



## GRMS Recall & Incident Notification Form

As part of the contractual relationship with certificated sites, the site shall notify the certification body of:

- any impending prosecution or enforcement with respect to product safety or legality
- all product recalls
- adverse media or regulatory authority interest
- evidence of a significant public safety issue (e.g. food poisoning outbreak or customer injury)
- evidence of significant failings at the certificated site (e.g. fraud, corruption or significant malpractice)
- adverse public statements by a regulatory authority, NGO or major retailer
- significant public safety concerns bringing scheme owner or BVC into disrepute

This contractual requirement is also reflected in the Standards (e.g. **notification to the certification body within 3 days**).

The aim of this notification is to allow the certification body to assess whether the incident is indicative of a failure of the site's systems. The Certification Body must take the necessary steps to fully understand the implications of the situation and take appropriate actions. This may include requests for additional information, a further visit to the site, further full or partial re-audits, suspension or withdrawal of the certificate.

**Initial notification to scheme owner must be made within 24 hours of the site notifying the certification body.** A further update can be made, where necessary, to confirm the root cause and extend as well as the immediate corrections and subsequent corrective actions within a further 3 weeks.

**PLEASE FILL IN AND SENT THIS FORM TO: [recalls@bureauveritas.com](mailto:recalls@bureauveritas.com)**

SECTION I. To be completed by affected certificated site			
<b>Name, phone and e-mail of responsible person</b> at site notifying BVCDK of recall / incident			
<b>Date of notification</b>			
<b>Site Code</b> (Not mandatory to be filled in by site)			
<b>Company/Site Name</b> As it appears on the certificate			
<b>Country</b> Where the site is based			
<b>Certificate information</b>	Certificate no.	Accreditation:	Validity:
<b>Reason for notification</b> Select one			
<b>Category of Product Recall</b> Select one			
<b>Outline of Recall/Incident</b> Briefly explain the reason for the incident or recall. Include if required by authority. Authority informed and when Did the recall or incident generate significant media coverage			
<b>Has product reached consumer</b> (Yes/No)			
<b>Has there been any hospitalization or deaths ?</b> (Explain)			



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<b>Product(s) effected</b> Detail product name, type of product, batch codes effected if known otherwise update within 3 weeks	
<b>Date of Recall or Incident</b> What date the incident or recall start	
<b>Extend and Correction (action taken by Site)</b> Evaluated extend and action(s) taken by the site to rectify the incident/product	
<b>Site or Supplier Issue</b> Select one	
<b>Product handling (returns, destruction) And % of product not accounted for</b>	
<b>Root Cause Analysis (conducted by Site) –</b> If root cause cannot be confirmed immediately it must be reviewed and provided to Certification Body within 3 weeks of the date of recall.	
<b>Corrective Action Plan (conducted by Site)</b> If corrective action plan cannot be confirmed immediately it must be reviewed and provided to Certification Body within 3 weeks of the date of recall.	
<b>SECTION II - TO BE FILLED IN BY BUREAU VERITAS CERTIFICATION - DENMARK</b> When filled in, send to <a href="mailto:rosa.gomez@bureauveritas.com">rosa.gomez@bureauveritas.com</a> within 24 hours from company notification	
<b>BV Local office contact managing communication with client</b>	
<b>Zig/Siebel number</b>	
<b>Any other information</b>	
<b>SECTION III – To be filled in by ICC UK (UKAS cases) / ICC Denmark (DANAK cases)</b>	
<b>Jotform created by (Name)</b>	
<b>Date of initial notification to scheme owner</b> To be made to scheme owner within 24 hours of the site notifying BVCDK. BVC DK to be notified by the site within 3 working days	
<b>Certification Status</b> Select one or fill in other actions (eg. Follow up visit is needed)	



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**Date of Certification  
Status Change (If  
applicable)**

Date of suspension or  
withdrawal

**Any other information**

Notes: