

# NAME OF ORGANIZATION

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:		
<div></div> <div></div> <div></div> <div></div>		
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:		
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Action Plan:		
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Date:	Recall Finish Time: a.m./p.m.	
Authorized By: _____ (Recall Coordinator/Alternative)		