



It's all about managing food.

Food Decision Software Inc.
9251 Yonge Street, Richmond Hill
Ontario, Canada, L4C 9T3

DISTRIBUTOR RECALL PROCEDURE CHECKLIST

Date Recall Transpired _____ Time Recall Transpired _____ AM [] PM []

Person Made Responsible For Recall: _____

What activity led to a Recall to be implemented? _____

Recall Team was assembled: Date _____ Time _____ AM [] PM []

Table with 3 columns: Responsibility, Person Name, Contact Info. Multiple empty rows for data entry.

All Products of Recall Identified: Date _____ Time _____ AM [] PM []

Supplier Contacted: Supplier Name: _____

Contact: _____ Date _____ Time _____ AM [] PM []

Regulatory Agency Contacted (if Applicable): Agency Name: _____

Contact: _____ Date _____ Time _____ AM [] PM []

All effected Products on Hold and Segregated in warehouse:

Date _____ Time _____ AM [] PM []

All effected Customers identified: Date _____ Time _____ AM [] PM []

All Customers contacted: Email/Phone/Fax: Date _____ Time _____ AM [] PM []

Press Release Prepared (if Applicable): Date _____ Time _____ AM [] PM []

All Recalled Products accounted for: Date _____ Time _____ AM [] PM []

Recalled Products disposed of: How were Products Disposed of? _____

_____ Date _____ Time _____ AM [] PM []

Cause of Recall determined and fixed: Date _____ Time _____ AM [] PM []

Recall Completed: _____ (Name) _____ (Signature)

Date and Time Completed: Date _____ Time _____ AM [] PM []