**ENGLISH VERSION**

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| Instructions for the customer: | Please fill out the form and contact us if you have any questions or concerns.  Please send the completed form as a **Word file** to [Emergency@1scUSA.com](mailto:Emergency@1scUSA.com)  *Please number your attachments / evidences and label the files clearly.* |

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| Name of the company: |  | COID: |  |
| Reported by: |  | Date of reporting: | \_\_ . \_\_ . 202\_ |
| Address of certified site |  | | |
| Name of contact person in certified site: |  | | |
| Position |  | | |
| Email |  | | |
| Telephone |  | | |

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| Please describe the situation / issue in a few words |  |
| Please classify the notification  (the use of more than one tick box might be necessary) | **Product related:**  Decree/penalty/measure on the part of the authority  please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recall (Product Safety)  Withdrawal (Product Safety)  Products removed from sale due to other reasons: please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other actions for affected goods:  please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Company related:**  Decree/penalty/measure on the part of the authority  please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Change of key person  Change of address  changes in operation process(es) [e.g.: facilities, technologies, building structures, etc.].  please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  other: (force majeure such as fire or natural disasters / blackmail / media problems / hacker attack / etc.)  Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| List the immediate actions taken, if any: |  |

**To be completed in the event of a recall, withdrawal, authority/official measures or other product-related action:**

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| Date for product-related action: | \_\_ . \_\_ . 202\_\_ |
| Affected products: |  |
| Date of manufacture: | \_\_ . \_\_ . 202\_\_ |
| Lot number(s): |  |
| Quantity produced: |  |
| Quantity still in stock: |  |
| Quantity delivered: |  |
| Territories/areas to which the product was (also) shipped: |  |
| Summary of effectiveness of product related actions. |  |

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| Reason for product-related action: |  |
| Is the product classified as  (the use of more than one tick box might be necessary) | not legal  not marketable  unsafe  immediate health risk  quality defect  fraud  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of the decision: \_\_ . \_\_ . 202\_\_ |
| Is it necessary to inform the supervisory authority? | YES  NO  Please explain the decision: |
| Name of supervisory authority informed  Date / Way of information: | \_\_ . \_\_ . 202\_\_ /  E-Mail, Online form, Fax  Telephone |
| Have any illnesses or injuries been reported in connection with this notification? (Y/N, if Y, please explain) | YES  NO  Please explain, if marked YES: |
| Explain how customers were notified?  Who and when! |  |
| Was there an official visit in connection with this notification?  (Y/N, if Y, please explain). | YES  NO  Please explain, if marked YES: |
| Have any legal actions been taken against the company by authorities? (Y/N, if Y, please explain) | YES  NO  Please explain, if marked YES: |

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|  | Name of the annex | Number of the annex |
| Customer notification letter and other evidence, please attach |  |  |
| Explanation of the causes of the product related actions |  |  |
| List the immediate corrections: |  |  |
| List any long-term corrective/preventive actions: |  |  |

***For internal use only***

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| CASE # | 0000-000000-0000-00-00 |
| When arrived the notification at the certification body? | \_\_ . \_\_ . 202\_\_ |
| Has the certification body been contacted by the supplier within the specified time frame? | Y  N  *If 'N', a follow-up activity and/or serious nonconformity must be addressed in the subsequent review.* |
| Was the immediate action /corrective action presented appropriate? | Y – immediate action was appropriate (no site visit required).  Y – immediate action was appropriate, but site visit required.  N - please explain:  N/A – please explain: |
| Is a suspension required at this time? | Y - Suspend certificate  N |
| Are further measures required?  In case further measures are required complete also the purple area | No further measures required  Please explain if further measures are required: |
| Excel list updated:  Name/Date: | Y  N  \_\_\_\_\_\_ / \_\_ . \_\_ . 202\_\_ |

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| Uploaded in IFS database:  Name/Date: | Y  N  Add copy of screenshot with notification number |
| Prepared/Completed by:  Name:/Date: | \_\_\_\_\_\_ / \_\_ . \_\_ . 202\_\_ |
| Additional update needed within 10 days? | Y  N |

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| Information about further actions if needed: |  |

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| Instruction to the auditor | Check correction / corrective action of the company in next audit:  Y /  N  Further instruction to auditor:  Y /  N  If Y, which: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***For the use of auditors***

*Note: This section will not be completed until the next recertification or special audit.*

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| Date of activity: |  |
| Responsible auditor |  |
| At the next check / audit, the corrective action was maintained  In each case: | Y - The correction / corrective action was appropriate and implemented.  N  Describe your observations. |
| Has the certification body been contacted by the supplier within the specified time frame? | Y  N |
| Any additional notes |  |