



Chomps
453 Bayfront, Place, Naples, FL 34102
www.Chomps.com

Date: 3/20/2025

URGENT!

FOOD RECALL NOTIFICATION – POSSIBLE FOREIGN MATTER CONTAMINATION

We want to make you aware that Chomps is voluntarily issuing an internal recall of select product lots of Chomps Original Beef and Original Turkey Sticks. This internal recall is being conducted out of an abundance of caution due to the potential presence of foreign material.

The issue was discovered after Chomps investigated two consumer complaints reporting the potential presence of metal fragment in the product. There have been no reported adverse reaction or injuries. Our consumers and yours are, and always will be, our number one priority. Our team, in collaboration with one of our third-party manufacturing partners, Idaho Smokehouse Partners, conducted a thorough investigation and determined only specific lots packaged at the Idaho facility between 1/16/25-1/23/25 were impacted.

IMMEDIATELY IMPLEMENT MC LANE RECALL PROCEDURES AND DISCONTINUE THE SALE AND DISTRIBUTION OF THIS PRODUCT.

- **Stop Distribution:** Immediately remove the product from store shelves and discontinue selling and/or distribution of your existing stock of **CHOMPS ORIGINAL BEEF 1.15 oz. STICKS** with the following expiration and/or code dates: **EXP: 2/14/26 622025020**
- **Notify Customers:** Contact your consignees by telephone and in writing to advise them about the recall. Provide direction to discontinue the sale of the recalled product and ship the items back to your warehouses. Instruct them to notify any of their consumers that have purchased the product to either return it to the store for a refund or dispose of the product. Do NOT consume the product.
- **Document:** Clearly document the total number of cases and/or sell units removed/recovered at each location and report these numbers to recallteam@chomps.com Subject: Chomps Recall Product Recovery. Maintain records of all recovered product.
- **Segregate & Product Disposition:** Segregate and hold this product – **DO NOT DESTROY** – We will issue a credit memo for the documented removed and returned products. See attached for information on product disposition, removal options and return authorization form.
- **Send Confirmation of Notice:** Confirm receipt of this notification by sending an email to: RecallTeam@chomps.com.

*McLane North Texas – 7550 Oak Grove Rd., Fort Worth, TX 76140

SO/PO#:	367229 / NT10172780-01
PRODUCT:	Chomps Original Beef Stick – 8 Ct. Pouch – NET WT. 9.2 oz.
EXPIRATION DATE:	2/14/26
LOT CODE:	662025020
EST:	Pouch: V2124, V2059, Stick: 6220A
MASTER CASE UPC #:	00850015892653
POUCH UPC #:	850015892523
McLane PRODUCT #:	000866687
SHIP DATE:	3/12/25
TOTAL CASE COUNT:	10



Program: 09- First Notification to Recall - SOP 07 - Recall
Release date: 09/15/23
Last Updated: 1/15/25



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TOTAL SELLING UNITS:	80
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Thank you for your cooperation! If you have any questions regarding this recall, please feel free to contact us at RecallTeam@Chomps.com.

Sincerely,

Danielle Makowski – Director, FSQA
Chomps
danielle.makowski@chomps.com
C. 630.674.9702



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Recall Program Customer Return of Recalled Products

Instructions for Returning Recalled Products

In the event of a recall, customers have the following (3) options to return products. Please choose the option that best suits your facility's needs and follow the detailed instructions below.

Option 1: Use Our UPS Account Number

For customers with shipments less than 150 pounds:

1. **Contact Information:**
 - o Email: logistics@chomps.com
2. **Request UPS Shipping Labels:**
 - o Provide your facility name, address, and contact information, with a completed Recall Return Authorization form provided (last page). Note, We will reply with an Assigned RRA#.
 - o Specify the number of cases for return, including dimensions and weight.
3. **Shipping Instructions:**
 - o We will provide our UPS account number to bill after creating the shipment.
 1. Go to UPS.com, Select 'Create a Shipment'
 2. Enter the Shipping Details, Select 'UPS Ground' as level of service
 3. Additional Details: Enter the RRA Number provided by Chomps in the 'Package Contents' Field
 4. At Payment Method, select 'Bill Someone Else', 'Third Party'
 - UPS Shipping Account Number: 6V5R27
 - Country: United States
 - Postal Code: 60607
 - o Place the provided labels on the packed cases.
 - o Include a packing list with returned item quantity detail included in the box.
 - o Respond to logistics@chomps.com with confirmation once the returned cases have been picked up by UPS.
 1. Note: Reference the provided First Notification Document for Expected Items and Quantity for Return by Location
4. **Documentation:**
 - o Include the provided Recall Return Authorization (RRA) form with your shipment.

