R. How to Conduct a Mock Recall – An Example

NOTE:	**NOTE: The Appendices were originally developed for Canadian operations, and provide examples only, based on Canadian and international resources. If your operation is outside of Canada, the following information may be relevant to you. It is recommended that you check whether country-specific requirements or guidance are available instead.**

Periodic mock recalls should be carried out at least annually to evaluate the product recall program. All information obtained during the Mock recall is documented on the ***Mock Recall Log****. Mock recalls are used to determine whether the recall procedure is capable of identifying and quickly controlling a given lot of potentially affected product and reconciling the quantities produced, quantities in inventory, and quantities distributed. Mock recalls are used to test all steps of the recall procedure, including identifying where the product went. A mock recall will identify potential problems and allow personnel to become familiar with recall procedures. Use the ***Mock Recall Log to*** document all corrective actions and deficiencies identified. The steps below and attached sample ***Mock Recall Log*** can help guide you through the mock recall process:

1. Identify and write down the mock recall scenario. Make up something fairly realistic and be specific about the customer or supplier (where the recall originated) and the specific product to be recalled. ***Example***: We determined that when Bravo 500 was sprayed on our cabbage fields on July 5th (9 days ago) the third party applicator also accidentally sprayed two of our spinach fields (fields S9 and S10). Since Bravo 500 is not registered for spinach we need to recall any spinach that has been harvested and distributed from those two fields since we started harvesting on July 12th. ***Example:*** On August first we received notification from CFIA that their surveillance sampling program found a positive result for *Salmonella poona* on a roma tomato. The roma tomato sample was taken from a distribution warehouse and had the following pack ID: 225AR. We need to find out whose tomatoes are in the affected pack ID's, whether tomatoes from the affected product from the identified delivery date are in any other Pack ID's and where all potentially affected product went.
2. Identify and record who will be involved in the mock recall. For example: John Smith, recall coordinator, will be in charge of the mock recall with help from Jane Brown the field supervisor and Jay White the packing house supervisor. All members of the recall team should participate in a mock recall.
3. Record the time when you start the exercise.
4. Once the particular affected lot is chosen for the scenario, trace the product forward to the customers and, if applicable, back to the field or the operation. Find out how much of that particular lot or pack ID was produced, where it came from and where it was sent. Collect and gather copies of records with the supporting data such as: transportation records (Form O), packing and/or harvesting records (Forms P and Q), agronomic inputs (Forms H1 and H2). The mock recall file also should include the name, address and telephone number of customers and/or suppliers for the lot tested.
5. Keep track of everyone within your organization you contacted to collect each piece of information or where it is stored (e.g. which binder or file in which office). If records are kept electronically keep track of how reports were generated (what is the report called in the software system?) so that it is easy to repeat the process if a real recall occurs.
6. Make copies of the applicable forms from your Recall Program and record how much product was found and where it was found (e.g. 4 skids with each with 50 masters sent to Sobeys on Aug 7).
7. It is recommended that your customers are contacted to ensure that their contact information is accurate etc. At the beginning of the call you would let them know that it is a mock recall/simulation. Write down which customers you would call to get the product back and write down a mock entry. Include company, contact person and phone numbers.

8. Record the time when you finished the exercise.

9. Meet with your recall team to discuss the mock recall, and how things could be improved. Record these findings and create an action plan for continuous improvements. Other topics to discuss during the final review meeting could include what you would do to dispose of the product, media policy, communication strategy, etc.

*A sample **Mock Recall Log** is included on the following page

Ways to make your mock recall more effective and a better learning experience:

1. Timing and frequency: be unpredictable (do not tell staff ahead of time) and schedule the mock recall for busy or inconvenient times. This can give you the most realistic idea of how effective your recall process is.
2. Be Realistic: the more realistic the scenario, the better prepared you will be if something actually happens. Start with a fairly easy scenario, then in subsequent years try and make the scenario more complex.
3. Be comprehensive: include all departments and test all aspects of your recall plan. If possible involve other supply chain partners (e.g. if you pack product involve the individual operations.)

