

#### Food/Feed Incident Report Form (Competent Authorities)

**FOOD/FEED INCIDENT REPORT FORM**

FOOD AND FEED INCIDENTS SHOULD BE REPORTED TO THE FSA USING THE ONLINE TOOL AT <http://incidents.foodapps.co.uk/IncidentReportForm/login.aspx>

WHERE THE ONLINE FUNCTION CANNOT BE ACCESSED, THIS FORM SHOULD BE COMPLETED BY THE INVESTIGATING OFFICER/REPRESENTATIVE AND SUBMITTED TO THE APPROPRIATE FSA CONTACT:

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| In England: | foodincidents@foodstandards.gsi.gov.ukTel: 020 7276 8448 Fax: 020 7276 8788 (only use when unable to email or submit via the online reporting tool and by prior agreement with FSA) |
| In Wales | wales.foodincidents@foodstandards.gsi.gov.uk Tel: 029 2067 8961 or out of hours 07889 926 573Fax: 029 2067 8918 (only use when unable to email or submit via the online reporting tool and by prior agreement with FSA) |
| In Northern Ireland | incidents.ni@fooodstandards.gsi.gov.ukTel: 028 9041 7700 or out of hours 07884 473 022Fax: 028 9041 7728 (only use when unable to email or submit via the online reporting tool and by prior agreement with FSA) |

1. Reporting Competent Authority’s name and address:

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1. Name of reporting officer including telephone, fax and e-mail details:

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| Name of reporting officer |  |
| Contact details (business hours) | Telephone:Email:Fax: |
| Contact details(out-with business hours) | Telephone:Email: |

1. Date and time initial information received by Competent Authority:

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1. Initial information received by:

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1. Received from (include Local Authority, health protection authority etc, address, telephone number and contact name where possible):

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1. Method (telephone/fax/letter/other):

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1. Brief description of incident:

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1. Type of contamination:

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1. Description of product

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Type of Product:

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Product Name:

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Brand Name:

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Batch Code/s:

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Description of Packaging:

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Pack Size:

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Durability Date/s or Code/s:

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Country of Origin:

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UK Importer/Distributor (including contact details):

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Manufacturer (including contact details):

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1. Has clinical illness occurred? If yes, include details (type of illness, symptoms, numbers of consumers affected etc):

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1. Full details of distribution (including EU and Third Countries) e.g. quantities/areas, and when the particular product/batch in question was first placed on the market:

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1. Is the manufacturer/retailer/supplier aware of the incident, if so what are their proposals for dealing with it?

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1. Assessment of hazard (please highlight):

Local Retail

Regional Catering

Manufacture National

International Import/Export

1. Other relevant contact details (e.g. home and/or originating authority/other). Include Name, address, telephone and fax number, email address:

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1. Has any enforcement action already been taken? For example, have samples been taken for examination or analysis, or detention notices served, or food seized? Please email any laboratory reports or detention notices etc to the FSA with this form, or as soon as possible thereafter.

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1. Has there been media interest? Yes/No

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If there has been a press release please email to the FSA with this form.

1. Any additional information: Please attach additional pages if necessary.

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| Signed: |  |
| Date: |  |
| Job Title: |  |