

RECALL ACTIONS LOG

Date Recall Transpired _____ Time Recall Transpired _____ AM PM

Person Made Responsible For Recall: _____

What activity led to a Recall to be implemented? _____

Recall Team was assembled: Date _____ Time _____ AM PM

Responsibility	Person Name	Contact Info

All Products of Recall Identified: Date _____ Time _____ AM PM

Supplier(s) Contacted: Supplier Name (s): _____

Contact: _____ Date _____ Time _____ AM PM

Regulatory Agency Contacted (if Applicable): Agency Name: _____

Contact: _____ Date _____ Time _____ AM PM

All effected Products on Hold and Segregated in warehouse:

Date _____ Time _____ AM PM

All effected Customers identified: Date _____ Time _____ AM PM

All Customers contacted by Phone and FAX: Date _____ Time _____ AM PM

Press Release Prepared (if Applicable): Date _____ Time _____ AM PM

All Recalled Products accounted for: Date _____ Time _____ AM PM

Recalled Products disposed of: How were Products Disposed of? _____

_____ Date _____ Time _____ AM PM

Cause of Recall determined and fixed: Date _____ Time _____ AM PM

Recall Completed: _____ (Name) _____ (Signature)

Date and Time Completed: Date _____ Time _____ AM PM