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

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| **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: |
|  |  |  |

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