

# Chapter 10

# Shell Egg - Complaints

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#### 10.1 OBJECTIVE OF ACTIVITY

To ensure that egg related complaints are uniformly documented and appropriately handled in a professional and timely manner by Egg Inspectors.

#### 10.2 REFERENCES

Canada Agricultural Products Act Egg Regulations Shell Egg Manual - Chapter 11- Enforcement and Compliance IMS User Manual (RDIMS# 1583623) Food Investigation Response Manual (RDIMS 2774458) <u>Media Relations</u> <u>Access to Information Act</u> <u>Privacy Act</u> <u>Access to Information and Privacy (ATIP) Services</u> <u>CFIA Legal Services Website</u> <u>Minimum Enforcement Guidelines for Nutritional Labelling</u>

#### 10.3 REQUIRED EQUIPMENT

| CFIA Inspector Identification Card                |
|---|
| Provincial Inspection Card (if appointed)         |
| Camera  |
| Candling light                                    |
| Scale and check weights                           |
| Air cell gauge                                    |
| Random Sampling Numbers Table                     |
| Haugh unit table and micrometer                   |
| Coveralls or Lab coats (as per Area requirement)  |
| Sanitary footwear                                 |
| Approved disinfectant (spray bottle, pail, brush) |

#### 10.4 REQUIRED FORMS

W orksheets, checklists and letter template - Appendices Receipt of Samples Taken (CFIA / ACIA 4168) Sample Submission (CFIA / ACIA 5247 Issues Management System (IMS)<u>http://ims-sgi/arsys/</u>

#### 10.5 ISSUES MANAGEMENT SYSTEM (IMS)

The **Issues Management System (IMS)** is a National database used to document, track and communicate information regarding food issues (including complaints) to aid in follow-ups. Inspectors must be trained and authorized to use the system.

When complaints are received, all pertinent details are entered into the system by the inspector(s) involved (i.e., the inspector that received the complaint directly and any inspector(s) that conducted follow-up actions).

Each CFIA Region has one or more IMS site monitors who receives an email as soon as a new issue is transferred to their Region. The issue is then assigned to the appropriate inspector.

The inspector automatically receives notification of assignment of an issue via electronic mail. The

notification provides the inspector with the IMS file number and all pertinent subject matter.

For guidance on all the steps required for data entry, refer to the Business Rules of Use for the Issues Management System (IMS) and/or the IMS User Manual (RDIMS # 1583623).

#### 10.6 URGENT PRIORITY COMPLAINTS

**Urgent** priority complaints are those related to **food safety**. These products could cause illness, injuries and even death. The most frequent incidents related to food safety involve the presence of pathogens in a food product. If the complaint identifies a potential food safety issue, **immediate action** is required. The appropriate CFIA office(s) must be contacted immediately (if applicable) by telephone, fax or email, in addition to the IMS assignment or referral.

Some incidents may involve a lower health risk. However, a greater priority should be given if there is the potential that they may become high visibility issues.

Not all complaint follow-ups result in identification of the source of the issue. However, you should always determine the extent of the problem and take the necessary corrective action (see Chapter 11 - Enforcement and Compliance).

No matter what the outcome of the follow-up, all pertinent information must be properly entered into IMS. Properly documenting all the activities and findings of your follow-up will help ensure that the risk associated with the issue has been properly assessed and the appropriate risk management strategy has been implemented.

#### 10.6.1 PATHOGENIC MICROORGANISMS

Pathogenic microorganisms can cause serious food borne illnesses. Bacteria (e.g. Salmonella) are commonly found on shell eggs. Their presence on eggs may be due to poor management practices involving unsanitary handling, poor sanitizing techniques, improper storage temperatures or ineffective washing of the eggs.

Symptoms of foodborne illness may appear soon after the contaminated food is ingested, but may also appear in the week following or even later.

#### 10.6.2 TAMPERING AND SABOTAGE

Tampering and sabotage are considered to be criminal offences. If you receive a complaint relating to tampering and deliberate food contamination, immediately notify your supervisor. More information can be found in the Food Investigation Response Manual.

#### 10.6.3 POTENTIAL HIGH VISIBILITY ISSUES

These issues may involve a lower health risk, however, public sensitivity may cause them to be given a higher priority than science would generally support. These issues should be brought to the immediate attention of your Supervisor, Inspection Manager, Area Egg Specialist and/or Regional Program Officer.

For example, potential high visibility issues could include complaints reported to or received through a politician or the media. For media issues, follow the Media Relations guidelines and inform the Area Communication Advisor.

#### 10.7 NORMAL PRIORITY COMPLAINTS

**Normal** priority complaints are those **not related to food safety**. There is little risk that the product will cause illness or injury. The inspector must determine the priority of these complaints on the basis of the CFIA-established priorities.

The most frequent normal priority incidents for shell egg involve non-compliant labels (not related to food safety), and quality issues.

Not all complaint follow-ups result in identification of the source of the issue. However, you should always determine the extent of the problem and take the necessary corrective action (see Chapter 11- Enforcement and Compliance).

No matter what the outcome of the follow-up, all pertinent information must be properly entered into IMS. Properly documenting all the activities and findings of your follow-up will help ensure that the risk associated with the issue has been properly assessed and the appropriate risk management strategy has been implemented

#### 10.7.1 NON COMPLIANT LABELS

Complaints regarding labelling are common. They are considered normal priority if the labelling errors are not related to omissions that may affect groups of people at risk. Most label complaints may be corrected by the manufacturer or importer through the affixing of a self-stick label as a temporary measure or correction at the time of the next printing, depending on the case.

