**RECALL PLAN**

Please note that this is a template that meets the minimum requirements of Wis. Admin. Code ch. ATCP 70 and is intended to be filled in and modified as needed to apply to your specific business. Additional federal requirements may apply.



**Plant Name**

**Plant Address**

**Plant License Number**

Plant’s Recall Coordinator:

Name:

Title:

Phone Number:

**If the recall involves a positive pathogen and/or toxin test result for ready-to-eat food products that have left your facility’s control, the Wisconsin Department of Agriculture, Trade and Consumer Protection (Department) shall be contacted within 24 hours.**

Contact the Recall and Emergency Response Coordinator at the Department for assistance if needed.

Phone Number: 608-224-4714

Email: datcpfoodcomplaintsemergencyresponse@wisconsin.gov

Identify customers to be contacted in the event of a recall. A suggestion is to maintain a list of names, phone numbers, mail addresses, and email for contacts.

Describe and explain your system for determining which ingredients went into which products:

Describe and explain your system of any lot coding applied to finished products. If lot coding will not be used, indicate by stating “none”:



Describe and explain your system for documenting distribution of your finished products. If there is no system in place, indicate by stating “none”:

How would you be notified of any recalls for the ingredients that you use?

How will you contact the customers who received affected products?

Identify information to be communicated in the event of a recall such as:

(to be completed with relevant detail in the event of recall)

* + Identity of the affected food:

* + Reason for recall:

* + Suggested actions to be taken by affected persons:

Plan Implementation and Revision Date:

Signature of Responsible Party: