**Foreign Body Reporting Checklist**

Use this checklist to gather and record information about the incident when you are speaking to the customer or their representative. Record the information required in the details column. The completed checklist can then be referred to when completing the AIR2 Online Incident Report Form.

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| **FOREIGN BODY INCIDENT REPORTING CHECKLIST** | **Page 1 of 4** |
| **ABOUT THE FOREIGN BODY** | **Information required** | **Details** |
| Identify the type of foreign body by ticking the applicable box opposite |

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| Baking Debris |  | Bone/egg shell/gristle |  |
| Cardboard |  | Cloth/cotton/string |  |
| Glass |  | Hair |  |
| Human (nails) |  | Insect/insect parts |  |
| Metal |  | Packaging (not cardboard) |  |
| Paper |  | Plastic |  |
| Rubber |  | Soil |  |
| Stalk/pips/fruit stone |  | Stone/grit |  |
| Wood |  | String |  |
| Other (state) |  |

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| What date and time was the incident reported to Compass? | Date:Time: (24 hour clock) |
| Record the name of the product *This will be the product name as described by the manufacturer on the label or as described on the menu or at the point of sale.* | Name of product: |
| Was the product made in-unit?*If the product was made up of several bought-in ingredients and made into a dish or menu item in the unit, state ‘Yes’* | Yes or No? |
| Have there has been any similar complaints in the last 6 months?  | Yes or No?If Yes Previous Incident Number: |
| Was a complaint received? *Record ‘No’ if the foreign body was found before the food product was served to a customer.* *Record ‘Yes’ if a customer has made a complaint or reported the foreign body.* | Yes or No?If Yes, number of complainants: |
| Have you retained the foreign body? *If you have the foreign body and/or the food item, this must be securely packaged, labelled with the Incident reference number, unit number and unit name and posted to:*Vendor AssuranceCompass Group UK & Ireland RivermeadOxford RoadUxbridgeMiddlesexUB9 4BF**Important – do not send anything dangerous through the post. Contact your HSE Manager who will arrange collection if necessary.** | Yes or No?*(For further information, refer to Foreign Body Complaints in the A to Z Section of the Online Food Safety Management System)* |
|  | **FOREIGN BODY INCIDENT REPORTING CHECKLIST** | **Page 2 of 4** |
| **Information required** | **Details** |
| Do you have the packaging or a photograph of the packaging? | Yes or No? |
| **ABOUT THE COMPLAINANT** | Complainant’s details ***Note*** *– if more than one complainant, record the details for each person using a separate ‘ABOUT THE COMPLAINANT’ page from this checklist.*  | Title:First Name:Surname:Home address/Contact address:Postcode:Contact Tel No: |
| Is the complainant a: *Compass employee; Agency worker; Client staff; Contractor; Customer; Employed by someone else; On a training scheme; On work experience/voluntary worker; ROE.* |  |
| Did the complainant allege injury?  | Yes or No?If ‘Yes’ tick which type of injury:

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| Dental damage (fracture/crack/ break) |  | Cut/abrasion |  |
| Chemical burn or irritation |  | Deep puncture |  |
| Choking/asphyxiation |  | Shallow puncture |  |
| Other (describe) |  |

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| Did the complainant return the foreign body to the catering manager? | Yes or No?If ‘No’ tick the reason why:

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| Swallowed |  |
| Lost or discarded |  |
| Retained by customer |  |
| Sent to EHO or TSO |  |

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| **FOREIGN BODY INCIDENT REPORTING CHECKLIST** | **Page 3 of 4** |
| **ABOUT THE PRODUCT (not made in-unit)** | **Information required** | **Details** |
| Record all known product details ***Note –*** *Product codes and product descriptions can be obtained from invoices/delivery notes.****Note*** *– if more than one product is involved, record the details for each product using a separate ‘ABOUT THE PRODUCT (not made in-unit) page from this checklist.* | Product code:Pack size:Batch code:Best before / Use by date:Invoice / delivery note number:Delivery date:Quantity delivered:Quantity affected: |
| Vendor details*Record all known details* | Vendor name:Vendor’s depot:Vendor contact name:Tel number: |
| Has the vendor been contacted about the incident? | Yes or No?If Yes:Date contacted:Name of person spoken to: |
| Record any additional details or other information that you feel may assist in the investigation  |  |

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| **FOREIGN BODY INCIDENT REPORTING CHECKLIST** | **Page 4 of 4** |
| **ABOUT THE PRODUCT (made in-unit)** | **Information required** | **Details** |
| Ingredient details*Record detail of each ingredient used in the product or dish made in the unit.* |

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| **Ingredient** | **Vendor** | **Use By** |
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| Record any additional details or other information that you feel may assist in the investigation  |  |