|  |  |  |  |
| --- | --- | --- | --- |
| **SUPPLIERS NOTIFICATION FORM to RETAILERS / GOV’T AGENCIES** | | | |
| DATE: |  | TIME: |  |

**TO ADVISE ACTION efficiently to all major retailers, please email and follow with a call to contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER | **Email** | **Fax - Direct** | **Phone -Bus hrs** | **Phone- After Hrs** |
| Woolworths Limited | [**withdrawalrecall@woolworths.com.au**](mailto:withdrawalrecall@woolworths.com.au) | **(02) 8888 3943** | **(02) 8885 3943**  0404 829 797 | **Aust 1800 638 434**  0404 829 797 |
| Coles | [**Coles.QC@Coles.com.au**](mailto:Coles.QC@Coles.com.au)  [**james.whittaker@coles.com.au**](mailto:james.whittaker@coles.com.au)  **Jennifer.crawford@coles.com.au** | **(03) 9829 6464** | **(03) 9829 3787**  **0427 454 496**  **0427 757 503** | **Aust (03) 9829 6900** |
| Metcash/  IGAD/Franklins | [**george.passas@metcash.com**](mailto:george.passas@metcash.com)  **& suzi.vasilev@metcash.com** | **(02) 9735 8200** | **1800 119 920** or **1300 135 690** | **Aust 1800 119 920** or **0409 328 895**  George Passas |
| Countdown | **withdrawalrecall@progressive.co.nz** | **NZ (09) 255 2273** | **NZ (09) 255 2148** | **NZ (027) 243 4315** |
| Foodstuffs-AUK | **mark.casey@foodstuffs.co.nz** | **NZ (09) 621 0615** | **NZ (09) 621 0633** | **NZ (021) 512 362**  Mark Casey |
| Foodstuffs-WLG | [**Kirstie.mckie@foodstuffs-wgtn.co.nz**](mailto:Kirstie.mckie@foodstuffs-wgtn.co.nz) | **NZ (04) 527 2650** | **NZ 800 800 829** Option 2 |  |
| **cc john.kearns@foodstuffs-wgtn.co.nz** | **NZ (06) 351 1621** | **NZ (06) 351 1678** | **NZ (027) 459 8164** |
| Foodstuffs-Sth Island | **alona.clark@foodstuffs-si.co.nz** | **NZ (03) 353 8195** | **NZ (03) 353 8700** | **NZ (021) 713 380** |

**SUPPLIER DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| SUPPLIER’S TRADING NAME: | |  | | | | | |
| ADDRESS OF REGISTERED OFFICE: | |  | | | | | |
| POSTAL ADDRESS: | |  | | | | | |
| AUTHORISED REPRESENTATIVE: | |  | | | | | |
| Representative’s POSITION: | |  | | | | | |
| Representative’s E-MAIL ADDRESS: | |  | | | | | |
| TELEPHONE / FAX DETAILS | | OFFICE | |  | | MOBILE: |  |
| FAX | |  | | A/Hrs : |  |
| Is this product subject to Recall or Withdrawal Action? Tick Type | **RECALL**  *If health risk (i.e. serious illness, injury or death) then a Trade or consumer level recall is initiated. Adverts for Consumer level recalls must be seen by agency!* | | | | **WITHDRAWAL**  *If product is non-compliant (not meeting quality measures and is safe), product can be removed at warehouse or retail level. Public is not notified!* | | |
| Tick Level | **Trade Level**  &/or **Consumer Level** | | | | **Warehouse Level**  &/or **Retailer Level** | | |
| Relevant Government Agencies Notified? | | | **Yes**  **No**  **If Yes - Agency:****Date:** **Time:** | | | | |
| REASON FOR ACTION-Brief summary | | |  | | | | |

**Indicate which Regions affected at each Retailer (with a cross X in the affected areas)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Woolworths Limited** | **NAT’L** | **NSW/**  **ACT** | **QLD** | **VIC** | **WA** | **SA** | **NT** | **TAS** |
| Woolworths  Supermarkets |  |  |  |  |  |  |  |  |
| Thomas Dux Grocer |  |  |  |  |  |  |  |  |
| BWS |  |  |  |  |  |  |  |  |
| Dan Murphys |  |  |  |  |  |  |  |  |
| Woolworths Petrol |  |  |  |  |  |  |  |  |
| Big W |  |  |  |  |  |  |  |  |

