|  |  |
| --- | --- |
| CONFIDENTIAL[ ]  Initial report[ ]  Progress report | **FAMI-QS Code\*:***(anonymous)* |

*\* The grey fields will be filled in by FAMI-QS*

#### GENERAL INFORMATION

|  |  |
| --- | --- |
| **Date and time** |  |
| Company: - Site (if different): - Address:   The Company for which this report form is issued is the 🗆 Manufacturer, 🗆 Distributor and/ or 🗆 User of the product. | Contact:- Name: - Phone number: - Fax: - Email address: - Title:  |

#### PRODUCT

|  |
| --- |
| Product Category:[ ]  Feed Additive [ ]  Functional Feed Ingredient [ ]  Premixture[ ]  Specialty Complementary Feed [ ]  Specialty Complementary Dietetic Feed[ ]  Compound feed [ ]  Raw material used as an ingredient of formulation (not processed further)[ ]  Raw material used as an intermediate of production (processed further) |
| Product & Commercial names:  |
| Concerned lot / batch number of the product  |  |
| Concerned quantity / volume  |  |
| Manufacturing or reception date / selling period |  |
| Product distribution - known  | [ ]  YES [ ]  NO |
| Product location – currently known  | [ ]  YES [ ]  NO |

**NATURE OF THE PROBLEM**

|  |  |
| --- | --- |
| Nature of the hazard (anomalies, contaminants…) |  |
| Elements leading to the accident (possible cause, confirmed or suspected) |  |
| Which analyses have been and will be performed? |  |
| Sampling carried out by whom? (accredited lab) / Sampling date |  |
| Nature of the risk (effect on the health of humans, animals or plants) |  |
| What other information is available? |  |

#### CERTIFICATION BODY INFORMATION & MEASURES TAKEN

|  |  |
| --- | --- |
| CB informed (name, date…) | [ ]  YES [ ]  NO |
| CB’s decision about follow-up | [ ]  next audit [ ]  special audit needed |
| Measures already taken | Measure 1: Measure 2:  |
| Corrective action :Risk analysisProduct RecallLaboratory analysisClient informedSupplier informed | *Yes* [ ] [ ] [ ] [ ] [ ]  | *In progress* [ ] [ ] [ ] [ ] [ ]  |
| Information  | Have the customers already been informed? [ ]  YES [ ]  NOHas the supplier already been informed? [ ]  YES [ ]  NO |
| Follow-up action agreed with FAMI-QS \*(Deadline for the progress report) |   |
| Has there been any discussion with others? |  If so, with whom?  |

#### ADVICE TO CONSUMERS OR USERS

|  |  |
| --- | --- |
| What is to be done with the product? |  |
| Product recall (location) |  |
| Conditions related to the product recall |  |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| Other Information |  |
| CB’s decision about the certificate \* |  |
| Closing date of the notification (FAMI-QS) \* |  |
| **Date:****Name, job title :****Signature** |    |

#### COMMUNICATION WITH THE FEED CHAIN PARTNERS

FAMI-QS maintains a mutual recognition for the exchangeability of the certificates with the following assurance Scheme Owners:

* AIC
* FCA (Feed Chain Alliance)
* GMP+ International
* QS

In the framework of the mutual recognition, a communication is required if an incident occurs, without providing any business related information. FAMI-QS will communicate the following details:

* name of the ingredient/mixtures (not a commercial name);
* lot number and quantities involved in the incident;
* root cause and the corrective actions.

**FAMI-QS CONTACT DETAILS:**

notification@fami-qs.org



**Monday to Friday**: From 09:00 to 18:00 (CET), please call +32 492 97 77 80

From 18:00 to 09:00 (CET), please call +32 491 26 94 83

**Saturday/Sunday**: Please call: +32 491 26 94 83