NAME OF ORGANIZATION

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)

% Mock Recall Effectiveness $\underline{B+C+D+E}$ x 100 = % Effectiveness

                                                                    A

If Mock Recall is less than 100%, outline cause and indicate corrective action required:

....

....

....

Person Responsible:
Timeline: ....
Authorized By: _____   (Recall Coordinator/Alternative)