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| **Coles** | **NAT’L** | **WA** | **SA/NT** | **VIC** | **NSW/**  **ACT** | **QLD** | **TAS** |
| Coles Supermarkets |  |  |  |  |  |  |  |
| Bi-Lo |  |  |  |  |  |  |  |
| Pick’N’Pay (Qld) |  |  |  |  |  |  |  |
| Coles On Line |  |  |  |  |  |  |  |
| Coles Express |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Metcash** | **NAT’L** | **WA** | **SA/NT** | **VIC** | **NSW/**  **ACT** | **QLD** | **TAS** |
| IGA |  |  |  |  |  |  |  |
| Franklins |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Countdown –NZ | South Island |  | Lower North Island |  | Upper North Island |  |
| Foodstuffs - NZ | South |  | AUCK |  | WELL’N |  |

|  |
| --- |
| **PRODUCT RECOVERY AND CLAIMS MANAGEMENT** |

**PRODUCT RECALL / WITHDRAWAL DETAILS**

**Indicate the method of disposal of the product/s being recalled or withdrawn**

|  |  |
| --- | --- |
| at Retail Store level e.g. hazardous product/s being recalled under specific regulatory agencies or other regulatory authority instructions.  Please Note: It Is Woolworths, Coles/ Bi-Lo, Metcash/IGAD and Franklins usual practice to dispose of product AT STORE LEVEL under close managerial supervision that meets all Regulatory Guidelines UNLESS SECURE COLLECTION & DESTRUCTION IS REQUIRED BY Regulators.  NOTE: all requests for consumers to return goods to retail stores will mean possible “second claims” for returned stock, sometime after initial first store claim!  Please provide full details of the name/s of the person/s in your organisation who will be responsible for this activity, and the contact details: | |
| Australia  For Retailers (other than Metcash), provide: | New Zealand  For Retailers (other than Metcash), provide: |
| Contact Name/s: | Contact Name/s: |
| Contacts E-Mail/s: | Contacts E-Mail/s: |
| Contacts Position/s: | Contacts Position/s: |
| Contacts Phone No: | Contacts Phone No: |
| Contacts Facsimile No: | Contacts Facsimile No: |

|  |  |
| --- | --- |
| at Distribution Centre (DC) level subject to safety considerations.  NOTE: It Is Woolworths, Metcash/IGAD, Coles, Franklins, Progressive and Foodstuffs usual practice to have recalled product collected promptly by Supplier AT DC LEVEL AS SOON AS POSSIBLE.  Suppliers should provide full details of the name/s of the person/s in your organisation who will be responsible for the co-ordination of the collection of DC stock activity, including contact details: | |
| Australia | New Zealand |
| Contact Name/s: | Contact Name/s: |
| Contacts E-Mail/s: | Contacts E-Mail/s: |
| Contacts Position/s: | Contacts Position/s: |
| Contacts Phone No: | Contacts Phone No: |
| Contacts Facsimile No: | Contacts Facsimile No: |

|  |  |
| --- | --- |
| via Consumers subject to safety considerations.  NOTE: all requests for consumers to return goods to retail stores will mean possible “second claims” for returned stock, sometime after initial first store claim!  Suppliers should provide full details of the name/s of the person/s in your organisation who will be responsible for the consumer relations activity, including contact details: | |
| Australia | New Zealand |
| Australia Consumers Contact No: | NZ Consumers Contact No: |

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| **PRODUCT DETAILS** |

**PLEASE complete a separate sheet for EACH PRODUCT VARIANT i.e SKU (stock keeping unit)**

**PRODUCT RECALL / WITHDRAWAL DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Describe the nature of the problem with the product/s being recalled or withdrawn: | | | | | | | | |
|  | | | | | | | | |
| FULL DESCRIPTION of product as it appears on the Retail Pack (including BRAND NAME) | |  | | | | | | |
| Product Type? | |  | | Package Size (e.g. 900g) | | |  | |
| Which Dept stored in? | |  | | Units per Carton (6 x 900g) | | |  | |
| Is action due to undeclared food allergens on package labels? *(1)* | | | |  | | | | |
| *NB: A digital copy of packaging artwork would be useful to attach with this page for retailers.*  *(1) If yes, follow AFGC Allergen Management and Labelling Guide 2007 or contact AFGC for assistance.* | | | | | QUANTITY AFFECTED (ONLY provide one type of data) | | | |
| **MAJOR RETAILERS** | **RETAILERS CODE NO.** | | **Supplier Code NO.** | | **Ctns** | **Unit** | | **Kg’s** |
| WOW ARTICLE Number |  | |  | |  |  | |  |
| COLES / BI-LO ITEM Code |  | |  | |  |  | |  |
| Metcash / Franklins |  | |  | |  |  | |  |
| NZ- Countdown# |  | |  | |  |  | |  |
| NZ- foodstuffs – Auckland # |  | |  | |  |  | |  |
| NZ- foodstuffs – Wellington # |  | |  | |  |  | |  |
| NZ- foodstuffs – Sth Island # |  | |  | |  |  | |  |

