Mock Recall Log (Form T)

Name of operation:

The mock recall begins with a notification from a receiver that product received on a particular date is being recalled. Mock recall must be conducted within 6 months of GAP audit.

Receiver	Date Contacted	Reason for Recall			
Description of Product			**Markings on Containers**		
Delivery Date(s) of Recalled Product	**Storage Name(s)**	**Field Designation(s)**	**Harvest Date(s)**	**Planting Date(s)**	**Seed Source(s)**
Disposition of All Product from Recalled Lot(s)					
Amount and Action Taken on Remaining Product			**Amount and Action Taken on Product Already Delivered**		

Completed By:　　　　　　　　　　　**Title:**　　　　　　　　**Date:**