

Preliminary Recall Effectiveness Survey



Please complete the Preliminary Recall Effectiveness Survey **below as the recalling firm or a firm that has received the recalled product.** Please e-mail the completed form and any attachments to fdberu@cdph.ca.gov or fax to 916-636-6471. 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, military supply, etc.).	
2	Were you notified of this recall? (Y/N)	
3	Did you distribute the recalled product in California? (Y/N)	
4	Please indicate the method of distribution used: (a) Directly stocked shelves at retail locations (b) Delivered to loading dock at retail locations (c) Delivered to a distribution center or other warehouse (d) Other – please specify	
5	Did you voluntarily recall the product? (Y/N) If yes, please send us a copy of the Recall Notice.	
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., retailers, 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. If No, please write No and continue to question 9.	

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Item	Question	Response
9	Does your company sell this product on the internet? (Y/N) If Yes, please provide the website name and your plans for notifying your internet customers.	
10	Did you distribute to a company (or companies) who sells this product to internet retailers?	
11	Did you receive any reports of illness related to the recalled product? (Y/N) If Yes, please describe.	
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?	
15	Did you change product in any way? (repacked, relabeled, different lot #) (Y/N) If Yes, please fill in table below (use additional pages if needed).	

Brand Name	Product Name or Description	Lot Code	UPC Code	Customer Name

As a reminder, under some circumstances, you might need to report certain events to the FDA. For more information, please visit [FDA RFR](#).