‡ Suppliers may be requested by some retailers not to show their quantity data to other retailers {e.g. NZ}. If so, please remove other retailer quantity data and only send data relevant to that retail chain by email or fax.

|  |  |  |
| --- | --- | --- |
| Preferred Supplier Name to be used on Notice to Retail Stores | |  |
| APN/EAN (GTIN) Number |  | |
| TUN Number |  | |
| ARTG Listing or Registration Number (Therapeutic Goods Only) |  | |

**PRODUCT LOT IDENTIFICATION & TRACEABILITY**

|  |
| --- |
| What Code/s are affected and what Code type - ‘USE-BY’, ‘BEST-BEFORE’ code/s, BATCH NUMBER/S? |
|  |
| Where is Code Located on the Retail Pack for the ‘USE-BY’, ‘BEST-BEFORE’ code, BATCH NUMBER/S? |
|  |
| How is Code Expressed on the Retail Pack for the ‘USE-BY’, ‘BEST-BEFORE’ code, BATCH NUMBER/S? e.g. Use By 24 APR 02; Best Before 24 APR 2004, or BB 24-05-04, or other coding method ? |
| On Carton: |
| On Consumer Unit: |

|  |
| --- |
| Was the affected stock delivered on Multi-Coded Pallets (MCP's)? |
| No  Yes  Provide details |

|  |
| --- |
| **PRODUCT DETAILS** |

**PLEASE complete a separate sheet for EACH PRODUCT VARIANT i.e SKU (stock keeping unit)**

**PRODUCT RECALL / WITHDRAWAL DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Describe the nature of the problem with the product/s being recalled or withdrawn: | | | | | | | | |
|  | | | | | | | | |
| FULL DESCRIPTION of product as it appears on the Retail Pack (including BRAND NAME) | |  | | | | | | |
| Product Type? | |  | | Package Size (e.g. 900g) | | |  | |
| Which Dept stored in? | |  | | Units per Carton (6 x 900g) | | |  | |
| Is action due to undeclared food allergens on package labels? *(1)* | | | |  | | | | |
| *NB: A digital copy of packaging artwork would be useful to attach with this page for retailers.*  *(1) If yes, follow AFGC Allergen Management and Labelling Guide 2007 or contact AFGC for assistance.* | | | | | QUANTITY AFFECTED (ONLY provide one type of data) | | | |
| **MAJOR RETAILERS** | **RETAILERS CODE NO.** | | **Supplier Code NO.** | | **Ctns** | **Unit** | | **Kg’s** |
| WOW ARTICLE Number |  | |  | |  |  | |  |
| COLES / BI-LO ITEM Code |  | |  | |  |  | |  |
| Metcash / Franklins |  | |  | |  |  | |  |
| NZ- Countdown# |  | |  | |  |  | |  |
| NZ- foodstuffs – Auckland # |  | |  | |  |  | |  |
| NZ- foodstuffs – Wellington # |  | |  | |  |  | |  |
| NZ- foodstuffs – Sth Island # |  | |  | |  |  | |  |

‡ Suppliers may be requested by some retailers not to show their quantity data to other retailers {e.g. NZ}. If so, please remove other retailer quantity data and only send data relevant to that retail chain by email or fax.

|  |  |  |
| --- | --- | --- |
| Preferred Supplier Name to be used on Notice to Retail Stores | |  |
| APN/EAN (GTIN) Number |  | |
| TUN Number |  | |
| ARTG Listing or Registration Number (Therapeutic Goods Only) |  | |

**PRODUCT LOT IDENTIFICATION & TRACEABILITY**

|  |
| --- |
| What Code/s are affected and what Code type - ‘USE-BY’, ‘BEST-BEFORE’ code/s, BATCH NUMBER/S? |
|  |
| Where is Code Located on the Retail Pack for the ‘USE-BY’, ‘BEST-BEFORE’ code, BATCH NUMBER/S? |
|  |
| How is Code Expressed on the Retail Pack for the ‘USE-BY’, ‘BEST-BEFORE’ code, BATCH NUMBER/S? e.g. Use By 24 APR 02; Best Before 24 APR 2004, or BB 24-05-04, or other coding method ? |
| On Carton: |
| On Consumer Unit: |

|  |
| --- |
| Was the affected stock delivered on Multi-Coded Pallets (MCP's)? |
| No  Yes  Provide details |

|  |
| --- |
| **ADDITIONAL MEDIA INFORMATION - PRODUCT RECALLS ONLY** |
| Please indicate (below) if you are organizing a Press Release |
| YES  NO  **If Yes – Please provide General Press Release Date and Time:** |

##### SOFT COPY OF RECALL ADVERTISEMENT REQUIRED

All suppliers must provide as soon as possible, a soft copy to each retailer {the advertisement as it will appear in the print media} once validated and approved by FSANZ, NZFSA,TGA or other agency body.

