
 <p>SMALL SCALE FOOD PROCESSOR ASSOCIATION</p> <p>SUPPORTS INDEPENDENT FOOD PROCESSORS &amp; GROWERS</p>	<p>Document No.: HUB.R.REC.93 Effective Date: 01-December 2022 Revision Date: January 24, 2023</p>
<p><b>Recall Forms and Records</b></p>	<p>Revised By: MDaskis Approved By: NRoss Reason for Revision: Updated for CFIA Recall Contact</p>

Recall Team

Contact Order	Name	Alternate	Title*	Emergency Phone #	Home Phone # or email
First					
Second					
Third					
		Regional Health Authority			
	(tbc)	CFIA Regional Recall Coordinator			

List of Example Forms Used in Recall

Note: Additional pages can be added for details and comments and be attached to the relevant Form number to ensure complete information is filed and reviewed.

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**FORM 1: CRISIS MANAGEMENT DIARY**

To be completed by all members of Recall Team during a recall.

Name: \_\_\_\_\_ Position: \_\_\_\_\_


Crisis Situation: \_\_\_\_\_

Date began: \_\_\_\_\_ Date: ended: \_\_\_\_\_

Date	Start Time	Finish Time	Item	Action

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM 2: CRITICAL RECALL INFORMATION**

To be completed by Recall Coordinator.

Coordinator for this recall: \_\_\_\_\_

Date began: \_\_\_\_\_ Time Received: \_\_\_\_\_

Product	BB Date	Lot Code	Packaging/ pack size	Coding (UPC, other)

**Reasons for recall:**

Describe in detail the reasons for product removal or correction and the date and circumstances under which the product deficiency was discovered.

\_\_\_\_\_

\_\_\_\_\_


Risk assessed (check one): Reason?: \_\_\_\_\_

Threat to health: \_\_\_\_\_

Potential hazard: \_\_\_\_\_

Adulteration or mislabelling: \_\_\_\_\_

Product withdrawal/stock recovery: \_\_\_\_\_

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**FORM 2: CRITICAL RECALL INFORMATION, cont'd**

Total amount in distribution channels: \_\_\_\_\_

Distribution information: (List accounts)\* if additional UPC items are being recalled, an additional page may be required.


Distribution information (accounts/locations)	Product 1 (UPC)	Product 2 (UPC)

Completed by: \_\_\_\_\_

Date / Time Completed: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments / notes:

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**FORM 3: PRODUCT RECALL NOTICE**

To: \_\_\_\_\_ From: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Item #	UPC Code	Product Name	Lot Code	PO #	Date Delivered	Cases Delivered


Please check inventories of the above products and remove from sale.  
No other code dates of this product are affected.

Please isolate and hold the above products in your storage area. A representative will contact you to issue credit and arrange for disposition.

Please inform us of the amount of each individual product line to be returned from your location as soon as possible.

E-mail: youremail@gmail.com. Phone/voicemail: xxx-xxx-xxxx.

SIGNED: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM 4: PRODUCT RECONCILIATION**

To be completed by Production/ Shipping/ Receiving personnel to determine status of affected product.

This form may be copied to provide various locations or people the ability to complete the reconciliation as product is retrieved, particularly if over multiple days or weeks.

This occurs when the suspect product is distributed to multiple jurisdictions and may be recovered over multiple dates. When using multiple forms, it is critical that each form is dated and signed off by the person completing each form.


Product or Ingredient Variety / Size	Best Before Date	Lot Number	Amount Made	Amount in Stock	Amount in Use*	Amount Shipped

Page \_\_\_\_\_ of \_\_\_\_\_

\* Work in progress, etc..

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM 5: DISTRIBUTION STATUS**

To be completed by the Distributor to determine distribution of affected products and customers to be notified.

Date: \_\_\_\_\_ Time Received: \_\_\_\_\_

Present Stock on hold: (Circle please)      Yes      No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Product Best Before Dates and Lot Codes to recall:


#	Variety	Best Before Date	Lot Code
1			
3			
4			

Distribution Record

Date	Amount Shipped	Location shipped to	Comments

Completed by: \_\_\_\_\_ Time Completed: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

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**FORM 6: CUSTOMER COMMUNICATION LOG**

To be completed by Management to document customer contacts and product retrieval.

Date: \_\_\_\_\_ Time Received: \_\_\_\_\_ am/pm

Sales Region: \_\_\_\_\_

Company	Store Number	Contact Person	By Phone?	By Email?	In Person?	Verification check (signature)	In Store Stock			Picked up by (signature)
							No	Yes	Amount	

This form may best be formatted to landscape layout.

Comments:

Completed by: \_\_\_\_\_ Time Completed: \_\_\_\_\_ am/pm

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_





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**FORM 7: RETRIEVED PRODUCT**

To be completed by Shipping to reconcile and document retrieved/destroyed product.

Date: \_\_\_\_\_ Time Received: \_\_\_\_\_ am/pm

Store Number	Retrieved Product Count	Picked up by (Name)	Number of units	Disposal Location	Witness of Disposal (signature)

Completed by: \_\_\_\_\_ Time Completed: \_\_\_\_\_ am/pm

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_