**RECALL INFORMATION REQUEST**

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| **General information** | |
| **Name of the organization:** |  |
| **Address:** |  |
| **Certified standard*:*** | Choose an item. |
| **Certificate number:** |  |
| **Scope of certification:** |  |
| **FDA Registration Number (when applicable)** |  |
| **Follow-up contact (name, cell phone, e-mail)** |  |

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| **Recall details** | | |
| **Classification\*\*** | Choose an item. | |
|  | Internal company identification | Other: |
| **Nature of the recall** |  |  |
| **Detection date of recall** |  | |
| **Date of notification to:**  **Global STD/Institutions** |  | |
| **Product(s) to be withdrawn** |  | |
| **Reasons for recall (in detail) and circumstances under which the finding was identified.** |  | |
| **If you need to notify customers, suppliers, or authorities (Indicate which ones)** |  | |
| **Immediate actions taken** |  | |
| **Root cause analysis (attach analysis tool)** |  | |
| **Action plan** |  | |
| **Withdrawal resolution** |  | |
| **Effectiveness (# of lots vs. quantity produced vs. quantity recovered, quantity not recovered, and recovery time)** | Quantity of product affected and/or production time lapse |  |
| Quantity of products identified |  |
| Amount of product recovered |  |
| No. of lots affected |  |
| **In the case of products that could not be recovered, indicate where they are distributed.** |  | |
| **Additional comments** |  | |

**As part of the required information, please attach the following evidence with this form:**

1. Action plan to follow (including correction, root cause analysis, and action plan).
2. If the product has not yet been recovered, please indicate the work plan for its recovery.
3. Evidence of actions that have already been implemented.
4. Notifying the corresponding institutions (SQF, FDA, FSSC, customers, suppliers, etc.) for class I and II product recalls.