Name of Organization: ABC   **Standard: FSSC 22000**

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 $\frac{B+C+D+E}{A}$ x 100 = % Effectiveness

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

....
....

Person Responsible:

Timeline:
....
....

Authorized By: _____

                              (Recall Coordinator/Alternative)