



Mock Traceback Log

Name of Operation: _____

Date: _____

Conducted By: _____

Lot: _____

Product(s) traced: _____

Please see the food safety plan for overall traceback procedures.

Step Backward					Step Forward		
Field No.	Harvest Date	Packing Date	Shipping Date	Amount of Product/Lot Code	Customer(s) Contacted	Product remaining at customer/Lot Codes	Disposition of product which could not be recalled

Sheet Reviewed by: _____

Title: _____

Date: _____