REC34: Supplier Recall/Outbreak Evaluation Record

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.
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	

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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

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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: