**Alleged Foreign Body Reporting Form**

Use this initial reporting form to gather and record information about the incident when you are speaking to the individual and the team about the incident. Once completed this should be used to complete the AIR3 Online Reporting Form and should be retained for 6 months with all appropriate evidence and supporting information. Please **DO NOT** send the foreign body in the post until you are advised by the Vendor Assurance team of where to post it.  Instead, please store the foreign body in the freezer labelled with the AIR reference and mark **‘NOT FOR CONSUMPTION’**.

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| **WHERE & WHEN** | | | |
| Unit Name: |  | Unit Number: |  |
| Date Reported: |  | Date of Incident: |  |
| Exact Location of Incident: |  | Time of Incident: |  |
| Your First Name: |  | Your Surname: |  |
| Your Job Title: |  | Telephone No: |  |
| Your Email Address: |  | | |
| RM/OD/BD Email Address: |  | | |

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| **INCIDENT DETAILS** | | | | | |
| What Did They Eat? |  | | | | |
| Was It Made In Unit? | Yes: |  | No: |  | If No, skip the Ingredients section below |
| Incident Description: | | | | | |
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| **INGREDIENTS (MADE IN UNIT ONLY)** | | | |
| Name of Product: |  | | |
| **Ingredient 1** | | **Ingredient 3** | |
| Ingredient Name: |  | Ingredient Name: |  |
| Batch Code: |  | Batch Code: |  |
| Use By / Best Before: |  | Use By / Best Before: |  |
| **Ingredient 2** | | **Ingredient 4** | |
| Ingredient Name: |  | Ingredient Name: |  |
| Batch Code: |  | Batch Code: |  |
| Use By / Best Before: |  | Use By / Best Before: |  |

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| **ABOUT THE FOREIGN BODY** | | | | | | | | | | | | | | | | | | |
| Have we received a customer complaint? | | | Yes: | |  | | No: | |  | If yes, do we have their details? | Yes: | |  | | No: | |  | |
| Type of Foreign Body: |  | | | | | | | | | | | | | | | | | |
| Do you have the foreign body? | Yes: |  | | No: | |  | | Do you have a photograph of the packaging? | | | | Yes: | |  | | No: | |  |
| Have there been any similar complaints in the last 6 months? | Yes: |  | | No: | |  | | If yes, provide AIR3 ref number: | | | |  | | | | | | |

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| **COMPLAINANT DETAILS** | | | | | | | | | | | | | | | | | |
| Who Was Involved? | Customer: | | | | |  | | | Contractor: | | | |  | Employee / Agency Staff: | | |  |
| Other (Provide Details): | | | | |  | | |  | | | | | | | | |
| Title: |  | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | | | | Surname: | | | | |  | | |
| Address: |  | | | | | | | | | | | | | | | | |
| Postcode: |  | | | | | | | | | Contact No: | | | | |  | | |
| Any Other Complaints? | Yes: |  | | No: | | |  | | | If Yes, How Many? | | | | |  | | |
| Complainant Reported Incident to EHO / Trading Standards | Yes: |  | | No: | | |  | | | If Yes, Provide Details: | | | | |  | | |
| If Applicable Other Complainant’s Details: |  | | | | | | | | | | | | | | | | |
| Did Complainant seek medical or dental treatment following the incident? | | | Yes: | |  | | | No: | | |  | If Yes, Provide Details: | | | |  | |

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| **PRODUCT DETAILS (BOUGHT IN PRODUCTS ONLY)** | | | |
| Name of Product: |  | | |
| Vendor Material Code (VMC):  **(Provided on Delivery Note or Invoice)** |  | Batch Code |  |
| Quantity Delivered: |  | Invoice or Delivery Note Number: |  |
| Best Before / Use By Date: |  | Delivery Date: |  |
| Quantity Affected: |  | Vendor / Distributor Depot: |  |
| Vendor/Distributor Name: |  | | |

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| **CONSUMPTION DETAILS** | | | |
| Date Consumed: |  | Time Consumed: |  |
| Number of Portions Produced: |  | Number of Portions Consumed: |  |

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| **SUPPORTING INFORMATION AND EVIDENCE CHECKLIST** | | | | | | | | | |
| Witness First Name: | |  | | | Witness Surname: | |  | | |
| Contact Number: | |  | | | | | | | |
| Witness Statement: | |  | | | | | | | |
| **Useful Evidence to Upload To AIR3** | | | **(✓)** |  | | | | | **(✓)** |
| Delivery Note / Delivery Records | | |  | Invoices | | | | |  |
| Opening and Closing Checklists | | |  | Photographs | | | | |  |
| **The photos should be of the following:**  Foreign body in the product or where originally found  Foreign body removed from the product against a ruler to show the size/ dimensions (Please take photos from different angles if not obvious what it is)  Photos of the ingredient packaging if available showing all the product traceability information i.e. Best Before, Use by & Batch codes. | | | | | | | | | |
| **USE THE SPACE BELOW TO TAKE A PHOTO OF FOREIGN BODY ONLY** | | | | | | | | | |
| Foreign Body: |  | | | | | Date: | |  | |
| A picture containing text, measuring stick, wrench  Description automatically generated | | | | | | | | | |

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| **Remember to ensure that you report any incidents to your line manager and follow the applicable escalation process. All Food Safety Incident must be reported on the AIR3 System as soon as possible, access is via Compass Connect or by using the QR Code provided.** | **Qr code  Description automatically generated** |