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| --- | --- | --- |
| **Client Instructions** | Please provide responses for each line on pages 1-2 of this form. At the end of the Client Section on the provided line, enter the date this form was completed.  Contact us if you have questions or concerns. Please ask for the certification body at 1-800-633-5137 or email us directly at [certification@aibinternational.com](mailto:certification@aibinternational.com). | |
| Recall, Outbreak or Significant Regulatory Food Safety Non-Conformity Raised By | |  |
| Date of Recall, Outbreak or Significant Regulatory Food Safety Non-Conformity | |  |
| Facility Contact(s)  *(Provide Name / Job Title)* | |  |
| Name of Facility where affected products were produced | |  |
| Address of the affected facility | |  |
| Facility Number(s) | |  |
| How was the CB informed?  *(Provide a brief summary)* | |  |
| Products/Staff Affected | |  |
| Quantity Produced | |  |
| Dates of Production | |  |
| Volume of Produced | |  |
| Area(s) Shipped | |  |
| Reason for the Recall, Outbreak or Significant Regulatory Food Safety Non-Conformity | |  |
| Explain how regulators & customers were notified | |  |
| Any reported illness or injury due to this recall/outbreak?  *( Explain if Yes)* | | Yes. Explain:  No |
| Did a regulatory visit occur due to this recall?  *(Explain if Yes)* | | Yes. Explain:  No |
| Was regulatory action taken against the company?  *(Explain if Yes)* | | Yes. Explain:  No |
| Summary of recall effectiveness, percent recovered. Explain if any product remains in the marketplace. | |  |
| Is there a regulatory response letter?  *(Attach the letter if Yes)* | | Yes  No |
| Provide a Root Cause explanation of the recall/outbreak | |  |
| List the immediate corrective action(s) taken | |  |
| List any long-term corrective / preventative action(s) taken | |  |
| Date this form was completed | |  |

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| ***FOR OFFICE USE ONLY*** | | | | | |
| **Manager Instructions** | | Review the Recall information provided by the client and comment below, providing a determination for the status of the Recall. If a site visit is necessary, contact the CSA to begin the scheduling process. If a certificate suspension is required, contact the CSA to notify the site of the suspension, and contact the Reports Associate to complete the suspension in the scheme database. | | | |
| Was the CB contacted by the supplier? | | | Yes  No. *The supplier failed to notify AIB International Certification Services of the recall/outbreak.*  **If No, a Major non-conformity shall be raised at the subsequent audit. For PPC a suspension may be instigated.** | | |
| Was the CB contacted in the required timeline for the applicable scheme? | | | Yes  No. *Notification of recall was not within the timeline specified by the scheme holder.*  **If No, a Minor non-conformity shall be raised at the subsequent audit. For PPC a suspension may be instigated.** | | |
| Was the corrective action submitted adequate? *(Explain if No)* | | | Yes. *The CA was appropriate (no site visit required).*  No. Explain: | | |
| Yes. *The CA was adequate as verified through a site visit.*  No. Explain: | | |
| Is suspension required at this point?  *(Explain if Yes)* | | | Yes. Explain:  No | | |
| Is it necessary to inform the Standard Owners?  *(Explain if Yes)* | | | Yes. Explain:  No | | |
| Final Determination of Action | | | | | No further action needed. *The CA will be reviewed at the next recertification audit.*  Suspend Certificate:  Yes  No  Special Audit (to verify CA):  Yes  No |
| Recall/Outbreak Review Completed By | | | | |  |
| Reviewer’s Job Title | | | | |  |
| Review Completion Date | | | | |  |
| List other CB personnel completing this form, if applicable | | | | |  |
| **Auditor Instructions** | During the Recertification or Special Audit, please review the information above, and based on your observations during the audit, evaluate whether or not the corrective action was implemented and sustained. Complete each section below. | | | | |
| Audit Date(s) | | | |  | |
| Recall/Outbreak Corrective Action Review Completed By | | | |  | |
| Recall/Outbreak Corrective Action Review Date | | | |  | |
| Describe observations during the recent audit related to the recall corrective actions | | | |  | |
| Was the Corrective Action implemented and sustained? | | | | Yes. *The Corrective Action was adequate and implemented.*  No. Explain: | |