



Responding to a Food Recall

Sample Form of Information Needed to Verify Destruction of Recalled Foods

Name of School _____

Food Service Manager _____

Vendor	# of Cases Destroyed	Contract #	Destruction Method

Witnesses	Print Name	Signature	Date Destruction Observed
Witness 1			
Witness 2			

School District Contact Information:

Name _____ Title _____

Address _____

Phone Number: _____

Keep on file and attach invoices for costs, with verification of destruction signed by two witnesses.