Mock Recall Log

Company Name: _____ ***Date***: _____

START Time:_____ _____ _____

<table>
<tr><td>Who participated in the Mock Recall?</td><td>Comments</td></tr>
<tr><td>
<table>
<tr><th>Name</th><th>Position</th><th>Mock Recall Responsibilities/Duties</th></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td></tr>
</table>
</td><td></td></tr>
<tr><td>Mock Recall Scenario
- Specific product to be recalled
- Customers/suppliers involved</td><td>Comments</td></tr>
<tr><td></td><td></td></tr>
</table>

Contacting Customers/Suppliers - **Identify who/where product was shipped to and who/where it came from** **Who *would* you call to get the products back?**	**Comments**

Company	Contact	Number

List of applicable records collected/gathered (Attach all relevant forms)	**Where is this information stored?**	**Comments**
_____ _____ _____ _____ _____		

Finish Time: _____

Identify gaps in your Recall Program and create action plan for improvement

S. Recall Program

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1. Introduction

Everyone involved in the produce supply chain must do their part to ensure that the fruits and vegetables they offer are safe for consumers. Although most fresh fruits and vegetables retain a short shelf life, it is important to establish a recall program within an operation. If a product has been implicated as the source of a problem, accurate information must be readily and easily accessible to aid in the recall process.

Users following any of the CanadaGAP manuals will have a traceability system in place whereby packaging materials have a pack ID and have been identified (name/address). However, if a problem were to occur, the person responsible requires a means to recall product, thus the need for a recall program.

2. Program Components

An effective program includes, as a minimum, the following elements:

1. Name(s) and contact information of the recall coordinator(s) and recall team.
2. Written step-by-step procedures to be followed during a recall:
    - Record the reason for the recall and the health risk **(Form 1 – Recall Information)**.
    - Halt distribution of the product and isolate the quantities still within the operation.
    - Identify the product and determine the quantities involved **(Form 2 – Product Information)**.
    - Identify who needs to be contacted **(Form 3 – Contact Information)**.
    - Communicate with the parties concerned **(Forms 4A and 4B – Recall Notifications)**.
    - Recall the product **(Form 5 – Product Retrieval)**.
    - Properly dispose of all contaminated product.
    - Determine preventative plans and review effectiveness of recall **(Form 6 – Follow-Up Plan)**.

It is very important to keep accurate and complete records during the recall process. A recall is terminated when both CFIA and the recalling person responsible agree that the recalled product has been effectively removed from the supply chain and that the proper disposition and/or corrective action(s) have been completed.

References:

Canadian Food Inspection Agency (CFIA) Recall Procedure:
http://www.inspection.gc.ca/food/food-safety-and-emergency-response/recall-procedure/eng/1535516097375/1535516168226

FORM 1

RECALL INFORMATION

Recall Coordinator: _____

Contact Information: _____

Date/Time: _____

Reason for Recall: Describe the reason for the recall (biological, chemical or physical contamination) and how the product deficiency was discovered.

_____

_____

_____

_____

_____

_____

_____

_____

Hazard Assessment: The CFIA will assess the health risk and rank according to the following classifications:

Class 1: A *reasonable* possibility of *serious adverse* health consequences.

Class 2: A *remote* possibility of *serious adverse* health consequences.
A possibility of *temporary adverse* health consequences.

Class 3: A *low* possibility of *adverse* health consequences.

** Go to the following CFIA website for complete definitions: http://inspection.gc.ca/food/safe-food-production-systems/food-recall-and-emergency-response/food-manual/eng/1378402475724/1378403080658?chap=12

FORM 2

PRODUCT INFORMATION

Product	Lot Number/ Code/Date	Lot Quantity	Shipped To			Quantity Shipped and Requiring Recovery
			Name/Location	Date Shipped	Quantity Left On-Farm	
					TOTAL=	

FORM 3

CONTACT INFORMATION

Canadian Food Inspection Agency (CFIA)

When there is a potential food recall, the CFIA Area/Regional Recall Coordinators/Contacts must be notified. They will help with the recall process and will determine the recall class and course of action.

