Thank you for your timely action regarding this product recall.

For Bureau Veritas to analyse this event and take the appropriate actions, please complete part 1 to 3 in this document and return it to recalls@dk.bureauveritas.com

|  |  |
| --- | --- |
| **1.Bureau Veritas contact (to be completed by the company)** | |
| Date of registration: |  |
| Address to reply: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Client information (to be completed by the company)** | | | | | | | |  |
| COMPANY NAME: |  | | | | | | | |
| COMPANY ADDRESS: |  | | | | | | | |
| POSTCODE: |  | | TOWN: |  | | Country: | |  |
| STANDARD(S) | | ACCREDITATION(S) | | | CERTIFICATION Nr | | Site identification number | |
|  | |  | | |  | |  | |
| Comments: | | | | | | | | |
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| **3.Product information (to be completed by the company)** | | | | | | | | | | |  | |
| PRODUCT NAME / TRADE NAME: | | | | | | | | | | | | |
| Batch nr: | Quantity: | | | Date of Recall: | | | Batch nr: | | Quantity: | | | Date of Recall: |
| Private Label: | Company own trade mark: | | | | | | EU market (country): | | Other market (country): | | | Outside EU market (country): |
| NATURE OF THE PROBLEM, RELATED INFORMATION, reason : | | | | | | | | | | | | |
| Food safety issue (hazards): | | | Quality issue: | | | Recall required by Authority: | | | Authority informed: | | | Date: |
| Internal company risk analysis performed , date and text (or Attachment): | |  | | | | | | | | | | |
| Root Cause Analysis performed , date and text (or Attachment): | |  | | | | | | | | | | |
| Corrective Actions date and text (or Attachment): | |  | | | | | | | | | | |
| Product handling (return, recall, destruction,...), date: | | | Quantity: | | % of total concerned: | | | Company comments: | | | | |
| Company representative: | | | | | date: | | | e-mail: | | Telephone: | | |

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| --- | --- | --- | --- | --- |
| **4.BUREAU VERITAS analysis (to be completed by BV local office)** | | | | |
| BV LA auditor Recommendation: |  | | | |
| Follow-up date(s) (on-site): | From: | | | To: |
| Follow-up BV LA auditor CONCLUSION: |  | | | |
| Name: | | Date | Signature: | |
|  | |  |  | |

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| **5. Bureau Veritas decision by ICC/Critical location** | | | | | | |
| CONCLUSION: | To be completed | | Withdrawal  Suspension  Notification | | From: | To: |
| Name | | Date | | Signature: | | |
|  | |  | |  | | |