

# Name of Company

Recall report		
Date:		Recall Start Time: a.m./p.m.
Recall Coordinator/Alternative:		
Product Name:		Product Brand:
Production Date:		Product Size:
Batch No:		Date
Reason for Recall:		
Corrective Action		
Quantity of product received		Units (i.e.Bags/kg)
Remaining product in stock		Units (i.e.Bags/kg)
Product unaccounted for (i.e. consumed)		Units (i.e.Bags/kg)
Person Responsible:		
Corrective Action:		
Action Plan:		
Date:		Recall Finish Time: a.m./p.m.
Authorized By: _____ (Recall Coordinator/Alternative)		