**FOOD INCIDENT REPORT FORM**

**TO BE COMPLETED AND EMAILED TO FOOD STANDARDS SCOTLAND ON** **incidents@fss.scot**

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

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| --- |
| **1. Name and Address of Reporting Food Authority:** |
|  |
| **2. Name of Reporting Officer (including telephone & e-mail details):** |
|  |
| **3. Date & Time Initial Information Received by Reporting Food Authority:** |
|  |
| **4. Initial Information Received from (eg. Local Food Authority, HPS, etc - include name, address, contact details):** |
|  |
| **5. Method Information Received (eg. telephone / fax / letter / other):** |
|  |
| **6. Brief Description of Incident:** |
|  |
| **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)**  |
|  |
| **9. What Stage has the Incident likely to have occurred (eg processing / packaging / handling / storage / distribution etc):** |
|  |
| **10. Product Description:** |
| **a. Type of Product:** |
|  |
| **b. Product Name:** |
|  |
| **c. Product Brand Name:** |
|  |
| **d. Batch Code/s:** |
|  |
| **e. Description of Packaging:** |
|  |
| **f. Pack Size:** |
|  |
| **g. Durability Date/s or Code/s:** |
|  |
| **h. Country of Origin:** |
|  |
| **i. UK Importer / Distributor (including contact details):** |
|  |
| **j. Product Manufacturer (including contact details):** |
|  |
| **k. Could Other Products Produced in the Establishment been contaminated or affected:** |
|  |
| **l. Packer (including contact details):** |
|  |
| **11. Details of Distribution (including when product / batch was placed on market, quantities involved, areas, export to EU & third countries):** |
|  |
| **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):** |
|  |
| **13. How is the company (manufacturer / retailer / supplier) dealing with the incident and what steps / next steps are to be taken:**  |
|  |
| **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):** |
|  |
| **16. Is Malicious or Fraudulent Activity Suspected:** |
|  |
| **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):** |
|  |
| **Signed by:** |  |
| **Date:** |  |
| **Job Title:** |  |