party: | *Whose decision was it to recall the affected product? □ Company*  *□ State Agency*  *□ Federal Agency* |
| Product Disposal Statements: | *You* ***may*** *use statements like the following to reach different groups of stakeholders:*  *□ Consumers*   * *Return the product to the manufacturer for a refund/replacement.*   *□ Retailers*   * *Isolate affected product and destroy as per manufacturer recommendation OR Isolate and return to/pack for collection by the manufacturer/importer.*   *□ Distribution Centers/Wholesalers*   * *Isolate affected product and destroy as per manufacturer recommendation OR Isolate and return to/pack for collection by the manufacturer/importer*   *□ Manufacturer/Importer*   * *Isolate the affected product and destroy on site.*   *Food which is subject to a recall must be separated from other food and clearly identified. Evidence is required to prove the destruction of the product.* |

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| *Communication Plan* | |
| Communication plan: | *Please indicate your means of communication (check all that apply):*  *□ Costumer loyalty card database □ Media release □ Newspaper article/advertisement*  *□ Radio/TV advertisement □ Social Media □ Business website □ Other (Please specify)* |
| Procedures: Please provide a complete list of media outlets and publications. | |
| *Other Information* | |
| Other information? | Is there any other information you would like to provide? |