Examples:

- a) Country of origin not declared appropriately
- b) Misleading or false claims
- c) The nutrition facts table is non-compliant

For more information on, refer to Chapter 7 - Packaging and Labelling, and the Minimum Enforcement Guidelines for Nutrition Labelling.

#### 10.7.2 QUALITY

Quality-related complaints for egg may involve irregular colour and texture, presence of blood spots, meat spots, etc.

If the product is graded and meets the standard, no regulatory action is needed since the regulations have been met. However, the complainant could contact the manufacturer of the product if they wish.

For more information on inspecting quality defects in eggs, refer to Chapter 4 - Product Inspection.

#### 10.8 RECEIVING A COMPLAINT

Inspectors may receive complaints directly from consumers, industry, or other government departments and agencies. Complaints may also be transferred from other CFIA staff through the IMS.

When you receive a complaint, you must:

• ensure that the complaint is within the CFIA's mandate and jurisdiction. If it is not, provide the

name and telephone number of the appropriate department or agency;

- gather all the relevant information from the complainant. You should also complete Worksheet 10-1: Complaint Worksheet (Appendix 1) to capture all the details of the issue from the complainant (unless it was already done by another CFIA inspector);
- immediately initiate follow-up procedures (see section 10.9) if the complaint is potentially linked to a food safety issue (see section 10.6);
- initiate follow-up procedures (see section 10.9) in a timely manner, based on CFIA's priorities, if the complaint is not linked to a food safety issue (see section 10.7);
- keep complaint details confidential between CFIA and the complainant in accordance with the Privacy Act; and
- properly document the complaint and follow-up details in IMS (see section 10.8.2).
  - **Note:** Non-compliance issues revealed during regular inspection activities should not be treated as a complaint. These issues are followed-up using standard enforcement and compliance procedures (see Chapter 11 Enforcement and Compliance).

Some complaints can be classified as enquiries and require only a simple explanation or education. In this case, you do not need to create an IMS issue.

Examples:

• Someone complains that the label on a carton bought at the farm gate, did not have a Nutrition Facts table. This situation is not considered a complaint. An explanation that eggs sold from a farm gate is exempt from this requirement is sufficient.

#### 10.8.1 INFORM THE COMPLAINANT

When you receive a complaint, advise the complainant that:

- his/her identity will be kept confidential unless he/she authorizes you to release his/her name (in accordance with CFIA's confidentiality policy);
- CFIA will follow-up on the issue and take the appropriate action(s);
- an inspector may examine or take samples or pictures of the product for CFIA follow-up;
- if anyone is ill as a result of the issue, they should consult a physician.
- if he/she wishes to pursue civil litigation against a regulated party:
  - CFIA is an impartial regulatory body and cannot be party to any civil lawsuit launched by the complainant;
  - CFIA may not take samples on behalf of the complainant for the complainant's use in private litigation; and
  - the complainant is free to send their samples to a private laboratory for analysis at their own cost.

**Note**: In situations where the complainant is unwilling or unable to provide sufficient details (e.g., vague or general complaints, anonymity), document the information available and advise the complainant that more information is required before a follow-up can be initiated.

If you are contacted by the complainant's legal counsel, refer him/her immediately to your Area's CFIA Legal Counsel. For contact name, refer to CFIA Legal Services - Website.

If the complainant requests:

- formal acknowledgment of his/her complaint, complete the Template Letter to the Complainant (Appendix VIII) using the information provided by the complainant. Send the original signed letter to the complainant and keep a copy for your files.
- to be advised of the overall results of the complaint follow up, you (or another inspector if arrangements are made) may contact him/her to:
  - discuss how food complaints and non-compliant products are generally handled (e.g., product disposals, recalls) while making it clear that you are not referring to the specific complaint. You may also direct him/her to the CFIA website where related information is posted;
  - verbally release the assessment findings (e.g., observations, analytical results) of the complainant's samples. However, no third party information (unless it is public information, e.g., health hazard alerts, allergy alerts), no details, analytic lab results, reports, photographs, etc. resulting from CFIA's follow-up procedures will be provided to him/her because CFIA is not at liberty to release information, as per the *Privacy Act*. He/she can obtain written follow-up details through the Access to Information and Privacy (ATIP) Services.

#### 10.8.2 DOCUMENT THE COMPLAINT IN IMS

For guidance on data entry, refer to the Business Rules of Use for the Issues Management System (IMS) and/or the IMS User Manual (RDIMS # 1583623). The IMS is for CFIA use only. Do not provide the IMS report to the complainant or the regulated party.

If you received the complaint from a CFIA colleague (through IMS), proceed to section 10.8.

If you did not receive the complaint through IMS, search the IMS database for similar complaints. Create a new IMS issue:

- transfer all pertinent information from Worksheet 10-1: Complaint Worksheet to the IMS (Appendix I);
- enter the IMS number(s) of any similar issues (e.g., similar type of concern with similar type of product, similar type of concern with same establishment), in the "Related Issue ID" field;
- use a unique subject title that clearly indicates the nature of the issue (e.g., mould found on XYZ brand Grade A Large eggs);
  - identify urgent complaints by marking the "Urgent" box; and

• if you are unable to conduct a follow-up, transfer the issue to the appropriate CFIA staff as soon as possible (see section 10.8.3).

#### 10.8.3 TRANSFER THE ISSUE TO OTHER CFIA STAFF

If the retailer, head office, manufacturer, importer, etc. is not within your area of responsibility, assign the issue to another inspector within your Region or refer it to other Region(s) within CFIA for proper follow-up action. Follow the directions in the IMS User Manual.

The follow-up will continue until adequate information is gathered and appropriate action is taken in all affected locations.

