

NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
MEAT AND POULTRY INSPECTION DIVISION

REPORT OF RECALL EFFECTIVENESS

| | | | | | | | |
|---|----------------------------------|---|--|---|----------------|------|--|
| 1. RECALL CASE NUMBER | 2. CLASS | 3. CHECK LOCATION | | TELEPHONE | ON-SITE | | |
| 4. NAME, ADDRESS AND PHONE NUMBER OF CONSIGNEE | | 5. CHECK TYPE <input type="checkbox"/> EFFECTIVENESS <input type="checkbox"/> DISPOSITION | | 7. ELIGIBILITY ELIGIBLE INELIGIBLE DATE OFFICE WAS NOTIFIED _____ | | | |
| | | 6. CHECK TYPE REPLACEMENT BIASED <input type="checkbox"/> RANDOM | | | | | |
| | | 8. UNSUCCESSFUL CONTACT ATTEMPTS (Additional space in comments section) | | | | | |
| | | PHONE | | DATE | | TIME | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 9. NAME AND TITLE OF PERSON INTERVIEWED | | INTERVIEW DATE _____ INTERVIEW TIME _____ | | 10. PRODUCT FOR SALE <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 11. RECALL NOTIFICATION RECEIVED | | 12. PRODUCTS RECEIVED (Additional space in comments section) | | 13. LBS OF PRODUCT RECEIVED <small>(If the amount of recalled product is unknown, use the total amount identified in product disposition)</small> | | | |
| YES NO | | | | | | | |
| METHOD | DATE | NAME | ID MARK | | | | |
| MAIL | | | | | | | |
| FAX | | | | | | | |
| PHONE | | | | | | | |
| EMAIL | | | | | | | |
| OTHER (Specify) | | | | | | | |
| 14. PRODUCT DISPOSITION (Attach narrative description and supporting documentation) | | | | | | | |
| VERIFIED BY: | | | | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | SOLD AMOUNT (LBS) _____ | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | CONSUMED AMOUNT (LBS) _____ | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | FURTHER DISTRIBUTED AMOUNT (LBS) _____ (Collect consignee info.) | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | ON HAND AMOUNT (LBS) _____ | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | DENATURED/DESTROYED/DECHARACTERIZED AMOUNT (LBS) _____ | | | | |
| <input type="checkbox"/> OBSERVATION | <input type="checkbox"/> RECORDS | <input type="checkbox"/> STATEMENT | RETURNED TO RECALLING FIRM AMOUNT (LBS) _____ | | | | |
| DETAIN TAG NUMBER _____ | | DETAINED BY USDA/FSIS: DATE _____ AMOUNT (LBS) _____ | | | | | |
| 15. FOLLOW-UP NEEDED (If yes, complete the information below) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | |
| DATE | ACTION | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| 16. SIGNATURE OF NCDA OFFICIAL | | | | 17. DATE FORM WAS COMPLETED | | | |

18. COMMENTS: (Number each item and provide more detailed information, if needed.)

FOR OFFICIAL USE ONLY

Replacement Check Information
Date Notified DRO or IRC

This check replaced check
This check was replaced by check