

RECALL PLAN

(This recall plan is to be kept on file in your record books)

Should the Department of Health & Mental Hygiene, Center for Food Protection initiate a recall of product because of public health concerns, the Department will monitor the progress and success of the recall. **In the event of either a Department directed (mandatory) or firm-initiated (voluntary) recall the procedures listed below will be implemented to facilitate execution of the recall and prompt removal of implicated product from the market:**

In the event of either a DHMH Department directed or firm-initiated recall, this firm will:

- 1) Following the directions of the Department in responding to a recall and/or promptly notify the Department by telephone when any situations come to your attention which could warrant initiating a recall. These situations could be any reports of illness, biotoxin closures, sewage spills, petroleum products spills, etc.
- 2) Make a list of the affected product, including type and quality, lot numbers and buyers.
- 3) Clearly identify each container of product involved in the recall with an **On-Hold for Recall placard or marker with date**, separate them from other products not involved in the recall, and secure these recall products.
- 4) Immediately contact each receiver of recalled product by telephone or in person and notify them of the conditions of the recall. Direct all customers to stop all sales and isolate and secure any products involved in the recall that may still be on hand and to contact their customers.
- 5) Request that receiving customers report back as soon as possible, but no later than 24 hours after notification, where the recalled products were distributed and whether they still have any product on hand. Maintain an accurate Recall Account Summary Report (see attached example) of products sold to each customer and the current disposition of the product to include:
 - Quantity of recalled product sold to each customer
 - Quantity still on hand at facility
 - Quantity still on hand at each of the customers' facilities
 - Quantity reported by receiving customers as already sold and consumed and not returnable
- 6) If there is recalled product on hand, instruct the receiving customers to return the product to this facility for proper securing or to hold it in a separate location at their facility and clearly mark it as not for sale and wait for final disposition instructions.
- 7) If notified by the Department that the recalled product must be destroyed, inform all receiving customers that product may either be returned to this firm for further disposition or be destroyed in the presence of a witness from the Authority in the state of the receiving customer. Coordinate with the Department to witness destruction of the product. All products returned will be destroyed in the presence of a witness from the Department.

- 8) **Provide a Recall Account Summary Report to the DHMH within 30 days and final report as soon as possible of completion.**
- 9) Maintain a list of current direct customers and their telephone numbers in the records to assist in recall notification.

The Department contact numbers for recall notification purposes are:

List DHMH contact information here: (call DHMH for current recall and emergency hotline numbers at (410) 767-8400 – General information during and after business hours).

Recall Summary Account Report (Example)

The following Recall Summary Account Report is an example of the information required DHMH when completing recall notifications. Each company directly involved in distribution of product included in a recall is required to provide this type of summary account report. **Reports will be faxed to (410) 333-8931 and an original copy mailed to the DHMH.**

Date:

From: Name of Farm/Company:
Address
Certification Number

To: MD Department of Health & Mental Hygiene
Center for Food Protection
6 Saint Paul Street, Suite 1301
Baltimore, MD 21202

Subject: Recall Summary Account Report for Product:

Attached is the final Recall Summary Accounting Report for (insert farm/company name) providing the final disposition of products involved and distributed in the recall of (enter dates of recall)

Recall Summary Account Report					
Product Description	Customer Shipped To	Quantity Shipped to Customer's Location	Quantity Still on hand at Customer's Location	Quantity Returned or Destroyed	% Returned or Destroyed

Any questions should be directed to (insert name and telephone number of person and email address and fax number).

Signature of Farm/Company - Owner/Manager:
