

FOREIGN MATTER REPORT
FOOD SAFETY MANAGEMENT SYSTEM

Report No

Report Date

Type of Foreign Matter	Description of Foreign Matter / Identification details

Corrective Action

Action taken to avoid reoccurrence

Identified by _____	Sign _____	Date _____
Corrective actions by _____	Sign _____	Date _____
Preventive actions by _____	Sign _____	Date _____
Department Head _____	Sign _____	Date _____