**FOOD INCIDENT REPORT FORM**

**TO BE COMPLETED AND EMAILED TO FOOD STANDARDS SCOTLAND ON** [**incidents@fss.scot**](mailto:incidents@fss.scot)

**(Tel: 01224 288 379 during business hours and 07881 516 867 out of hours)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Name and Address of Reporting Food Authority:** | | | | |
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| **2. Name of Reporting Officer (including telephone & e-mail details):** | | | | |
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| **3. Date & Time Initial Information Received by Reporting Food Authority:** | | | | |
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| **4. Initial Information Received from (eg. Local Food Authority, HPS, etc - include name, address, contact details):** | | | | |
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| **5. Method Information Received (eg. telephone / fax / letter / other):** | | | | |
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| **6. Brief Description of Incident:** | | | | |
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| **7. Contamination Type (e.g. microbiological / chemical / physical – if physical please advise type of injury this may cause):** | | | | |
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| **8. Breach in Legislation? (Include legislation, maximum permitted levels etc)** | | | | |
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| **9. What Stage has the Incident likely to have occurred (eg processing / packaging / handling / storage / distribution etc):** | | | | |
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| **10. Product Description:** | | | | |
| **a. Type of Product:** | | | | |
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| **b. Product Name:** | | | | |
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| **c. Product Brand Name:** | | | | |
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| **d. Batch Code/s:** | | | | |
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| **e. Description of Packaging:** | | | | |
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| **f. Pack Size:** | | | | |
|  | | | | |
| **g. Durability Date/s or Code/s:** | | | | |
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| **h. Country of Origin:** | | | | |
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| **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):** | | | | |
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| **11. Details of Distribution (including when product / batch was placed on market, quantities involved, areas, export to EU & third countries):** | | | | |
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| **12. Has Clinical Illness Occurred? Please provide details (eg. symptoms, type of illness, number of consumers affected, samples submitted, etc & who has been contacted – HPS / CPHM etc):** | | | | |
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| **13. How is the company (manufacturer / retailer / supplier) dealing with the incident and what steps / next steps are to be taken:** | | | | |
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| **14. Assessment of Hazard (please tick as many as appropriate):** | | | | |
| **Local** | |  | **Manufacture** |  |
| **Regional** | |  | **Retail** |  |
| **National** | |  | **Catering** |  |
| **International** | |  | **Import / Export** |  |
| **15. Enforcement Action, if applicable (eg what samples have been taken / what notices have been served / has food been seized / etc – all lab reports / notices etc are to be sent FSS Incidents as soon as possible):** | | | | |
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| **16. Is Malicious or Fraudulent Activity Suspected:** | | | | |
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| **17. 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*** | | | | |
| **18. Additional Information (please attach additional pages if required):** | | | | |
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| **Signed by:** |  | | | |
| **Date:** |  | | | |
| **Job Title:** |  | | | |