If the complaint is deemed to be outside of CFIA jurisdiction or responsibility, the issue may be referred to another government department or agency. CFIA inspectors may participate in issues involving health hazard complaints that involve other regulatory agencies.

#### 10.9 COM PLAINT FOLLOW-UP PROCEDURES

To follow-up on the issue, you must have the relevant knowledge and delegated regulatory authority (see the Acts listed on the back of your identification card). Some complaints are straightforward, and you may feel confident proceeding immediately. However, there are occasions when you may need to conduct research into the food and the food production process for clues as to what may have caused the issue. It may be useful to consult colleagues with more extensive experience and knowledge in this area. If necessary, transfer the complaint to another inspector (see section 10.8.3).

Before beginning your follow-up, review all of the available information, including:

- product details, complainant details and all Task/Activity Log entries in IMS (if applicable);
- relevant inspection reports and/or analytical results; and
- the manufacturer's website and applicable advertisements (if available/relevant).

During follow-up, you may need to:

- visit the complainant, vendor, manufacturer and/or importer in order to ensure a complete and accurate examination of the issue. This involves determining the root cause of the issue and identifying the affected product(s). If possible, follow the product from the finished state (i.e., the complainant's sample) backwards to the source of inputs at the establishment where it was produced;
- take samples, take pictures, review records, etc;
- transfer the complaint to another inspector for follow-up if the level of distribution is outside your territory (see section 10.8.3).
- request a health risk assessment and/or take enforcement action (e.g., detentions, product recall).

**Note:** Some provincial governments have agreements with CFIA in regards to complaint follow-up. Ask your supervisor if any such agreements apply in your province.

Properly document the findings of your follow-up in IMS (see section 10.8.2).

#### 10.9.1 TAKE OR EXAMINE THE COMPLAINANT'S SAMPLE

If you need to obtain or observe the complainant's opened sample and unopened samples of the same lot (if any), arrange a meeting with the complainant.

If the complainant is considering legal action, he/she should maintain continuity of the samples because they could be used as evidence. Rather than collecting the actual samples, you may:

- examine the samples in the presence of the complainant and make written observations;
- document measurements, make drawings, take photographs, etc.; and/or
- split the samples and leave a portion with the complainant for evidence (if possible).

If the complainant is willing to provide the samples, you must:

- advise the complainant that the samples will become property of the CFIA and will be used for such purposes as may be required (e.g., lab analysis, destructive testing, grade verification);
- request that the complainant completes the Sample Submission form (CFIA / ACIA 5247) in order to establish 'ownership' of the samples (the complainant is under no obligation to complete this form);
- always document the condition of the samples when received (e.g., fresh, mouldy); and
- use a proper storage container to maintain the condition of the samples (e.g., egg carton, cooler) during transport to your office.

If requested, provide a Receipt for Samples Taken (CFIA / ACIA 4168), which is a record of non-payment.

Record all pertinent sample information in IMS (see section 10.8.2).

#### 10.9.2 SEND SAMPLES TO THE LABORATORY FOR ANALYSIS

If you need to send samples to the laboratory:

- use the sample numbers and follow the procedures from the appropriate sampling plan in the Egg Program. If no sample numbers are assigned to you under the existing plan or if no sampling plan covers the issue at hand, contact your Area Egg Specialist for sample numbers and direction;
- follow the additional procedures outlined in Chapter 6 Sampling; and
- if an illness is involved, forward a copy of the completed worksheets to the lab i.e., Worksheet 10-2: Alert/complaint Record - Water/Food/Enteric Illness (Appendix II) and Worksheet 10-3: Case History: Food History and Common Sources, (Appendix III).

Record all pertinent sample information in IMS (see section 10.8.2).

#### 10.9.3 FOLLOW-UP WITH THE VENDOR

As part of the follow-up process, you may have to visit the vendor (e.g., retail outlet, distributor) where the product was purchased by the complainant. Whenever possible, advise the staff responsible for retail inspections of your visit to a retailer. The intent of the visit is to:

- obtain samples\* of product with the same production code or similar lot code (if available);
- check with the retail manager to determine if any other similar complaints have been received;
- observe the conditions under which the product is stored and handled (improper handling or storage at the vendor level may be the root cause of the complaint); and
- collect all information relevant to the issue (refer to Worksheet 10-5: Vendor Checklist, Appendix V, for a list of information that should be recorded in IMS, if applicable to the situation).
  - \* The number of samples collected will depend on the amount of product available and the type of inspection activities or sampling required. If you need to send samples to the laboratory for analysis, follow the steps outlined in section 10.9.2.

Depending on the nature of the complaint or the condition of the product, regulatory requirements may dictate that the product be detained and/or recalled (e.g., health and safety concern). For any unsatisfactory inspection result, refer to section 10.8.7.

Record all pertinent information in IMS (see section 10.8.2).

#### 10.9.4 FOLLOW-UP WITH THE MANUFACTURER

Review all pertinent records you have on file prior to contacting the domestic manufacturer.

When visiting a manufacturer to follow-up on a complaint, you should always:

- ensure the suspected product was produced by the manufacturer;
- advise the manufacturer about the details of the issue, remembering to keep the identity of the complainant confidential;
- determine if the manufacturer has received any other complaints of a similar nature that may be related to the specific issue;
- discuss the issue with the operators of the establishment to help trace back to the source of the issue;
- determine if other lots, other products or even other manufacturers are affected;
- be prepared to collect and transport samples, as well as perform environmental sampling or legal sampling; and
- collect all information relevant to the issue (refer to Worksheet 10-6: Manufacturer Checklist, Appendix VI, for a list of information that should be recorded in IMS, if applicable to the situation).

**Note:** In certain instances, you may need to request a Health Risk Assessment to determine the severity of the problem.

