

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0583-0135. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

U.S. DEPARTMENT OF AGRICULTURE
FOOD SAFETY AND INSPECTION SERVICE

REPORT OF RECALL EFFECTIVENESS

| | | | |
|--|--|--|--|
| 1. RECALL CASE NUMBER | 2. CLASS | 3. CHECK LOCATION <input type="checkbox"/> TELEPHONE <input type="checkbox"/> ON-SITE | |
| 4. NAME, ADDRESS AND PHONE NUMBER OF CONSIGNEE | 5. CHECK TYPE <input type="checkbox"/> EFFECTIVENESS <input type="checkbox"/> DISPOSITION | | 7. ELIGIBILITY <input type="checkbox"/> ELIGIBLE <input type="checkbox"/> INELIGIBLE |
| | 6. CHECK TYPE <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> BIASED <input type="checkbox"/> RANDOM | | DATE OFFICE WAS NOTIFIED _____ |
| | 8. UNSUCCESSFUL CONTACT ATTEMPTS <i>(Additional space in comments section)</i> | | |
| | PHONE | DATE | TIME |
| 9. NAME AND TITLE OF PERSON INTERVIEWED | | 10. PRODUCT FOR SALE <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 11. RECALL NOTIFICATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO | | 12. PRODUCTS RECEIVED <i>(Additional space in comments section)</i> | |
| METHOD | DATE | NAME | ID MARK |
| MAIL | | | |
| FAX | | | |
| PHONE | | | |
| EMAIL | | | |
| OTHER (Specify) | | | |
| 13. LBS OF PRODUCT RECEIVED <i>(If the amount of recalled product is unknown, use the total amount identified in product disposition)</i> | | | |
| 14. PRODUCT DISPOSITION <i>(Attach narrative description and supporting documentation)</i> | | | |
| VERIFIED BY: | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | SOLD AMOUNT (LBS) _____ |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | CONSUMED AMOUNT (LBS) _____ |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | FURTHER DISTRIBUTED AMOUNT (LBS) _____ <i>(Collect consignee info.)</i> |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | ON HAND AMOUNT (LBS) _____ |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | DENATURED/DESTROYED/DECHARACTERIZED AMOUNT (LBS) _____ |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | RETURNED TO RECALLING FIRM AMOUNT (LBS) _____ |
| DETAIN TAG NUMBER _____ | | DETAINED BY USDA/FSIS: DATE _____ AMOUNT (LBS) _____ | |
| 15. FOLLOW-UP NEEDED <i>(If yes, complete the information below)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| DATE | ACTION | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 16. SIGNATURE OF FSIS OFFICIAL | | 17. DATE FORM WAS COMPLETED | |

18. COMMENTS: *(Number each item and provide more detailed information, if needed.)*

FOR OFFICIAL USE ONLY

Replacement Check Information

This check replaced check

Date Notified DRO or IRC

This check was replaced by check