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| --- | --- |
| Food/Feed Incident Report Form | Food Standards Agency logo |

This form should be completed by the investigating officer and submitted to the appropriate FSA contact:

|  |  |
| --- | --- |
| FSA Office | Email Address |
| England | [foodincidents@food.gov.uk](mailto:foodincidents@food.gov.uk) |
| Northern Ireland | [incidents.ni@food.gov.uk](mailto:incidents.ni@food.gov.uk) |
| Wales | [wales.foodincidents@food.gov.uk](mailto:wales.foodincidents@food.gov.uk) |

## Competent Authority’s Details

|  |  |
| --- | --- |
| Competent Authority Address | Click or tap to enter Competent Authority Address. |
| Telephone Number | Click or tap to enter Telephone Number |
| Email Address | Click or tap to enter Email Address |

## Reporting Officer Details

|  |  |
| --- | --- |
| Name of reporting officer | Click or tap to enter Name of the Reporting Officer. |
| Telephone Number | Click or tap to enter Telephone Number |
| Email Address | Click or tap to enter Email Address |
| Out of Hours Telephone Number | Click or tap to enter OoH telephone number. |

## How was the information was received by the Competent Authority

|  |  |  |
| --- | --- | --- |
| Date / Time | Click or tap to enter a date. | Click or tap to enter Time. |
| Name of Person receiving the details | Click or tap to enter the name |  |
| How was the information received | Choose an item. | If Other, Please click here to enter details |
| If other Local Authority, please provide LA name and contact name | Click or tap to enter Contact name in LA | Click or tap to enter name of LA |
| Method received | Choose an item. | If Other, Please click here to enter details |

## Product Details

Click the blue + at the bottom right of the table to add additional products

|  |  |
| --- | --- |
| Name of the Product/s | Click or tap to enter Product Name |
| Brand of the Product/s | Click or tap to enter Product Brand |
| Country of Origin | Click or tap to enter Country of Origin |
| Durability Date - click to choose date | Day  Month  Year  Durability Type. |
| Description of Packaging | Click or tap here to enter Packaging Description. |
| Product type | Choose an item. |
| Temperature | Choose an item. |
| Are Cooking instructions provided? | Please select |
| If yes, please provide details | Click or tap here to enter Cooking Details. |
| Do the instructions include Air Fryers | Please select |
| Are Freezing instructions provided? | Please select |
| If yes, please provide details | Click or tap here to enter Freezing Instructions |
| Does the product state “Not suitable for home freezing” | Please select |

## Quantity Affected

|  |  |  |
| --- | --- | --- |
| Total amount of product affected | Click or tap to enter Amount | Choose unit type |
| Pack Size | Click or tap to enter Pack size | Choose unit type |
| Batch Code/s | Click or tap to Batch codes |  |
| Quantity of product that has reached the final consumer (if applicable) | Click or tap to enter Amount | Choose unit type |
| Quantity of product that has been withdrawn from sale (if applicable) | Click or tap to enter Amount | Choose unit type |

## Hazard Identified

|  |  |
| --- | --- |
| Type of contamination | Click or tap to enter Type of Contamination |
| Any associated deaths? | Please select  Please click here and provide details |
| Has clinical illness occurred? | Please select |
| If yes, please provide details: | Click or tap to enter the type of illness. |
|  | Click or tap to enter symptoms. |
|  | Click or tap to enter number of consumers affected |
|  | Click or tap to enter text any additional information. |
| Details of analytical method used to identify hazard | Click or tap to enter details of analytical method used |
| Details of Laboratory used for testing | Click or tap to enter Laboratory Name  Click or tap to enter Laboratory Address |
| Date Samples collected | Day  Month  Year |
| Date Sample results received | Day  Month  Year |

## Distribution

|  |  |  |  |
| --- | --- | --- | --- |
| Have you supplied any other business with this product | Please select | | If no go section 8 |
| Please specify where the product has been distributed to: |  | England |  |
|  |  | Northern Ireland |  |
|  |  | Scotland |  |
|  |  | Wales |  |
|  |  | Republic of Ireland |  |
|  |  | EU Country(ies) | Please specify here |
|  |  | Other Country(ies) | Please specify here |
|  |  | Other | Please specify here |
| Please provide details of business(es) receiving this product, or attach distribution list | Click or tap to enter Name | | Click or tap to enter Address |

## Traceability Information

Click the blue + at the bottom right of the table to add additional products.

Please enter details of traceability for the product where applicable:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Details of Supplier |  | | Click or tap to enter Name | Click or tap to enter Address |
| Details of Manufacturer | |  | Click or tap to enter Name | Click or tap to enter Address |
| Details of Importer |  | | Click or tap to enter Name | Click or tap to enter Address |
| Details of Exporter |  | | Click or tap to enter Name | Click or tap to enter Address |
| Other: | Please select from list | | Click or tap to enter Name | Click or tap to enter Address |

## Actions Taken

|  |  |
| --- | --- |
| Was the FBO aware of the issue | Please select |
| Have customers been informed | Please select |
| If yes, please provide details of actions taken | Click or tap to enter Details of action taken |
| Is the product still in the FBOs control | Please select |
| If yes, please provide details | Click or tap to enter Details of action taken |
| Has a Point-of-Sale Notice been displayed | Please select |
| Have any detention notices been served | Please select |
| Has any product been seized? | Please select |
| Please provide any further information of any actions taken. | Click or tap to enter Details of action taken |

## Business Incident History

|  |  |
| --- | --- |
| Details of any previous incidents in the last 12 months | Click or tap to enter Details of Previous Incidents |
| Details of key finding from previous incidents (RCA) | Click or tap to enter Details of Key Findings |
| When was your last Food Hygiene inspection | Day  Month  Year |
| What is your current Food Hygiene Scheme | Click or tap to enter Details Food Hygiene Scheme |
| What is your current Food Hygiene Score | Click or tap to enter Food Hygiene Score |

## Media Interest

|  |  |
| --- | --- |
| Has there been media interest? | Please select |
| If yes, please provide details | Click or tap to enter details |
| Has there been a press release?  If yes, please attach a copy to email | Please select |

## Risk Management Advice

|  |  |
| --- | --- |
| Do you require Risk Management Advice (RMA)? | Please select  If no go section 13 |
| If yes, please provide the reason RMA is required | Click or tap to enter details |

## Outcome of Incident / Root Cause Analysis

|  |  |
| --- | --- |
| Please provide details of actions taken by the Local Authority | Click or tap to enter details |
| RCA received from FBO | Please select |

## Email Attachments Checklist

|  |  |
| --- | --- |
| Image of Product | Please select |
| Image of ingredient label | Please select |
| Image of Cooking instruction | Please select |
| Image of Allergen warning | Please select |
| POSN if appliable | Please select |
| Distribution List | Please select |
| Certificates of Analysis | Please select |
| Laboratory reports | Please select |
| Detention notice | Please select |
| Press release | Please select |
| Root Cause Analysis | Please select |

## Additional Information

|  |
| --- |
| Click or tap to enter Additional Information |

## Signature

|  |  |
| --- | --- |
| Signed |  |
| Job Title |  |
| Date |  |