It may be helpful to review some or all of the following documents:

- Complaint Records May indicate a pattern of issues relevant to the follow-up;
- Label File May reveal labelling issues related to the complaint;
- Production Records May indicate any unusual circumstances or occurrences that have been identified by production personnel (e.g., breakdowns, power outages). Use the code of the product in question and production records to attempt to pin-point the actual production time of the product;
- **Sanitation Records -** Should indicate any unusual circumstances or occurrences that have been identified by the sanitation crew. Ensure the sanitation program has been completed as per the written program. Verify that pre-operational check-lists have been completed properly as required by company programs;
- Pest Control Records Determine if the manufacturer has an adequate pest control program;
- Storage and Transportation Records Determine if the manufacturer's transportation practices and storage facilities are adequate in maintaining the integrity of the product;
- **Quality Control Records** May reveal concerns identified before or after distribution of the product (e.g., micro, quality, container integrity).
- Maintenance Records May reveal any unusual circumstances or occurrences that have been identified by maintenance personnel (e.g., repairs to equipment, types of lubricants used, calibration records of equipment). Often, extraneous material can be matched with maintenance supplies, utensils, equipment or other objects that have been improperly used or maintained in the production facility;
- **HACCP Programs** The establishment's prerequisite programs and HACCP plans may provide information relevant to the issue;
- **Distribution Records -** Should show when, where and how much of the product was distributed, as well as what quantity remains in the possession of the manufacturer; and
- Recall Program In serious incidents, a recall of the product may be required.
   Verify with the manufacturer that an adequate Recall Program is available and effective.

Depending on the nature of the complaint or the condition of the product, regulatory requirements may dictate that the product be detained and/or recalled (e.g., health and safety concern). For any unsatisfactory inspection result, refer to section 10.9.7.

Record all pertinent information in IMS (see section 10.8.2).

#### 10.9.5 FOLLOW-UP WITH THE IMPORTER

Prior to contacting the importer, review all pertinent records from your files to familiarize yourself with the issue and the history of the importer. For more information on

processed product import requirements refer to Chapter 9 - Imports.

When contacting the importer to follow-up on the complaint, you should:

- ensure that the importer was the one who imported the suspected product;
- advise the importer about the details of the issue, remembering to keep the identity of the complainant confidential;
- determine if the importer has received any other complaints of a similar nature that may be related to the specific issue;
- discuss the issue with the importer to help trace back to the source of the issue. If required, ask the importer to contact his supplier for assistance in tracing the cause of the issue;
- determine if other lots, other products or even other importers are affected;
- determine if the product is stored under adequate conditions to prevent the deterioration of the product (e.g., proper temperature, humidity, stacking);
- determine if the importer handles the product in a manner that maintains its integrity and follows good stock rotation practices;
- check the product for indications of possible deterioration (e.g., sweating of eggs, leakers, mould growth);
- determine if the product is labelled in accordance with the regulatory requirements; and
- collect all information relevant to the issue (refer to Worksheet 10-7: Importer Checklist, Appendix VII, for a list of information that should be recorded in IMS, if applicable to the situation).
  - **Note:** In certain instances, a Health Risk Assessment may also have to be initiated to determine the extent of the problem.

It may be helpful to review some or all of the following documents:

- Complaint Records May indicate a pattern of issues relevant to the follow-up;
- Importation Documents Will identify the origin of the product, the date of shipping and arrival, quantities imported, sizes, production codes, required storage conditions, etc. Confirm that the import documentation provided matches up with the product;
- Production Records Laboratory analysis and product testing records may also be available. Determine if any of the product has been re-graded or relabelled;
- Pest Control Records Determine if the importer has an adequate pest control program;
- Storage and Transportation Records Determine if the importer's transportation practices and storage facilities are adequate in maintaining the integrity of the product;
- Distribution Records These records should show when, where and how

much of the product was distributed, as well as what quantity remains in the possession of the importer; and

**Recall Program** - In serious incidents, a recall of the product may be required. Verify with the importer that an adequate Recall Program is available and effective.

Depending on the nature of the complaint or the condition of the product, regulatory requirements may dictate that the product be detained and/or recalled (e.g., health and safety concern). For any unsatisfactory inspection result, refer to section 10.9.7.

Record all pertinent information in IMS (see section 10.8.2).

#### 10.9.6 CLOSE THE COMPLETED ISSUE IN IMS

Once the follow-up has been completed and all results and actions are properly documented, the IMS issue should be closed. To complete the issue:

- ensure your Tasks and Activities have been properly documented;
- ensure the Actions required as a result of the follow-up are completed;
- all CFIA staff involved must close their responsible assignments and referrals within the system; and
- close the last assignment and change the issue status to "Completed".

The designated Manager or his/her delegate will "Close" the issue.

For more details, refer to the IMS User Manual and the Business Rules of Use for IMS.

#### 10.9.7 CORRECTIVE ACTION

If necessary, take appropriate action based on the nature of the non-compliance. For guidance, refer to Chapter 11 - Enforcement and Compliance or consult with your Supervisor. For all non-compliance issues, request a written corrective action plan from the regulated party (within a specified time frame).

For food safety issues and other complex issues (e.g., issues that may lead to a food recall or legal action), inform your Supervisor. Depending on the issue, you, or your Supervisor, can consult the Program Officer, Egg Program Specialist, Investigation Specialist and\or Regional Recall Coordinator for further guidance.

