# EWS Notification Form GMP+ Feed Safety Assurance

You can fill out the form by hand, but preferably digitally. A Word version of this form is also published on the GMP+ International website. Input is required for grey shaded fields, if applicable.

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| *Guidance**The timely and complete notification of* ~~exceedance of the maximum permitted level(s) of undesirable substances in~~ *~~feed~~ signals or perceived facts that a feed has a negative effect on the feed – and/or food safety is of great importance. In practice, it may sometimes be difficult to fill out the EWS Notification Form completely at the first notification because not all necessary details are available. The first notification should in that case contain at least the details that are indispensable for a proper first assessment of the incident. Subsequently, the participant must supplement and submit the missing details ~~as soon as possible.~~ directly after receipt.*  |

**Your report form must be sent to:**

* 1. **GMP+ International(see GMP+ BA5)**
	2. **The concerned competent authority in your country / region (in case of legal requirement).**
	3. **The certification body responsible for the GMP+ FSA certification.**

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|  | **Email address of GMP+ International:** | ews@gmpplus.org |
|  | **Email address of competent authority (in country or region of residence)** |  |
|  | **Email address of certification body (certifying GMP+FSA module):** |  |

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|  | **General information** |
|  | **Date and time of the notification:** |  |
|  | **Reported by (name of person in charge):**  |  |
|  | **COMPANY AND CONTACT INFORMATION** |
|  | **Company name:** |  |
|  | **Street + no.:** |  |
|  | **Postal code + city:** |  |
|  | **Country:** |  |
|  | **GMP+ number:**  |  |
|  | **-Company salutatory approval number/ registration number (EU Reg. 183/2005)*(EU market)*:****-Approval number EU Reg. 1069/2009 (animal by-products) (if applicable):** |  |
|  | **Name of contact person:** |  |
|  | **Telephone number of contact person:** |  |
|  | **Telephone number of contact person outside office hours:** |  |
|  | **Telephone number of a second contact person outside office hours:** |  |
|  | **E-mail address contact person:** |  |
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|  | **RISK (NATURE OF IRREGULARITY/POTENTIAL RISK)** |
|  | **Hazard(s) observed:** |  |
|  | **Possible cause (confirmed/suspected):**  |  |
|  | **(Probable) cause date:** |  |
|  | **Date of finding the irregularity:** |  |
|  | **Was a risk assessment related to the specific situation performed? (yes/no)****Conclusion of risk analysis:** **Serious risk (yes/no)** |  |
|  | **Motivation:** |  |
|  | **Impact on animal health (yes/no)** |  |
|  | **Symptoms:** |  |
|  |  |
|  | **SAMPLING AND ANALYSIS** |
|  | **Date of sampling:** |  |
|  | **Sampling information/place:** |  |
|  | **Analysis performed: (yes/no)****If yes, you can attach the Certificate of Analysis** |  |
|  | **Date of product analysis:** |  |
|  | **Laboratory data that performed analysis (name, address, country):**  |  |
|  | **Analytical results and outcome of analysis:** |  |
|  | **Relevant legislation (EU/national/other standard):**  |  |
|  | **Maximum permitted level:** |  |
|  |  |
|  | **PRODUCT (INFORMATION ON THE PRODUCT AND INVOLVED PRODUCT BATCH)** |
|  | **Product name:** |  |
|  | **Brand name/trade name:** |  |
|  | **Product category:(choose from:)****-compound feed****-feed additive****-feed material****-feed pre-mixture****-pet food****-other** |  |
|  | **In case of feed material: Number in Catalogue of feed materials (Regulation 68/2013)(EU market):** |  |
|  | **Product aspect (packaging type, (bulk/packed product, describe packaging units):** |  |
|  | **Product is intended for which animal species? (if applicable)** |  |
|  | **Identification of the batch: (batch code)** |  |
|  | **Total net weight/volume of the batch:** |  |
