



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
RECALL FOLLOW-UP SUMMARY REPORT FORM

RECALLING COMPANY:						LPHA:				
PRODUCT BEING RECALLED:						DATE:				
						Current status of the recalled product (check 1):		CHECK CLASS AND TYPE RECALL CLASS: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III		TYPE: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
CONTACT DATE	ESTABLISHMENT NAME / CITY	CONTACT TYPE: VISIT (V) PHONE (P) FAX (F) EMAIL (E)	RECALLED PRODUCT HANDLED Y/N	PRODUCT AVAILABLE FOR SALE OR USE Y/N	NONE ON HAND	DESTROYED	HELD FOR RETURN	EMBARGO IN PLACE Y/N	COMMENTS:	
NAME OF PERSON SUBMITTING FORM:								Email form to RetailFood@health.mo.gov		