

Recall Plan:

Facility Name:

Facility License number:

Key individuals and position responsible for planning, approving and implementing recalls on behalf of this facility:

Name:

Position:

Phone number:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recall plan Information**Recording of the Initial Complaint Information**

The complaint will be documented. It will include enough information to start an investigation immediately of the product in question. This may include but is not limited to:

Complainant details: (Form attached page 3)

1. Name, address, telephone number (s) of the complainant.
2. A detailed description of the nature of the problem.
3. Was illness or injury involved? Was medical help sought?
4. What is the problem with the product, e.g. chemical taste, allergic reaction, illness, object in the food?
5. Date of purchase & place of purchase.

Product details: (Form attached page 4)

1. Where was this product purchased?
2. The product name, identifying lot code(s) of the affected product.
3. Package type and size.
4. Does the complainant have a sample of the product?

Traceability details: (Form attached page 5)

Identify all products to be recalled.

1. Using the date coding of product: Cross reference with production log.
2. Determine from production log total quantity of product produced.
3. Determine where the product was distributed.
4. NOTIFICATION OF CUSTOMERS. Inform all customers of the recall immediately.
5. Identify and segregate products still in your control that have not been distributed.

Recalled product: Level of recall and control of recalled product. (Form on page 5)

1. Reconcile quantities and monitor returned product(s).
2. Segregate and clearly mark recalled product(s).to ensure they do not get distributed.
3. Determine level classification of recall.

Notification of appropriate agencies. (Form on page 6)

Production Records for product and ingredients (Form 7 & 8)

Complainant details:

Date of complaint: _____

Name of complainant: _____

Address of complainant: _____

Telephone number (s) of complainant: _____

A detailed description of the nature of the problem.

Chemical taste: _____

► If the recall is due to the presence of a contaminant (cleaning fluid, machine oil, paint vapors); explain level of contaminant in the product. Provide labeling, a list of ingredients and the Material Safety Data Sheet for the contaminant.

Allergic reaction: _____

► If the recall is due to an allergic reaction find out if the complainant is allergic to a certain product, ingredient. Provide product label and ingredient information.

Object in food: _____

▶ If the recall is due to the presence of a foreign object, describe the foreign objects' size, composition, hardness, and sharpness.

Description of object: _____

Was illness or injury involved? _____

Was medical attention sought? _____

PRODUCT INFORMATION:

Product Name: _____

Product Coding: _____

Where was product purchased: _____

Date product was purchased: _____

Date(s) product produced: _____

Date(s) products distributed: _____

Quantity of products distributed: _____

Distribution method: _____.

▶ (Customers you sell directly to) by type, for example: wholesalers/distributors, repackers, manufacturers or directly to consumer)

Product type: _____

▶ (Is product shelf stable or perishable? _____)

Product Packaging: _____

▶: (i.e. box, flexible plastic, glass).

Consumer notification of recalled product completed by:

▶ . Indicate method of notification. (Phone, email, mail)

VOLUME OF RECALLED PRODUCT:

Total number of products affected in recall:

Total number of products recalled:

Estimate amount remaining in marketplace: (Include distributor level & retail level)

Indicate how the product is being quarantined?

How is the recall product being disposed?

Classification level: _____.

▶ . Indicate the classified level for recall purpose. (Class 1, 2 or 3)

Level for Recall Classifications:

These guidelines categorize all recalls into one of three classes, according to the level of hazard involved:

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, or a defective artificial heart valve.

Class II: Products that might cause a temporary health problem, or pose only a slight threat of a serious nature. Example: a drug that is under-strength but that is not used to treat life-threatening situations.

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.

FDA works with industry and our state partners to publish press releases and other public notices about recalls that may potentially present a significant or serious risk to the consumer or user of the product. Not all recalls have press releases.

Notification:

Date of notification to the following Agencies: _____

FDA: _____

WDATCP: _____

Division of Public Health: : _____

Agency Contact Information:

WDATCP Central Administrative (Madison) (608-224-4682)

Paul Pierce (Wholesale Meat) (608) 224-4731 paul.pierce@wisconsin.gov

Steve Ingham(Food) (Administrator) (608) 224-4701 steve.ingham@wisconsin.gov

FDA Madison: Charles Cote (608) 264-5332 charles.cote@fda.hhs.gov

FDA Milwaukee: Jeff Bernhardt (414) 771-7167 ext. 11 jeff.bernhardt@fda.hhs.gov

FDA Minneapolis: Cheryl Bigham (612) 334-4100 ext. 162 cheryl.bigham@fda.hhs.gov

FDA Green Bay: Scott Schenian (920) 433-3924 ext. 103 scott.schenian@fda.hhs.gov

FDA Recall & Emergency Coordinator-Kristine Zuroski (612)-758-7120 kristine.zuroski@fda.hhs.gov

Division of Public Health (DPH)

When to contact WDH- Food Safety and Recreational Licensing Section: when restaurants may be involved.

Jim Kaplanek (608) 261-8361

WISCONSIN EMERGENCY MANAGEMENT

24-Hour Duty Officer: 1-800-943-0003