Worksheet 10-1: Complaint Worksheet

| <b>Date</b> (Complaint Received):   |           |          |                        | Time:                     |              |          | IMS #:             |         |      |      |    |  |
|-------------------------------------|-----------|----------|------------------------|---------------------------|--------------|----------|--------------------|---------|------|------|----|--|
| Type of Issue:                      | Heal      | th and S | Safety                 | Illne                     | ss Report    | ed       | Non                | Health  | and  | Safe | ty |  |
|                                     |           |          |                        | СОМ                       | PLAINAN      | Т        |                    |         |      |      |    |  |
| Level:                              | Con:      | sumer    |                        | Indu                      | istry / Trad | le       | Other:             |         |      |      |    |  |
| Name:                               |           |          |                        | Do you                    | wish to re   | main a   | nonymou            | s?      | Yes  |      | No |  |
| Address:                            |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| <b>Telephone</b><br>(home or cell): |           |          | Teleph<br>(work d      | n <b>one</b><br>or cell): |              |          | Email:             |         |      |      |    |  |
|                                     |           |          |                        | PF                        | ODUCT        |          | 1                  |         |      |      |    |  |
| Origin:                             | Domestic  | ; 🗌 Ir   | mport                  | Any Su                    | spect Pro    | duct R   | emaining           | ?       | Yes  |      | No |  |
| Common Name:                        |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Brand Name:                         |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Name and Addre<br>Declared on the   |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Container Type:                     | Fibre     |          | Plastic<br>arton       | Cartor<br>overw           |              | Box      | C                  | Other:  |      |      |    |  |
| Container Size:                     |           | Lo       | ot Code:               | :                         |              | UF       | PC Code:           |         |      |      |    |  |
| Package Integrit                    | y Before  | Openin   | <b>g</b> (e.g., o      | carton int                | egrity, no   | moistur  | e build-up         | ):      |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Condition of Pro                    | duct Upo  | n Open   | ning (e.g              | J., off odd               | urs / cracl  | ks/ disc | olouration         | of she  | ll): |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Storage & Handl                     | ing of Pr | oduct a  | t Home                 | (e.g. tem                 | perature c   | of stora | ge/ refrige        | ration) |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
|                                     | <u></u>   |          | l                      | PLACE C                   | F PURCH      | IASE     |                    |         |      |      |    |  |
| Level of Trade:                     | Reta      | ler      | Manufa                 | acturer                   | Importer     |          | Distributor        | Oth     | ner: |      |    |  |
| Name and<br>Address:                |           |          |                        |                           |              |          |                    |         |      |      |    |  |
| Telephone:<br>(work or cell)        |           |          | <b>Teleph</b><br>(home | none:<br>or cell)         |              |          | Date of<br>Purchas | e:      |      |      |    |  |
| Condition of Pro                    | duct at S | tore Wh  | nen Pur                | chased:                   |              |          |                    |         |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |
|                                     |           |          |                        |                           |              |          |                    |         |      |      |    |  |

|                | DETAILS   |            |                                |
|----------------|---|------------|--------------------------------|
| <u>Notes</u> : |   |            |                                |
| • Re           | efer to Worksheet 10-4 (below) to select the applic | able type  | of information to record here. |
| • If t         | he complaint involves an illness, complete Worksl   | neets 10-2 | 2 and 10-3.                    |
|                |   |            |                                |
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|                |   |            |                                |
|                |   |            |                                |
| Action Taken:  |   | Date:      |                                |
| Referred To:   |   | Date:      |                                |
| Inspector:     |   | Date:      |                                |

## Worksheet 10-2: Alert/Complaint Record: Water/Food/Enteric Illness

| IMS number:  |                    |            |             |            |      |                           |            |            |               | LST       | rS numbe   | r:   |        |                |          |      |
|--|--------------------|------------|-------------|------------|------|---------------------------|------------|------------|---------------|-----------|------------|--|--------|----------------|----------|------|
| Complainant's  |                    |            |             |            |      |                           |            | Но         | me            |           |            |  |        |                |          |      |
|  |                    |            |             |            |      |                           |            |            |               | Tel       | ephone:    | Wo   | ork:   |                |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  | ell:   |                |          |      |
| Age:   |                    |            |             |            |      | Pla                       | ce of work | <b>c</b> : |               |           |            |  |        |                |          |      |
| Special dietary habits, ethnic group, other relevant data: |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Complaint de   | Complaint details: |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Date & time of 1 <sup>st</sup> symptom:                    |                    |            |             |            |      |                           |            |            |               |           | es         |  |        |                |          |      |
| Illness <sup>1, 2</sup>                                    | Num                | ber ill":  |             | Durati     | on o | fillnes                   | s:         |            |               |           |            |  |        | Fatal:         |          | 0    |
|  | Numb               | er not ill | :           |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| -  | -                  | ymptom     | •           |            |      | signs a                   | and s      |            |               |           | circle tho |  |        |                |          |      |
| Intoxications:   |                    |            |             | infection  |      |                           |            |            | -             |           | nfections: | 1  |        | ogical illn    |          |      |
| nausea   |                    |            |             | minal cra  | imps | 5                         | ļ          | COL        | •             |           |            |  | _4     | rred visio     | า        |      |
| vomiting<br>bloating                                       |                    |            | diarrh      | oody       |      |                           | ļ          | ede        | •             | atior     | 1          |  | _4     | na             |          |      |
| bioating<br>burning ser                                    | eation (n          | outh)      |             | ucoid      |      |                           | ļ          |            |               |           |            |  |        |                |          |      |
| cyanosis (b  | `                  | ,          |             | atery      |      |                           |            |            |               |           |            | ifficulty speaking<br>ifficulty swallowing |        |                |          |      |
|  |                    | (nalis)    |             | umber/da   | v. [ | lack of appetite          |            |            | _4            | dizziness |            |  |        |                |          |      |
| flushing   | anvation           |            | ☐ fever     |            | у.   | ° C myalgia (muscle pain) |            |            | double vision |           |            |  |        |                |          |      |
| metallic tas   | to                 |            |             |            |      | perspiration              |            |            |               | ╞         | numbness   |  |        |                |          |      |
| prostration  |                    | on)        |             | tipation   |      | rash                      |            |            |               |           |            | alysis                                     |        |                |          |      |
| thirst   | (0/1/0000          | 011)       |             | ipation    |      |                           |            |            |               |           |            | gling                                      |        |                |          |      |
| Others   |                    |            |             |            |      |                           | <u>jL</u>  |            |               |           |            |  | pup    | -              | dilated  |      |
| (specify):   |                    |            |             |            |      |                           |            |            |               |           |            | "  |        | ixed           | constric | cted |
| Known allergi  | es:                |            | Medica      | tions us   | ed:  |                           |            | Medica     | atio          | ns/l      | noculation | ıs ta                                      | ken be | efore illne    | ss:      |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Physician cor  | nsulted:           |            |             |            |      | Ho                        | ospit      | al atter   | nde           | d:        | Laborato   | ory s                                      | pecim  | en inform      | ation:   |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Contact with I   | known ca           | ases be    | fore illnes | ss (names  | s):  | Addre                     | esse       | s:         |               |           |            |  |        | Telepho        | ne:      |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Cases in hou   | sehold o           | ccurring   | ı subsequ   | uently (na | ame  | es):                      |            |            |               | Dat       | es of onse | et:  | 1      |                |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Suspect foods: Source of foo                               |                    |            |             |            | foo  | ds:                       |            |            |               | Brand:    |            |  |        | Code/Lot no.:  |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Suspect mea  | l, event c         | or place   | :           |            |      | Place                     | (ad        | dress):    |               |           |            |  |        | Date and time: |          |      |
|  |                    |            |             |            |      |                           |            |            |               |           |            |  |        |                |          |      |
| Persons atter  | nding sus          | spect m    | eal (and a  | age):      | Si   | ck?                       | Ad         | dress:     |               |           |            |  |        | Teleph         | one:     |      |

