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| **Carolina Farms, LLC**  **Title: Mock Recall Record** | Effective Date: 04.01.17  Document #: G-6.2-R  Revision #: R 1.0  Revision Date: TBD |

*Please see the Food Safety Plan for overall traceability procedures.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date: Time:** | | | | **Scenario:** | | | |
| **Conducted By:** | | | |
| **Product Name/Shipping Unit:** | | | |
| **Buyer Name:** | | **Buyer Contact Information:** | | **Phone:** | | **Email:** | |
| **Lot #:** | | | | **Total Time to Locate Product:** | | | |
| **Harvest Date:** | **Packing Date:** | | **Shipping Date:** | **Amount Shipped:** | **Amount of Product Remaining at Buyer Site:** | | **Amount of Product Sold By Buyer:** |
|  |  | |  |  |  | |  |
| **Corrective Action(s):** |  | | | | | | |
| **Lessons Learned:** |  | | | | | | |

**Reviewed By: Title: Date:**

**Attach buyer confirmation of successful mock recall to this form.**