|  |  |
| --- | --- |
| 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 analysis  Product Recall  Laboratory analysis  Client informed  Supplier informed | *Yes* | *In progress* |
| Information | Have the customers already been informed?  YES  NO  Has 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](mailto: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