|  |  |     |           | Yes                        |                  |     |  |  |  |  |
|--|--|-----|-----------|----------------------------|------------------|-----|--|--|--|--|
|  |  |     |           | No                         |                  |     |  |  |  |  |
|  |  |     |           | Yes                        |                  |     |  |  |  |  |
|  |  |     | Π         | No                         |                  |     |  |  |  |  |
|  |  |     | Π         | Yes                        |                  |     |  |  |  |  |
|  |  |     | Π         | No                         |                  |     |  |  |  |  |
|  |  |     | $\square$ | Yes                        |                  |     |  |  |  |  |
|  |  |     |           | No                         |                  |     |  |  |  |  |
|  |  |     | T         | Yes                        |                  |     |  |  |  |  |
|  |  |     |           | No                         |                  |     |  |  |  |  |
| Depent visit to form (notting zee)   |  | Yes |           | Locat                      | ion of Farm:     |     |  |  |  |  |
| Recent visit to farm/petting zoo:  |  | No  |           |                            |                  |     |  |  |  |  |
|  |  | Yes |           | Count                      | try/Date of Trav | el: |  |  |  |  |
| Recent travel to other country:  |  | No  |           |                            |                  |     |  |  |  |  |
| Yes  |  |     |           | Type of Pet/Health of Pet: |                  |     |  |  |  |  |
| Do you own a pet:  |  |     |           |                            |                  |     |  |  |  |  |
| Legend: 1. Obtain further information regarding foods eaten on Worksheet 10-3.<br>2. Refer to Local Public Health Office for possible vomitus, stool or blood sample.<br>3. If more than one illness phone Local Public Health Office immediately. |  |     |           |                            |                  |     |  |  |  |  |

### Worksheet 10-3: Case History: Food History and Common Sources

| Date o          | f illness:  |                   |       |            | IMS No.:                        |         |                      |       |            | LSTS No              | .:                 |                  |                |    |
|-----------------|---|-------------------|-------|------------|---------------------------------|---------|----------------------|-------|------------|----------------------|--------------------|------------------|----------------|----|
| Meal            |   | Day of illne      | ess   |            |                                 |         | Day before illne     | ss    |            |                      | Tw                 | o days befor     | e illness      |    |
| ast 2           | Place:  |                   | Hour: |            | Place:                          |         |                      | Hour: |            | Place:               |                    |                  | Hour:          |    |
| Breakfast       | Items <sup>1</sup> :  |                   |       |            |                                 |         | Items <sup>1</sup> : |       |            |                      |                    |                  |                |    |
|                 | Companior   | าร <sup>2</sup> : |       |            | Companic                        | ons²:   |                      |       |            | Companio             | ons²:              |                  |                |    |
| 5               | Place:  |                   | Hour: |            | Place:                          |         |                      | Hour: |            | Place:               |                    |                  | Hour:          |    |
| Lunch           | Items <sup>1</sup> :  |                   |       |            | Items <sup>1</sup> :            |         |                      |       |            | Items <sup>1</sup> : |                    |                  |                |    |
|                 | Companior   | ns²:              |       |            | Companic                        | ons²:   |                      |       |            | Companio             | ons²:              |                  |                |    |
| 7               | Place:  |                   | Hour: |            | Place:                          |         |                      | Hour: |            | Place:               |                    |                  | Hour:          |    |
| Dinner          | Items <sup>1</sup> :  |                   |       |            | Items <sup>1</sup> :            |         |                      |       |            | Items <sup>1</sup> : |                    |                  |                |    |
|                 | Companior   | าร <sup>2</sup> : |       |            | Companic                        | ons²:   |                      |       |            | Companio             | ons <sup>2</sup> : |                  |                |    |
| 1<br>3          | Items <sup>1</sup> /<br>Source:   |                   | Hour: |            | Items <sup>1</sup> /<br>Source: |         |                      | Hour: |            | Place:               |                    |                  | Hour:          |    |
| cks<br>er       | Water Sup   | ply:              |       | Unusual wa | ter supplies                    | ingeste | d in last 6 weeks:   |       | Water cont | tacted durin         | g recrea           | ation or work ir | n last 6 weeks | s: |
| Snacks<br>Water |   |                   |       |            |                                 |         |                      |       |            |                      |                    |                  |                |    |
| Inspect         | or:   |                   |       |            | Title/Agen                      | cy:     |                      |       |            |                      |                    | Date:            |                |    |
| Legend          | gend: 1. Include all foods, ice, water and other beverages.<br>2. Record names of persons eating same meal and whether ill.<br>3. If water suspected, record amount consumed, drink made with water, drinks with ice. Specify the water supply (e.g., community, semi-public, individual, untreated, bottled) |                   |       |            |                                 |         |                      |       |            |                      |                    |                  |                |    |

