

# Notification of incident to the Certification Body



## Information for holders of certificate issued by TÜV SÜD Czech s.r.o. certification body

### Notification of incidents and circumstances affecting certification

*(Please, use the attached form and send it to us via email.)*

All holders of certificates in accordance with standards for food safety (IFS, BRC, FSSC 22000, etc.) have to inform the certification body **within 3 working days of any changes and circumstances** that may affect compliance and validity of granted certification. Among these factors include:

- withdrawing of products from the market from the end consumers (recall) and public warnings on products;
- withdrawing of products from the market from the customers – distributors (withdrawal)
- legal action related to product safety or legality
- a significant damage of the certified site (e.g. a natural disaster or fire)
- change of the ownership
- significant changes in operation or subject of activity (scope of the production)
- penalties from the authorities

### In the event of product withdrawing, when is the situation a "product recall" and when is a "product withdrawal"?

**Recall:** Any measures aimed at achieving the return of an unfit product from customers and final consumers

**Withdrawal:** Any measures aimed at achieving the return of out-of-specification or unfit products from customers, but not from final consumers

### What the certification body will do?

The certification body has to verify continued compliance with the certification requirements. Verification may be based on an inspection on the site and / or based on a review of documents. The following aspects are relevant:

- Performance of system of monitoring products and processes (HACCP, preventive programs, plans and analysis results, etc.)
- Performance of system of traceability and product recalls management
- Information management (notification to the competent authority, customers, suppliers, certification body, etc.)
- Immediate correction (removal of nonconformity, i.e. suspension, withdrawal and disposal of the product)
- The corrective measures taken (removal of the root causes, preventing a repetition of nonconformity)
- The analysis and conclusions from the incident

The information collected is used as evidence for the certification body that all processes are controlled and certification can be maintained.

# Notification of incident to the Certification Body



Please send the completed form to an email address: [food.cz@tuvsud.com](mailto:food.cz@tuvsud.com)

<b>Whom</b> TÜV SÜD Czech s.r.o. - Food Safety Certification Body Contact person: Milan Kroutil, Martina Musilová	
<b>Company information (headquarter)</b>	
Company name: Address: Trade number.: TAX number.:	
<b>Certified site information</b>	
Address:	
Type of certified standard:	<input type="checkbox"/> IFS Food <input type="checkbox"/> IFS Broker <input type="checkbox"/> IFS Wholesale <input type="checkbox"/> IFS Logistics <input type="checkbox"/> IFS HPC <input type="checkbox"/> IFS Cash&Carry
COID:	
<b>Contact person of the company (for crisis)</b>	
Name, Surname: Position: Phone: Mobile: E-mail:	
<b>Description of incident</b>	
<b>Reason for notification</b>	<input type="checkbox"/> Incident and/or <input type="checkbox"/> Product recall self-initiated <input type="checkbox"/> Product recall due to official order <input type="checkbox"/> Product withdrawal (silent recall) <input type="checkbox"/> Other, please specify:
<b>Category of incident / product recall</b>	<input type="checkbox"/> Allergen <input type="checkbox"/> Chemical contamination <input type="checkbox"/> Microbiological contamination <input type="checkbox"/> Physical contamination <input type="checkbox"/> Packaging/labelling <input type="checkbox"/> Quality <input type="checkbox"/> GMO <input type="checkbox"/> Other, please specify:
<b>Outline of Incident</b> (Briefly explain the reason for the recall/incident)	

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<b>Who discovered the incident?</b>	<input type="checkbox"/> The company itself <input type="checkbox"/> Authority <input type="checkbox"/> Laboratory <input type="checkbox"/> Client / <input type="checkbox"/> Retailer / <input type="checkbox"/> Industrial Client <input type="checkbox"/> Final Client/ end consumer <input type="checkbox"/> Other, please specify:
<b>When was it noticed what happened?</b>	
<b>Information about product(s) in question</b> Product name and description. We need to identify the product type from the product description. Please use simple descriptions. (e.g. 'ready meal', 'chocolate', not the brand names. Please always provide a product description when the product name is not provided in English).	
Identification of product (name, code), producer (if different from notifier)	
Batch number / Production date	
Expiry date / Best before date	
Affected quantity / produced	
Amount at stock	
Amount at customers	
Date of Recall / incident (Date when recall was started at the site)	
Source of the issue - site or supplier?	
<b>Information about measures already taken and planned measures</b>	
Correction (action taken by Site) (Outline the steps taken immediately by the site covering their scope of responsibility)	
Who is involved into solving of the incident?	
Was appropriate authority already informed?	

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<p>Root Cause Analysis (RCA) taken by Site</p> <p>NOTE:</p> <p>For Agents and Brokers or Storage and Distribution sites, where supplier approval is not a part of the scope of the certification, and the cause of the incident does not involve any action by the site, the root cause analysis may not be within the scope of the site operation.</p> <p>In some instances, supplier actions would be required. Where Traded Goods or an Agents &amp; Brokers or Storage &amp; Distribution site failure results in an incident, a full investigation is required. Agents and Brokers and Storage and Distribution sites shall undertake review of incident and identify corrective action required.</p>	
<p>Corrective measure(s) (systematic measure for elimination of root cause of mistake)</p>	
<p>What is planned furthermore / additional information</p>	

Date:

Name, position and signature:

Attachments:

- Evidences about measures already taken
- Relevant product information

# Notification of incident to the Certification Body



Handling by the certification body	
Who received information about incident (name + date):	
Name of auditor, who performs last audit:	
Consultation with client performed by who (name + date):	
Result of consultation/Agreement:	
Audit on site requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspension / Withdrawal of certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reasons for decision:	
Received certification body feedback about final solution of the incident from the customer? (completion of the process)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Evidences from customer are available and accepted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there Special audit planning listed in ESE?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did certification body receive the message within 3 working days?  Yes  No

Date:

Responsible person of certification body:

## Note for auditors:

Please take into account in the next audit: