**FOOD / FEED INCIDENT REPORT FORM**

**TO BE COMPLETED AND EMAILED TO FOOD STANDARDS SCOTLAND ON** **incidents@fss.scot** **Tel: 07881 516 867**

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| --- |
| **1. Name and Address of Reporting officer (including address, telephone & e-mail details):** |
|  |
| **2. Date & Time of Initial notification:** |
|  |
| **3. Initial Information Received from (e.g. Local Food/Feed Authority, FSS (Feed), PHS, Business etc - include name, address, contact details):** |
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| **4. Method Information Received (e.g. telephone / email / letter / other):** |
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| **5. Brief Description of Incident:** |
|  |
| **6. Contamination Type (e.g. microbiological / chemical / physical – if physical please advise type of injury this may cause):** |
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| **7. Breach in Legislation? (Include legislation, maximum permitted levels etc)**  |
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| **8. What Stage has the Incident likely to have occurred (e.g. processing / packaging / handling / storage / distribution etc):** |
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| **9. Product Description:** |
| **a. Type of Product:** |
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| **b. Product Name:** |
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| **c. Product Brand Name:** |
|  |
| **d. Batch Code/s:** |
|  |
| **e. Description of Packaging:** |
|  |
| **f. Pack Size:** |
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| **g. Durability Date/s or Code/s:** |
|  |
| **h. Country of Origin:** |
|  |
| **i. UK Importer / Distributor (including contact details):** |
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| **j. Product Manufacturer (including contact details):** |
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| **k. Could Other Products Produced in the Establishment been contaminated or affected:** |
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| **l. Packer (including contact details):** |
|  |
| **10. Details of Distribution (including when product / batch was placed on market, quantities involved, areas, export to EU & third countries):** |
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| **11. Has Clinical Illness Occurred** **or has Animal Health and Welfare been Compromised? Please provide details (e.g. symptoms, type of illness, number of consumers affected, samples submitted, etc & who has been contacted – PHS / CPHM etc):** |
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| **12. How is the company (manufacturer / retailer / supplier) dealing with the incident and what steps / next steps are to be taken:**  |
|  |
| **13. Assessment of Hazard (please tick as many as appropriate):** |
| **Local** |[ ]  **Manufacture** |[ ]
| **Regional** |[ ]  **Retail** |[ ]
| **National** |[ ]  **Catering** |[ ]
| **International** |[ ]  **Import / Export** |[ ]
| **14. Enforcement Action, if applicable (e.g. what samples have been taken / what notices have been served / has food / feed been seized / etc – all lab reports / notices etc are to be sent FSS Incidents as soon as possible):** |
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| **15. Is Malicious or Fraudulent Activity Suspected:** |
|  |
| **16. Has there been Media Interest? (please tick as appropriate):** |
| **Yes** |[ ]  **No** |[ ]
| ***If there has been a press release please send to FSS with this form*** |
| **17. Additional Information (please attach additional pages if required):** |
|  |
| **Signed by:** |  |
| **Date:** |  |
| **Job Title:** |  |