## Worksheet 10-4: Complainant Checklist

| P         | roduct Storage/Handling  |
|-----------|--|
|           | Product transportation store to home   |
| H         | Product storage prior to preparation (container, temperature, segregation)                       |
| ⊢         | Product preparation/ deviation from package instructions/ cross-contamination during preparation |
| H         | Utensils/dishes used during preparation/service  |
| ┢╴        | Other ingredients added to the product   |
| H         | Sanitation chemicals used and method of application  |
| Р         | roduct Sample  |
| Π         | Remaining sample of product consumed   |
| F         | Condition of storage of remaining product  |
| F         | Other intact packages of same product  |
|           | Legal action anticipated by complainant?   |
| Ш         | ness Details   |
| $\square$ | Product consumed before  |
|           | Amount of product consumed   |
|           | Current status of illness  |
|           | Other current illness  |
|           | Applicable information is recorded on Worksheets 10-2 and 10-3                                   |
| In        | jury Details   |
|           | Date and time the product was consumed   |
|           | Number of persons consuming product  |
| $\Box$    | Number of person(s) injured  |
| $\Box$    | Name(s) of person(s) injured   |
|           | Amount of product consumed   |
|           | Description of injury  |
|           | Physician consulted / physician name and contact number / date                                   |
|           | Current status of injury   |
| $\Box$    | Referral to Public Health  |

## Worksheet 10-5: Vendor Checklist

| Vendor Details   |   |
|--|---|
| Name and address of store/institution/distributor  | _ |
| Contact Name   |   |
| Telephone Number   |   |
| Product Details  |   |
| Product normally carried   |   |
| Date of product purchase   |   |
| Supplier of product (name and address)   |   |
| Amount of product purchased  |   |
| Salvaged/distressed product  |   |
| Product of same code in store  |   |
| Other complaints on product (either same or different codes)                                   |   |
| Product Transportation/Storage/Handling  |   |
| Condition of product upon receipt  |   |
| Method of storage of product (temperature, humidity, proximity to incompatible products, e.g., |   |
| products with strong odour near shell eggs)  |   |
| Storage monitoring practices   |   |
| Product turnover   |   |
| Stock rotation practices   |   |
| Condition of product offered for sale  |   |
| Procedures for out-of-date stock   |   |
| Product return practices   |   |
| Recoup practices   |   |
| General product handling (e.g., method of unloading pallets)                                   |   |
| Product History  |   |
| Awareness of this complaint  |   |
| Previous complaints for this product   |   |
| Notification from product supplier of similar issue  |   |
| Sanitation   |   |
| General conditions of the consumer areas   |   |
| General conditions of the storage/warehouse areas  |   |
| Sanitation Program (frequency, chemicals used and method of application)                       |   |
| Renovations, equipment repairs   |   |
| Pest control practices   |   |
| Sample   |   |
| Control sample taken if appropriate / available  |   |
| Employee Relations   |   |
| Recent layoffs, firings, disgruntled employees   |   |
|  |   |

## Worksheet 10-6: Manufacturer Checklist

| М         | anufacturer Details                         | Pac  | kaging Materials                                |
|-----------|---|------|---|
|           | Name and address of manufacturer            | I    | ncoming inspection                              |
| Π         | Contact Name (including for after hours)    |      | Cleaning, washing, rinsing                      |
|           | Telephone Number                            |      | Specifications (e.g., dimensions, construction, |
| Р         | roduct Details                              |      | size, coatings)                                 |
| $\square$ | Date produced (this specific lot code)      |      | Suitable for intended use:                      |
| $\square$ | Amount produced (this specific lot code)    |      | Type (e.g., carton, cardboard, plastic)         |
| $\Box$    | Normally produced                           |      | Style and shape                                 |
|           | Production records                          |      | Reusable  |
| $\Box$    | Sampling plan / results                     |      | Type of food                                    |
|           | Deficiencies noted                          |      | Tamper evident requirements                     |
|           | Verification of product label               |      | Permeability                                    |
|           | Traceability                                |      | Shelf life of the food                          |
| $\Box$    | Product return policies                     |      | Durability                                      |
|           | Other related complaints                    |      | ]   |
| R         | aw Material Purchasing and Examining        | Pro  | cessing:  |
|           | Name of manufacturer/supplier               | A) P | rocess Design                                   |
|           | Knowledge / assessment of supplier          |      | Food safety controls (e.g., washing of eggs,    |
|           | Product specifications                      | _    | rinsing with disinfectant, refrigeration)       |
|           | Certificates of analysis                    |      | Traceability                                    |
|           | Sampling plan / results                     | B) E | quipment and Utensils                           |
|           | Normally carried                            |      | Design, construction, maintenance,              |
|           | Traceability of ingredients to product code | _    | accessibility for cleaning                      |
|           | Date purchased                              |      | Calibration                                     |
|           | Amount purchased /remaining                 | C) C | ritical Factors Identified/Monitored/Controlled |
|           | Examined at time of receipt                 |      | Time/temperature                                |
|           | Verification of product label               |      | Size  |
|           | Deficiencies noted                          |      | Speed   |
|           | Policy/procedure for substituted products   |      | Moisture  |
|           | Amount purchased /remaining                 | D) P | Packaging                                       |
| $\square$ | Receipt record                              |      | Correct   |
| H         | Product return policies                     | ╠    | Integrity                                       |
| 旪         | Other related complaints                    | ┣    | Coded   |
|           |   | ╞    | Protection against damage                       |
|           |   | ╠    | Label accurately reflects package contents      |

