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

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

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| --- | --- |
| **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.**