

Name of Company

Mock Recall Form			
Date:		Mock Recall Start Time: a.m./p.m.	
Recall Coordinator/Alternative:			
Product Name:		Product Brand:	
Production Date:		Product Size:	
Batch No:		Code Number:	
Production Volume			Units (i.e. Bags/Kg)
Remaining Stock Volume			Units (i.e. Bags/Kg)
Distributed Volume			Units (i.e. Bags/Kg)
Completion Time: a.m./p.m.			
***Note: Mock Recall must be completed within four hours of start time.			
Corrective Action			
A	Quantity originally produced		Units (i.e. Bags/Kg)
B	Quantity in transit		Units (i.e. Bags/Kg)
C	Quantity distributed		Units (i.e. Bags/Kg)
D	Quantity in stock at customers site		Units (i.e. Bags/Kg)
E	Quantity consumed		Units (i.e. Bags/Kg)
$\% \text{ Mock Recall Effectiveness} = \frac{B+C+D+E}{A} \times 100 = \% \text{ Effectiveness}$			
If Mock Recall is less than 100%, outline cause and indicate corrective action required:			
Person Responsible:			
Timeline:			
Authorized By: _____			
(Recall Coordinator/Alternative)			