*{This enables retailers, where required, to provide each retail store with two A4 copies of the final Product Recall advertisement}*

In order to ensure the copies are clear and legible please forward (by e-mail) a soft copy of final Recall advertisement along with this completed form to each Retailer Recall Contact (See Page 1 for e-mails).

|  |
| --- |
| **Please indicate (below) if you know when recall advert will appear in print and the dates:** |
| i.e. Use table below to please show list of Newspapers being used with possible dates OR  Alternatively – send / attach company’s media plan document separately. |

##### NATIONAL MEDIA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Media | print Name | Likely Date | print Name | Likely Date |
| networks |  |  |  |  |
| Language / Ethnic |  |  |  |  |
| new zealand |  |  |  |  |

# REGIONALS, STATE AND TERRITORY MEDIA

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| States | print Name | Likely Date | print Name | Likely  Date |
| NSW |  |  |  |  |
| ACT |  |  |  |  |
| QLD |  |  |  |  |
| VIC |  |  |  |  |
| SA |  |  |  |  |
| WA |  |  |  |  |
| TASMANIA |  |  |  |  |
| N.Territory |  |  |  |  |
| REGIONALS |  |  |  |  |

NB: For list of Print media contacts – see AFGC Guidelines Media section and government links.

**ADMINISTRATION – for “AUSTRALIAN RETAILERS” CREDITS**

Enter person’s name in your business to whom AUSTRALIAN Retailers will direct all charges to.

Find Below fees and or contact points for latest fees for each Retailer.

|  |  |
| --- | --- |
| AUSTRALIAN Retailers | Fee Structure in relation to each Product Recall / Withdrawal |
| Woolworths/ Safeway | **Product Withdrawal** - $79.00 (includes GST) charge per store will be levied – subject to change.  **Product Recalls** – tiered charges based on time of notification to Woolworths/Safeway.  Mon - Fri 8.00am – 1.00pm - $79.00 (includes GST) per store will be levied.  Mon - Fri 1.01pm – 5.00pm - $79.00 (includes GST) plus 50% per store will be levied.  Mon - Fri after 5.01pm plus Sat & Sun - $79.00 (includes GST) plus 100% per store will be levied. |
| Coles / Bi-Lo | $85.00 (includes GST) charge per store will be levied – subject to change. |
| Metcash / FRANKLINS | Please contact 1800 119 920 for Recall Letter No 3 (Fees)] |
| Franklins | $75.00 (excludes GST) charge per store will be levied-subject to change. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **WOOLWORTHS / SAFEWAY** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **COLES / BI-LO** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **METCASH** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

**ADMINISTRATION – for “NEW ZEALAND RETAILERS” CREDITS**

Enter person’s name in your business to whom NZ Retailers will direct all recall charges to.

Find Below fees and or contact points for latest fees for each Retailer…

|  |  |
| --- | --- |
| NEW ZEALAND Retailer | Fee Structure in relation to each Product Recall / Withdrawal |
| COUNTDOWN | **Store Fee** - $25.00 (plus GST) per ranged store  **DC Fee**  $20.00 per SKU per DC per withdrawal  $17.00 per pallet returned to vendor  $7.50 per pallet per week for storage in chilled DCs for each pallet withdrawn |
| Foodstuffs | Not Applicable |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **COUNTDOWN/PROGRESSIVE ENTERPRISES** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **foodstuffs – AUCKLAND** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **Foodstuffs – WELLINGTON** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: | **Foodstuffs – SOUTH ISLAND** | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

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| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

**ADMINISTRATION – for Other Distributor Credits (where needed)**

**Enter person’s name in your business to whom Retailers/Distributors will direct all charges to.**

**Find Below fees and or contact points for latest fees for each Customer…**

|  |  |
| --- | --- |
| Other Distributors | Fee Structure in relation to each Product Recall / Withdrawal |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |

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| --- | --- | --- | --- | --- |
| RETAILER: |  | | | |
| CONTACT NAME: |  | | | |
| POSITION: |  | | | |
| COMPANY NAME: |  | | | |
| POSTAL ADDRESS: |  | | | |
| TELEPHONE /FAX NO: | OFFICE |  | FAX |  |