Website: www.inspection.gc.ca	1-800-442-2342
Nova Scotia, Newfoundland and Labrador, Prince Edward Island & New Brunswick	506-381-7683
Quebec	866-806-4115
Ontario	416-665-5049
Manitoba	204-797-4501
Saskatchewan	306-529-0671
Alberta	587-230-2518
British Columbia	604-292-5780

Who needs to be contacted? (Person responsible keeps a complete list of customer contacts available)

Who?	(✓ all applicable)	Why?
CFIA Contact	✓	Contact will help with recall process
Person Who Produced the Product		
Provincial/Territorial Association/Organization		
Person Who Packed the Product		
Wholesaler		
Broker		
Certification Body		
Retailer		
Foodservice		
Consumer		
Other (e.g., CanadaGAP, law enforcement, etc.)		

Other Communications

	Yes	No
Press Release		
Public Notification		
Other (specify):		

FORM 4A

RECALL NOTIFICATION – Via Phone

The following information is to aid you when contacting people to recall your product. Fill out one sheet for each group contacted.

This is _____. I am calling from _____
Name of Recall Coordinator *your operation's name*
to notify you that all product _____ on _____ needs to be
lot # *date/time*
_____.
returned, destroyed, modified, etc.

I have the following questions to ask you about this recall:

1. Who do I speak to about a recall and what is their contact information?

Contact (name): _____

Phone Number: _____

Fax Number: _____

Title: _____

2. Do you have any of the product(s) being recalled? (If no, terminate questioning)

_____ YES _____ NO

If the answer to question #2 is YES, the product must be _____.
returned, destroyed, modified, etc.

3. The _____ of this product will be dealt with by
return, destruction, modification, etc.

_____.
action intended

4. Have you received any reports of illness or injury related to this product?

_____ YES _____ NO

If yes, please provide details.

_____

_____

Thank you for your time.

Confirmation Signature: _____ ***Date:*** _____

Form 4B

RECALL NOTIFICATION – Via Written Correspondence

Template

Urgent - Recall of (name of Product)

(Name and address of your company)
(date)

Dear Customer,

or

Attention: (name of customer contact)

(Your company name) is recalling the products listed below because they may contain (name the problem, e.g. an ingredient which may cause an allergic reaction and is not declared on the label, bacteria, foreign pieces of material).

This table is a checklist for the recalled products listed below.

Product Name	Brand	Size	Code, Best Before date, UPC

Please discontinue selling these products *immediately* by removing them from display, counting the amount in your inventory and storing them in a secure place.

Please contact all accounts to which you sell this product immediately and inform them of this recall.

(Your company name) staff will credit you for the recalled product. Please mark the product "**Recalled**" and (your company name) staff will call you to arrange pick up.

Important
Please record the time and date you received this Recall Notice and acknowledge receipt by signing and faxing this document to (your company name) at (your company fax number).

Date / Time Received:_____ Signature:_____

Name of store / Distributor:_____

Thank you for your cooperation.
(Signature)
(your company's contact, their position, your company name)

FORM 5

PRODUCT RETRIEVAL

Quantity Shipped and Requiring Recovery (from Form 2)	Date/ Time (from Form 4)	Person Contacted	Quantity Recovered or Destroyed	Quantity Remaining With Contact	Action Taken and Description (e.g., picked up, returned, destroyed, etc.)	Total Quantity Recovered (should be the same as column#1)
					TOTAL = (Total to equal the total on Form 2)	

FORM 6

FOLLOW-UP PLAN

Post Recall Review - Preventive Plan

1. Why was there a recall (i.e., what was the source of the problem)?

2. What corrective action(s) was/were taken? *(List and describe)*

3. What ongoing procedures did you put in place to prevent recurrence of the problem?

4. Identify the person(s) responsible for ensuring the above actions and procedures are monitored and implemented.

Post Recall Review - Effectiveness of the Recall

5. How effective was the implementation of the recall?

6. Identify any problems experienced during the recall implementation.

7. How was the recall program amended to address any problems identified?

Confirmation Signature: _____ ***Date:*** _____