**Business name:**

**Step 1: Business to complete**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date problem identified: | | |  | | | | Person coordinating recall: | | |  | | |
| Product affected: |  | | | | | | Supplier ID: | |  | | | |
| What is the problem? | |  | | | | | | | | | | |
| What caused this problem? | | | |  | | | | | | | | |
| Does the problem affect (Y/N): | | | | | Food safety? |  | Product quality? |  | | | Regulatory compliance? |  |
| Could this have affected any other product? | | | | | | | *If yes, complete a recall form for each product affected.* | | | | | |

**Step 2: Customer to complete**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: | |  | | | Date: |  | | |
| Was the product (Y/N): | | | Returned? |  | Disposed of? | | |  |
| Quantity or weight of product: | | |  | | | | | |
| To the best of my knowledge all affected product has been returned/disposed of. | | | | | Date: |  | | |
| Name: |  | | | | Signature: | |  | |

**Step 3: Business to complete**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Actions taken: | |  | | | | | | | | |
| Signature when completed: | | | |  | | | Completion date: | |  | |
| Preventative action: | | |  | | | | | | | |
| Person responsible: | | |  | | | | Proposed completion date: | | |  |
| Signature when completed: | | | | |  | | Completion date: | |  | |
| Reviewed by: |  | | | | | Were the changes effective? |  | *If no, complete a CAR to identify alternative actions to be implemented.* | | |