MANUFACTURER RECALL PROCEDURE CHECKLIST

Date Recall Transpired: ____________ Time Recall Transpired: ______ AM □ PM □

Person Made Responsible For Recall: ___________________________________________

What activity led to a Recall to be implemented? ___________________________________

Recall Team was assembled: Date _________ Time _________ AM □ PM □

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<tr>
<th>Responsibility</th>
<th>Person Name</th>
<th>Contact Info</th>
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All Products of Recall Identified: Date _________ Time _________ AM □ PM □

Raw Material Supplier Contacted: Supplier Name: ________________________________

Contact: ___________________________ Date _________ Time _________ AM □ PM □

Regulatory Agency Contacted (if Applicable): Agency Name: _______________________

Contact: ___________________________ Date _________ Time _________ AM □ PM □

All effected Products on Hold and Segregated in warehouse:

Date _________ Time _________ AM □ PM □

All effected Customers identified:

Date _________ Time _________ AM □ PM □

All Customers contacted by Phone and FAX:

Date _________ Time _________ AM □ PM □

Press Release Prepared (if Applicable):

Date _________ Time _________ AM □ PM □

All Recalled Products accounted for:

Date _________ Time _________ AM □ PM □

Recalled Products disposed of: How were Products Disposed of?

________________________________________ Date _________ Time _________ AM □ PM □

Cause of Recall determined and fixed:

Date _________ Time _________ AM □ PM □

Recall Completed: ____________________________________________________________

(Name) (Signature)

Date and Time Completed: Date _________ Time _________ AM □ PM □

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