



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

DATE:
COUNTY:

**1. RECALL INFORMATION**

	PRODUCT BEING RECALLED:
	PRODUCT DESCRIPTION: (RECALL CODE #, PLANT NUMBER, ETC.)

**2. ESTABLISHMENT INFORMATION**

ESTABLISHMENT NAME:	PHONE #:
ADDRESS:	CITY:
ESTABLISHMENT TYPE: <input type="checkbox"/> RESTURANT <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> SCHOOL <input type="checkbox"/> GROCERY STORE <input type="checkbox"/> SALVAGE STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> OTHER: _____	

**3. TYPE OF RECALL FOLLOW-UP CHECK. NAME & TITLE OF PERSON CONTACTED**

<input type="checkbox"/> SITE VISIT TO FACILITY <input type="checkbox"/> TELEPHONE CALL TO FACILITY <input type="checkbox"/> OTHER: _____	
NAME OF PERSON CONTACTED:	TITLE:

**4. PRODUCT STATUS**

A. DOES THE ESTABLISHMENT CARRY THE RECALLED PRODUCT?  YES\*     NO (If **NO** skip to #6)  
 \*YES: ESTIMATED QUANTITY OF RECALLED PRODUCT ON HAND AT TIME OF NOTIFICATION: \_\_\_\_\_

B. DID THE ESTABLISHMENT RECEIVE NOTIFICATION OF THE RECALL FROM ANOTHER SOURCE (RECALLING FIRM, DISTRIBUTOR, ETC.)?     YES\*     NO    \*YES: Recall Notification Source: \_\_\_\_\_

C. DID THE ESTABLISHMENT FOLLOW THE RECALL INSTRUCTIONS?  
 YES\*     NO EXPLAIN: \_\_\_\_\_

D. IS THERE CURRENTLY ANY RECALLED PRODUCTS FOR SALE OR USE?  YES\*     NO  
**\*NOTE: If the recalled product is still on the shelf for sale to the customer and the establishment does not take immediate corrective action to remove it from sale, the product must be immediately embargoed and placed in a secure location at the facility.**

E. WHAT IS THE CURRENT STATUS OF THE RECALLED PRODUCT?  
 NONE ON HAND     RETURNED TO RECALLING FIRM     RECALLED PRODUCT DESTROYED  
 PRODUCT BEING HELD FOR RETURN & STORED IN A SECURE LOCATION AND LABELED IN A MANNER TO PREVENT IT FROM BEING RETURNED TO THE SALES FLOOR     OTHER: \_\_\_\_\_

F. IS AN EMBARGO IN PLACE AT THIS TIME?     YES\*     NO    \*Attach Embargo Paperwork with this Report.

**5. INJURIES/COMPLAINTS**

IS THE ESTABLISHMENT AWARE OF ANY INJURIES, ILLNESSES, OR COMPLAINTS ASSOCIATED WITH THE RECALLED PRODUCT?     INJURY     ILLNESS     COMPLAINT     NONE

**6. REMARKS/COMMENTS (INCLUDE ACTION TAKEN IF PRODUCT WAS STILL AVAILABLE FOR SALE OR USE)**  
 Attach additional pages/documents as needed.

Email Form to [RetailFood@health.mo.gov](mailto:RetailFood@health.mo.gov)

NAME / TITLE / EPHS NUMBER	AGENCY NAME	TELEPHONE NUMBER
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