  

Mock Traceback Log

Name of Operation: Date:

Conducted By: Lot:

Product(s) traced:

Please see the food safety plan for overall traceback procedures.

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| **Step Backward** | | | | | **Step Forward** | | |
| **Field No.** | **Harvest Date** | **Packing Date** | **Shipping Date** | **Amount of Product/Lot Code** | **Customer(s) Contacted** | **Product remaining at customer/Lot Codes** | **Disposition of product which could not be recalled** |
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Sheet Reviewed by: Title: Date: November 2018