|  | **Use-by date of the batch:**  |  |
|  | **Temperature (if applicable):** |  |
|  | **Distribution status of the batch (where is the reported batch at this time?): (see also chapter Distribution of the product/batch)** |  |
|  | **Is the batch part of a larger unit (yes/no):** **If yes, is it known how large the unit is and what the location of the remaining products is?** |  |
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|  | **ORIGIN AND SUPPLIER OF THE PRODUCT** |
|  | **Country of origin of the goods:** |  |
|  | **If origin of product differs from reporting company: data of producer, trader or importer: (below):****(choose from:)****-producer****-manufacturer****-exporter****-trader/broker****-transporter****-importer****-storage****-other:....** |  |
|  | **Is the producer your direct supplier?****(Yes/no)** |  |
|  | **Company name of supplier (1):** |  |
|  | **Street + number:** |  |
|  | **Country:** |  |
|  | **Postal code + city:** |  |
|  | **GMP+ number (if relevant), or:****-not certified****-certified according to certification scheme other than GMP+ FSA (name of scheme):** |  |
|  | **-Company statutory approval number/ registration number (EU Reg. 183/2005)*(EU market)*:** **-Approval number EU Reg. 1069/2009 (animal by-products) (if applicable):** |  |
|  | **Name of contact person of supplier:** |  |
|  | **Telephone number of contact person:** |  |
|  | **Telephone number of contact person outside office hours:**  |  |
|  | **Telephone number of a second contact person outside office hours:** |  |
|  | **Email address contact person:**  |  |
|  |  |
|  | **DISTRIBUTION OF THE PRODUCT/BATCH** |
|  | **Is the contaminated product (already) placed on the market? Yes/no** |  |
|  | **Products distributed in your own country: Yes/no****If yes: Annex Distribution list/List of recipients with names, locations and quantities** |  |
|  | **Products at end user (livestock farmer): Yes/no****If yes: Quantities** |  |
|  | **Products distributed in EU member states: Yes/no****If yes: Distribution list/List of recipients with names and quantities** |  |
|  | **Products distributed outside EU: Yes/no****If yes: Annex Distribution list/List of recipients with names and quantities** |  |
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|  | **CORRECTIVE MEASURES AND INFORMED PARTIES** |
|  | **Is the product/batch blocked? Yes/no** |  |
|  | **Has the product already been recalled? Yes/no** **If yes: quantities** |  |
|  | **Has the product already been destroyed?****Yes/no****If yes: quantities** |  |
|  | **Have the customers already been informed?** **Yes / No****If yes: Annex Distribution list/List of recipients, per country** |  |
|  | **Has the supplier already been informed?** **Yes/no** |  |
|  | **Other chain partners or authorities informed? Yes/no****If yes: who?**  |  |
|  | **Other measures taken:**  |  |
|  | **Compulsory measures? (by competent authorities)****Yes/no****If yes, which?** |  |
|  | **Measures to be taken in the near future:** |  |
|  |  |
|  | **ATTACHED DOCUMENTS (please enclose the following documents if these are available)** |
|  |  | **Enclosed (yes/no)** | **Can be made available to 3rd parties (yes/no)** |
|  | **Analytical report(s)** |  |  |
|  | **Distribution list/List of recipients/List of recipients** |  |  |
|  | **Contracts/Delivery documents/bills** |  |  |
|  | **Transport- and shipping documents** |  |  |
|  | **Risk assessment of the EWS case or situation** |  |  |
|  | **Product/batch documents like labels and pictures** |  |  |
|  | **Phytosanitary certificate** |  |  |
|  | **CVED/CED (Common Veterinary Entry document/Common Entry Document) if Regulation (EU) 669/2009 is relevant** |  |  |
|  | **Other** |  |  |
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|  | **OTHER INFORMATION** |
|  | **What other information concerning the irregularity/potential risk is relevant?** |  |
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|  | **DATE AND SIGNATURE** |  |
|  | **Date:****Signature:****Name:**  |  |

Mail ews@gmpplus.org