# Notification of incident

## Reporting of an incident that compromises the product safety, including recall / withdrawal or a non-compliance with product safety regulations

**Send within 3 working days of recall/withdrawal to the address: ritirierichiami@certiquality.it**
**Please fill in this form on the screen, save it and send it by mail.**
**We do not accept scans of printed files or manual compilations.**

**(MANDATORY FIELD)**

CERTIFICATE N. _____

COMPANY NAME _____

SITE CODE/COID _____

## REASON FOR NOTIFICATION (MANDATORY FIELD)

(Product safety incident: An event that has occurred that may result in the production or supply of unsafe, illegal, or non-conforming products.
Product recall: Any measure aimed at achieving the return of an unsafe or illegal product from a customer and consumer.
Product safety-related withdrawal: Any measure aimed at achieving the return of an unsafe or illegal product from a customer.
Regulatory notice: non-conformity raised by the regulator's official)

○ Product recall ○ Product incident ○ Product safety-related withdrawal ○ Regulatory notice

## CATEGORY OF INCIDENT (MANDATORY FIELD)

### Allergen, Chemical, Microbiological, Physical, Packaging and Labelling, Quality, Other

It is important that the recall is grouped into a category which best represents the issue because the data collected from the recalls is analysed to identify the common trends and issues occurring in the related industry. (e.g. Where the risk is identified as an undeclared allergen, whether the recall is due to incorrect labelling, incorrect packaging or contamination of the product by an allergen these should all be listed under 'allergen')

## OUTLINE OF INCIDENT (MANDATORY FIELD)

### Briefly explain the reason for the recall/incident.

Esempio: notified by supplier Perdona Ltd on 5/01/21–incorrect labelling, incorrect expiration date (01/12/2025 instead of 01/12/2026).

## PRODUCTS INCIDENT (MANDATORY FIELD)
### Product name and description. We need to identify the product type from the product description

Please use simple descriptions (e.g. "cosmetic", "detergent", not the brand names. Please always provide a product description when the product name is not provided in English).

## PLEASE SPECIFY: THE BATCH NUMBER _____, THE PRODUCTION DATE _____ THE EXPIRY DATE _____ AND THE QUANTITY _____

## DATE OF INCIDENT (MANDATORY FIELD)
### Date when the incident was started at the site

## CORRECTION (ACTION TAKEN BY SITE) (MANDATORY FIELD)
### Outline the steps taken immediately by the site covering their scope of responsibility

It is important that the recall is grouped into a category which best represents the issue because the data collected from the recalls is analysed to identify the common trends and issues occurring in the related industry (e.g. Where the risk is identified as an undeclared allergen, whether the recall is due to incorrect labelling, incorrect packaging or contamination of the product by an allergen these should all be listed under 'allergen')

## SITE OR SUPPLIER ISSUE (MANDATORY FIELD)
### Specify site or supplier issue

○ Site ○ Supplier

## ROOT CAUSE ANALYSIS (RCA) TAKEN BY SITE (MANDATORY FIELD)
### Outline details of the RCA completed by site and ensure the underlying cause is provided

**PREVENTIVE ACTION PLAN (PAP TAKEN BY SITE) (MANDATORY FIELD)**
**Outline the details taken by the site to prevent a reoccurrence. CB should assess whether the actions taken by the site are effective in preventing a reoccurrence at the site**

Contact person _____

E-mail _____ Tel. _____

Date _____ Name and surname of the compiler _____

**UPDATE AFTER 10 WORKING DAYS FROM THE INITIAL COMMUNICATION (MANDATORY FIELD)**
**Describe the cause of the incident, with corrections and corrective actions taken by the company**

Date _____ Signature _____