Option 2: Request Us to Schedule the Pickup

For facilities preferring that we handle the logistics:

1. **Contact Information:**
 - o Email: logistics@chomps.com
2. **Pickup Request Details:**
 - o Provide your facility name, address, and contact information, along the provided Recall Return Authorization form provided (last page). We will reply with an RRA number.
 - o Specify the item and quantity (e.g., number of pallets or boxes) and confirm availability for pickup.
3. **Scheduling the Pickup:**
 - o Our team will schedule the pickup with a carrier and coordinate with your facility.
 - o You will receive confirmation of the pickup date and time.



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4. **Preparation:**
 - o Ensure the products are palletized (if applicable) and labeled with the Recall Return Authorization (RRA) form provided.
 1. Note: Reference the provided First Notification Document for Expected Items and Quantity for Return by Location
 - o Confirm that the shipment is ready at the specified time.
5. **Documentation:**
 - o Include the provided Recall Return Authorization (RRA) form with your shipment.
 - o Packing List
 - o Bill of Lading

Option 3: Arrange Your Own Shipping and Bill Us

For facilities managing their own shipping:

- **Contact Information:**
 - o Notify us via email about your intention to arrange your own shipping:
 - o Email: logistics@chomps.com
 - o Provide your facility name, address, and contact information, along the provided Recall Return Authorization form provided (last page). We will provide a RRA to reference for scheduling delivery.
- **Shipping Address:**
 - o Send the recalled products to: Bulletproof Midwest, 600 Remington Blvd Suite D, Bolingbrook, IL, 60440
 - o Receiving Hours: 7:30 AM – 4:00 PM, Monday - Friday, Appointment Required
- **Billing:**
 - o Retain all shipping receipts and related documentation.
 - o Email the receipts to accounting@chomps.com for reimbursement.
- **Documentation:**
 - o Include the provided Recall Return Authorization (RRA) form with your shipment.
 - Note: Reference the provided First Notification Document for Expected Items and Quantity for Return by Location
 - o Packing List
 - o Bill of Lading

Important Notes:

- Ensure Hold Tags are placed on all outbound shipments of recalled product.
- Ensure all recalled products are packaged securely to prevent damage during transit.
- If you have any questions or need further assistance, please contact our recall team at RecallTeam@chomps.com
- Reimbursements will be processed within 30 days upon receipt of valid shipping documentation.
- **Reference the provided First Notification Document for Expected Items and Quantity for Return by Location**

Thank you for your cooperation in ensuring the safe and efficient return of recalled products.



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Expected Items and Quantity for Return by Location

Please refer to the First Notification Document for additional information.

Shipping Address	Ship Week	Reference PO #	Chomps Item	Inner Pouch UPC	Total Case Count
MCLANE NORTH TEXAS 7550 OAK GROVE RD FORT WORTH TX 76140 United States	3/7/2025 - 3/13/2025	NT10172780-01	COP64	850015892523	10



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Recall Return Authorization Form

Please refer to the First Notification Document for additional information on Expected Items and Quantity for Return by Location.

Customer Information	
Name	
Address	
Phone Number	
Email	
Order Information	
Order Number (s)	
Purchase Date (s)	
Product Information (Section 1)	
Product Name	
Product SKU	
Product Lot	
Quantity	
Product Information (Section 2)	
Product Name	
Product SKU	
Product Lot	
Quantity	
Product Information (Section 3)	
Product Name	
Product SKU	
Product Lot	
Quantity	
Product Information (Section 4)	
Product Name	
Product SKU	
Product Lot	
Quantity	
Additional Comments	
Return Authorization Number (To be filled by the company)	
Signature	(Customer Signature)