



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
RECALL FOLLOW-UP REPORT FORM

DATE: 3-13-2024
COUNTY: DENT

1. RECALL INFORMATION

COLONNA BROTHERS OF NORTH BERGEN, NJ	PRODUCT BEING RECALLED: <u>2.25oz SUPREME TRADITION GROUND CINNAMON</u>
	PRODUCT DESCRIPTION: (RECALL CODE #, PLANT NUMBER, ETC.) <u>09E8, 04E11, 12C2, 04ECB12, 08A, 04E5, 09E20</u>

2. ESTABLISHMENT INFORMATION

ESTABLISHMENT NAME: <u>DOLLAR TREE</u>	PHONE #: <u>(573) 612-6192</u>
ADDRESS: <u>1317 SCENIC RIVERS, BLVD.</u>	CITY: <u>SALEM</u>
ESTABLISHMENT TYPE: <input type="checkbox"/> RESTURANT <input type="checkbox"/> CONVENIENCE STORE <input type="checkbox"/> SCHOOL <input checked="" type="checkbox"/> GROCERY STORE <input type="checkbox"/> SALVAGE STORE <input type="checkbox"/> INSTITUTION <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> OTHER: _____	

3. TYPE OF RECALL FOLLOW-UP CHECK, NAME & TITLE OF PERSON CONTACTED

SITE VISIT TO FACILITY TELEPHONE CALL TO FACILITY OTHER: _____

NAME OF PERSON CONTACTED: <u>ROXANA CHAVEZ</u>	TITLE: <u>ASSISTANT MANAGER</u>
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4. PRODUCT STATUS

A. DOES THE ESTABLISHMENT CARRY THE RECALLED PRODUCT? YES* NO (If NO skip to #6)
 *YES: ESTIMATED QUANTITY OF RECALLED PRODUCT ON HAND AT TIME OF NOTIFICATION: 12

B. DID THE ESTABLISHMENT RECEIVE NOTIFICATION OF THE RECALL FROM ANOTHER SOURCE (RECALLING FIRM, DISTRIBUTOR, ETC.)? YES* NO *YES: Recall Notification Source: CORPORATE OFFICE

C. DID THE ESTABLISHMENT FOLLOW THE RECALL INSTRUCTIONS? YES* NO EXPLAIN: _____

D. IS THERE CURRENTLY ANY RECALLED PRODUCTS FOR SALE OR USE? YES* NO
 *NOTE: If the recalled product is still on the shelf for sale to the customer and the establishment does not take immediate corrective action to remove it from sale, the product must be immediately embargoed and placed in a secure location at the facility.

E. WHAT IS THE CURRENT STATUS OF THE RECALLED PRODUCT?
 NONE ON HAND RETURNED TO RECALLING FIRM RECALLED PRODUCT DESTROYED
 PRODUCT BEING HELD FOR RETURN & STORED IN A SECURE LOCATION AND LABELED IN A MANNER TO PREVENT IT FROM BEING RETURNED TO THE SALES FLOOR OTHER: _____

F. IS AN EMBARGO IN PLACE AT THIS TIME? YES* NO *Attach Embargo Paperwork with this Report.

5. INJURIES/COMPLAINTS

IS THE ESTABLISHMENT AWARE OF ANY INJURIES, ILLNESSES, OR COMPLAINTS ASSOCIATED WITH THE RECALLED PRODUCT? INJURY ILLNESS COMPLAINT NONE

6. REMARKS/COMMENTS (INCLUDE ACTION TAKEN IF PRODUCT WAS STILL AVAILABLE FOR SALE OR USE)
 Attach additional pages/documents as needed.

(Empty space for remarks/comments)

Email Form to RetailFood@health.mo.gov

NAME / TITLE / EPHS NUMBER <u>Timothy Umfleet, INSPECTOR</u>	AGENCY NAME <u>DENT COUNTY HEALTH CENTER</u>	TELEPHONE NUMBER <u>573-727-3106</u>
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MO 580-3442 (2-2024)
Timothy Umfleet EPHS 1889



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
RECALL FOLLOW-UP SUMMARY REPORT FORM

RECALLING COMPANY: **Colonna Brothers of North Bergen, NJ**

LPHA: **DeWitt County Health Center**

PRODUCT BEING RECALLED: **2.5 OZ Supreme Tradition Ground Cinnamon**

DATE: **3-13-2024**

Current status of the recalled product (check 1):
 I II III

CHECK CLASS AND TYPE
 RECALL CLASS: I II III
 TYPE: High Medium Low

CONTACT DATE	ESTABLISHMENT NAME / CITY	CONTACT TYPE:				RECALLED PRODUCT HANDLED Y/N	PRODUCT AVAILABLE FOR SALE OR USE Y/N	NONE ON HAND	DESTROYED	HELD FOR RETURN	EMBARGO IN PLACE Y/N	COMMENTS:
		VISIT (V)	PHONE (P)	FAX (F)	EMAIL (E)							
3/17/24	Dollar Tree / Salem	✓				Y	Y			✓	N	

NAME OF PERSON SUBMITTING FORM: **Timothy Umfleet Timothy U. Fleet EPHSI 1889**

Email form to RetailFood@health.mo.gov