Notification of incident

Reporting of an incident that compromises the food safety of a product, including recall / withdrawal or a non-compliance with food safety regulations

Send within 3 working days of recall/withdrawal to the address: ritirierichiami@certiquality.it
Please fill in this form on the screen, save it and send it by mail.
We do not accept scans of printed files or manual compilations.

(MANDATORY FIELD)

CERTIFICATE N. _____

COMPANY NAME _____

SITE CODE/COID _____

REASON FOR NOTIFICATION (MANDATORY FIELD)

(Product safety incident: An event that has occurred that may result in the production or supply of unsafe, illegal, or non-conforming products.

Product recall: Any measure aimed at achieving the return of an unsafe or illegal product from a customer and consumer.

Food safety-related withdrawal: Any measure aimed at achieving the return of an unsafe or illegal product from a customer.

Regulatory notice: non-conformity raised by the regulator's official)

Product recall   Product incident   Food safety-related withdrawal   Regulatory notice

CATEGORY OF PRODUCT RECALL (MANDATORY FIELD)
Allergen, Chemical, Microbiological, Physical, Packaging and Labelling, Quality, Other

It is important that the recall is grouped into a category which best represents the issue because the data collected from the recalls is analysed to identify the common trends and issues occurring in the food industry. (e.g. Where the risk is identified as an undeclared allergen, whether the recall is due to incorrect labelling, incorrect packaging or contamination of the product by an allergen these should all be listed under 'allergen')

OUTLINE OF INCIDENT (MANDATORY FIELD)
Briefly explain the reason for the recall/incident.

Example: notified by supplier Perdona Ltd on 5/01/21 – Salmonella identified in routine testing of Coconut flakes.

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PRODUCTS RECALLED (MANDATORY FIELD)
Product name and description. We need to identify the product type from the product description

Please use simple descriptions (e.g. 'ready meal', 'chocolate', not the brand names. Please always provide a product description when the product name is not provided in English).

PLEASE SPECIFY: THE BATCH NUMBER _____, THE PRODUCTION DATE _____ AND THE EXPIRY DATE _____

DATE OF RECALL (MANDATORY FIELD)
Date when recall was started at the site

CORRECTION (ACTION TAKEN BY SITE) (MANDATORY FIELD)
Outline the steps taken immediately by the site covering their scope of responsibility

It is important that the recall is grouped into a category which best represents the issue because the data collected from the recalls is analysed to identify the common trends and issues occurring in the food industry (e.g. Where the risk is identified as an undeclared allergen, whether the recall is due to incorrect labelling, incorrect packaging or contamination of the product by an allergen these should all be listed under 'allergen')

SITE OR SUPPLIER ISSUE (MANDATORY FIELD)
Specify site or supplier issue

Site   Supplier

ROOT CAUSE ANALYSIS (RCA) TAKEN BY SITE (MANDATORY FIELD)
Outline details of the RCA completed by site and ensure the underlying cause is provided

Example: Supplier approval procedure was not followed by the site. Perdona Ltd changed the supplier of coconut flakes to fulfil the order and the site was not informed by supplier. The supplier failed to train staff and follow previously agreed procedures

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PREVENTIVE ACTION PLAN (PAP TAKEN BY SITE) (MANDATORY FIELD)
Outline the details taken by the site to prevent a reoccurrence. CB should assess whether the actions taken by the site are effective in preventing a reoccurrence at the site

Example: Site has delisted Perdona Ltd due to reoccurring issues and a new supplier has been sourced. Site to request for a certificate of conformity for coconut flakes on delivery. Supplier Raw Material Risk Assessment and Supplier Approval reviewed to ensure Salmonella appropriately assessed and frequency of microbiologically testing is appropriate)

Contact person

E-mail   Tel.

Date   Name and surname of the compiler

UPDATE AFTER 21 DAYS FROM THE EVENT (MANDATORY FIELD)
Describe the activities undertaken and indicate which ones have been completed

Date   Signature