

TO BE COMPLETED BY THE COMPANY <i>Please complete and return within 24 hours GLOBALG.A.P., 7 days for IFS., 14 days for BRCGS/FSSC 22000</i>
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Company / Site name		
Location / address		
Site Code / COID / GGN		
Certified standard	<input type="checkbox"/> BRCGS <input type="checkbox"/> IFS Food <input type="checkbox"/> GLOBALG.A.P.	<input type="checkbox"/> FSSC 22000 <input type="checkbox"/> Other, please describe:
Category of incident <i>Note: For recalls, please include correspondence with the authorities</i>	<input type="checkbox"/> Recall <input type="checkbox"/> Withdrawal	<input type="checkbox"/> Regulatory/legal notification <input type="checkbox"/> Other, please describe:
Date of recall, withdrawal or incident		
Date when you noticed that something had went wrong / received the incident notification		
Affected product(s)	Product name + explanation: Brand/private label: Date of production: Best-before date: Lot/batch:	
Reason for the recall/withdrawal/incident	<input type="checkbox"/> Allergen (e.g. contamination or missing in listed ingredients) <input type="checkbox"/> Chemical contamination (including pesticides) <input type="checkbox"/> Microbiological contamination <input type="checkbox"/> Physical contamination <input type="checkbox"/> Packaging/labelling issues <input type="checkbox"/> Quality <input type="checkbox"/> Other, please describe:	
Origin of notification	<input type="checkbox"/> From supplier <input type="checkbox"/> From authorities	<input type="checkbox"/> From customer <input type="checkbox"/> Other, please describe:
Outline of the incident – describe what has happened		
Traceability information	Amount produced (weight/volume): Amount blocked in warehouse/storage: Amount delivered: Amount recalled/withdrawn: Amount returned/destroyed:	
Correction (your immediate actions in response of the incident) <i>Note: please provide documented evidence</i>		
Root Cause Analysis – why did the problem arise?		
Action plan to prevent that the same thing happens again <i>Note: please provide documented evidence</i>		
Form completed by (name)		

TO BE COMPLETED BY THE CERTIFICATION BODY
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Does the incident need to be notified to the scheme owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Dates of notification IFS Database	Initial notification:		Updated information:	
Dates of notification BRCGS Directory	Initial notification:		Updated information:	
Dates of notification GLOBALG.A.P. Secretariat (if necessary)	Initial notification:		Updated information:	
Action taken by the Certification Body				
Is the certification status affected?	<input type="checkbox"/> Yes; please add date of status change: <input type="checkbox"/> No			
Date closed out				
Form completed by				