Company: Date:

Contact person:

Standard:

[ ]  Public recall [ ]  Withdrawal

[ ]  Food safety / product safety affected [ ]  Breach of legal requirements [ ]  Quality reasons

Please send the completed form within 3 days after knowledge of the incident to:

lebensmittel@qualityaustria.com; Fax +43 732 43 23 23

|  | **Statement including evidence available / reference to document****(has to be filled in by the company)**  |
| --- | --- |
| Date of incident |  |
| Product, lot, BBD |  |
| How did you get noticed about the incident (e.g. authority, analyses, complaints etc.) Detailed information about situation |  |
| if available: analysis |  |
| Necessary to inform the competent authority /Notice submitted?  |  |
| Corrections / immediate actions taken, besides recall / withdrawal |  |
| (Potential) reasons root cause analysis  |  |
| Corrective actions / preventive actions to prevent reoccurrence  |  |
| Affected quantity / delivered quantity  |  |
| Quantity taken back or destroyed at client |  |
| Destruction or further usage of the product taken back (e.g. rework) |  |
| C ontrol of effectiveness of the actions taken |  |
| Closing of actions / case |  |