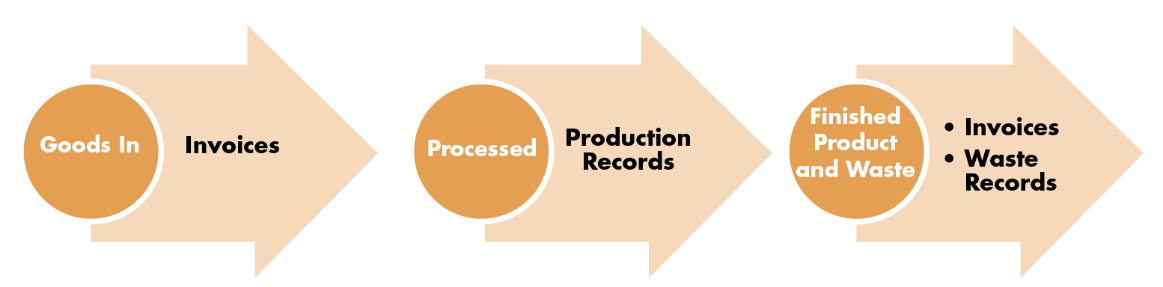
**Form - Traceability/Product Recall/Mass Balance**

|  |  |
| --- | --- |
| Business Name: |  |
|  |  |
| Officer: |  |
|  |  |
| Date of Reality Check: |  |
|  |  |
| Product: |  |
|  |  |
| CCP: |  |



|  |  |
| --- | --- |
|  | **Record Sources of Evidence** |
| **Can ingredients be traced back to intake and supplier** (reverse trace) **or can all products produced with affected product be identified?** (forward trace) |  |
| **Can the FBO identify all product which requires to be recalled?** |  |
| **Mass Balance** |  |
| **Ability to effectively identify and contact customers** |  |
| **Recommended improvements to system** |  |