



Preliminary Recall Effectiveness Survey



Please complete the Preliminary Recall Effectiveness Survey below when your company is notified of or is initiating a recall. Please e-mail the completed form and any attachments to fdberu@cdph.ca.gov or fax to 916-440-5379. Please put "Recall Survey" in the "Subject Line."

COMPANY NAME: _____

RECALLED PRODUCT DESCRIPTION: _____

ITEM	QUESTION	RESPONSE
1	Please describe your business operations. (e.g., processor, wholesale, distribution center, importer, food service, vending, retail, restaurant, school, military supply, etc.).	
2	Were you notified of this recall? (Y/N)	
3	Did you distribute the recalled product in California? (Y/N)	
4	Did you directly stock the shelves at retail locations, or deliver to the loading dock at retail locations or distribute to a distribution center or other warehouse? Please indicate which method of distribution your company uses.	
5	Did you voluntarily recall the product? (Y/N) If yes, send us a copy of the Recall Notice attached to your e-mail or fax distribution list.	
6	Have you notified your customers? (Y/N)	
	If Yes, how were they notified (E-mail, fax, phone, face to face visit, etc.) If No, what are your plans to notify customers?	
7	What types of customers do you service? (e.g., retail, restaurants, distributors, wholesalers, foodservice, schools, etc.)	
8	Are there any major grocery store chains or large distributors to which you have sold the product? If Yes, please list to the right. If No, please write No and continue to question 9.	

ITEM	QUESTION	RESPONSE		
9	<p>Does your company sell this product on the internet?</p> <p>If Yes, please provide the website name and your plans for notifying your internet customers.</p> <p>If No, please write "No Internet" and continue to Question 10.</p>			
10	Did you distribute to a company (ies) who sells this product to internet retailers?			
11	<p>Did you change product in any way? (repacked, relabeled, different lot #) (Y/N)</p> <p>If Yes, please fill in table below (use additional pages if needed). If No, please continue to question 12.</p>			
Brand Name	Product Name or Description	Lot Code	UPC Code	Customer Name
12	What do you plan to do with any product still in inventory?			
13	Have you separated and labeled the product that remains in your inventory? (Y/N)			
14	What do you plan to do with any product that has been or will be returned to you?			