



CONFIDENTIAL	FAMI-QS Code*:
☐ Initial report	(anonymous)
Progress report	

Manufacturing or reception date / selling period

GENERAL INFORMATION				
Date and time				
Company:	Contact:			
	- Name:			
- Site (if different):				
- Address:	- Phone number:			
	- Fax:			
The Common for which this was set forms is issued				
The Company for which this report form is issued is the □ Manufacturer, □ Distributor and/ or □	- Email address:			
User of the product.	Title			
	- 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				

<sup>\*</sup> The grey fields will be filled in by FAMI-QS





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	nex	t audit 🔲 s	pecial audit needed	
Measures already taken	Measui	re 1:		
	Measu	re 2:		
Corrective action :		Yes	In progress	
Risk analysis				
Product Recall				
Laboratory analysis				
Client informed				
Supplier informed				
Information	Have th		ready been informed?	





	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 an authorized and
	If so, with whom?
	]
ADVICE TO CONSUN	MERS OR LISERS
ADVICE TO CONSON	VIERS ON OSERS
What is to be done with the product?	
Product recall (location)	
Froduct recall (location)	
Conditions related to the product recall	
OTHER INFOR	RMATION
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