



## NOTIFICATION OF PATHOGEN DETECTION

Clause 71(3) Dairy, 117(3) Meat, 126(3) Plant Products, 140(3) Seafood, 162(3) Vulnerable Populations and 180(3) Eggs of the *NSW Food Regulation 2015* requires that notification must be made:

- Verbally within 24 hours and **AND** in writing within 7 days

after the holder of the license becomes aware of the results of the analysis

Notifications are to be sent to the Food Authority's Consumer and Industry Helpline on:

Phone: 1300 552 406

email: [food.contact@dpi.nsw.gov.au](mailto:food.contact@dpi.nsw.gov.au)

### 1. Licensee information:

Name of Licensee:	
Facility Address:	
NSW Food Authority license number:	
Name of person completing notification:	
Position:	
Phone:	
Mobile:	
Email:	
Is the facility registered for Export?	<input type="checkbox"/> Yes <input type="checkbox"/> No Registered Establishment Number _____

### 2. Product information

Date of Notification:	
Product Name:	
Product batch number(s):	
Date of manufacture:	<i>Pls attach copies of manufacturing (including pasteuriser charts if applicable) records for the product from the date of manufacture.</i>
Use by date:	
Quantity manufactured:	
Packaging type:	

**3. NATA laboratory information – copy of certificate of analysis to be attached**

Laboratory name:	
Laboratory address and contact details:	
Tests conducted:	
Test results:	

**4. Supply details / recall**

Distribution	<input type="checkbox"/> Product still at factory (Continue to Section 5 Investigation summary below) <input type="checkbox"/> Product distributed to warehouse level <input type="checkbox"/> Product available for purchase in retail stores
Number of businesses that the product has been delivered:	
Details of the businesses where the product has been delivered:	
Has a recall / trade withdrawal been implemented for this product?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes – date recall or withdrawal initiated: _____
Amount of product successfully recalled / withdrawn:	
Has the product been disposed of?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes pls describe disposal method: _____ _____ _____

**5. Investigation summary**

Cause of contamination
Corrective Action <i>Explanation of action taken to rectify the immediate problem and prevent the problem from occurring in the future.</i> Short Term  Long term

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<b>Office Use Only:</b>	<i>Date notification received:</i>	
	<i>Byte Entry:</i>	
	<i>Date DoAWR Notification:</i>	