|           | MANUFACTURER CHECKLIST (continued)   |
|-----------|--|
| Б         | ost Process Handling and Storage   |
|           |  |
| Ľ         | Appropriate storage conditions (e.g., temperature, humidity, proximity to incompatible products) |
| Ľ         | Storage monitoring practices   |
| Ľ         | Stock rotation practices   |
| Ľ         | General warehouse conditions   |
| Ľ         | Designated storage areas   |
| Ľ         | First in, first out  |
| Ľ         | Recoup policies / procedures   |
| $\square$ | Repackaging  |
|           | Prevention of damage and contamination   |
| S         | anitation and Pest Control   |
| $\square$ | Frequency  |
|           | Chemicals  |
|           | Application method   |
|           | Knowledge of staff   |
| S         | torage and Handling (Raw Material, Packaging Material and Finished Product)                      |
|           | Appropriate storage conditions (e.g., temperature, humidity, proximity to incompatible products) |
|           | Storage monitoring practices   |
|           | Stock rotation practices   |
|           | General warehouse conditions   |
|           | Designated storage areas   |
|           | Recoup policies / procedures   |
|           | Protection against damage & contamination  |
| G         | eneral Employee Practices  |
|           | Training   |
|           | Knowledge of food safety hazards and prevention  |
|           | Sanitation program (frequency, chemicals, application, knowledge of staff)                       |
| Е         | mployee Relations  |
|           | Recent layoffs, firings, disgruntled employees   |
| T         | ransportation  |
|           | Acceptable carriers  |
|           | Traceability   |
| П         | Distribution records   |
| П         | Temperature monitoring   |
| H         | Return policies  |

# Worksheet 10-7: Importer Checklist

| Im           | porter Details   |
|--------------|--|
| П            | Name and address of importer   |
| H            | Contact name and telephone number  |
| Pu           | rchasing   |
| П            | Certificates of analysis   |
| Fi           | Sampling plan / results  |
| F            | Name of manufacturer / supplier  |
| M            | Knowledge / assessment of supplier   |
| Ē            | Product specifications   |
| F            | Product normally carried   |
| M            | Date purchased (this specific lot code)  |
| Π            | Amount purchased of this lot code  |
|              | Other related complaints   |
|              | Country of origin  |
| Pro          | oduct Receipt  |
|              | Product examined at time of receipt  |
| $\Box$       | Receipt records  |
|              | Traceability   |
| $\Box$       | Deficiencies noted   |
|              | Product return policies  |
| $\Box$       | Verification of product label  |
|              | Procedures for substituted product   |
| Sto          | prage and Handling   |
|              | Appropriate storage conditions (temperature, humidity, proximity to incompatible products) |
|              | Storage monitoring practices   |
| Ш            | Stock rotation practices   |
|              | General warehouse conditions   |
|              | Designated storage areas   |
| Ш            | Recoup policies / procedures   |
|              | Repackaging  |
|              | Prevention of damage and contamination   |
|              | Ansportation Acceptable carriers   |
| $\mathbb{H}$ | Traceability   |
| $\mathbb{H}$ | Distribution records   |
| ╠═╢          | Temperature monitoring   |
| $\mathbb{H}$ | Return policies  |
| Ge           | neral Employee Practices   |
|              | Training   |
| H            | Knowledge of food safety hazards and prevention  |
| H            | Sanitation program (frequency, chemicals, application, knowledge of staff)                 |
| السار        | · · · · · · · · · · · · · · · · · · ·  |

#### Template Letter to the Complainant

| XXXX | }                       |
|------|-------------------------|
| XXXX | } CFIA Office Address   |
| XXXX | }                       |
| Date |                         |
| XXXX | }                       |
| XXXX | } Complainant's Address |
| XXXX | }                       |

#### Subject: (Description of complaint, e.g., Off-odour from an egg carton)

#### Dear (Name of complainant),

The Canadian Food Inspection Agency (CFIA) is most concerned to learn of your complaint filed (Reference Number IMS XXXXXX) with (name of inspector) on (date) regarding (description of complaint).

Please be assured that the CFIA will be following up on your complaint. The CFIA's inspection staff will take the appropriate corrective action with the **vendor / manufacturer / importer** to ensure that regulatory requirements are met.

Thank you for taking the time to report this incident. If the CFIA can be of further assistance, please contact the undersigned. (good idea to attach business card to this letter).

Yours sincerely,

Inspector's Name Title

cc. (Name and title of the CFIA Supervisor) (Name and title of the CFIA Regional Program Officer) (Name and title of the CFIA Area Egg Specialist)