

## Appendix C. PRODUCT WITHDRAWAL FORM

Date: .....

### PRODUCT RECALL/WITHDRAWAL FORM

(Product identified with the following information has to be recalled/withdrawn according to “Product Recall Plan.”)

**1. What is the product?**.....

**2. What is the source of the complaint?**

- Manufacturer     Customer     Consumer     Regulatory agency     Co-packer

Name and Surname.....

Company/Department .....

Address (No., Street, P.O. Box, City).....

Telephone .....

Fax .....

**3. When was the complaint received?**

Month/Day/Year .....

Time.....

**4. What is the reason for the complaint?**

- Product quality     Illness     Packaging     Foreign body

Provide details .....

.....

.....

.....

**5. What tests have been carried out that support the complaint?**

External (give results).....

.....

Internal (give results).....

.....

**6. What is the detailed information about the product involved?**

Product.....

Lot code.....

Date of manufacture.....

Expiration date.....

Quantity.....

<b>(Destination for withdrawn products)</b>	
<b>(Aimed recalling/withdrawing duration)</b>	

**7. What is the depth of the recall?**

Class 1       Class 2       Class 3

Comments.....  
 .....  
 .....

**Quantities and destinations product distributed**

Destination	Date	(Quantity sent)	
		Unit	Size/Weight