

# 2025 FSOA RECAP

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# 415

Total recalls in 2025

estimation based on Q1-Q3 data\*



# 33

Multistate foodborne  
illness outbreaks

# 921

Confirmed patients

Based on FDA and CDC outbreak data\*



# FSQA teams did the heavy lifting for the food industry

**41%**  
spent 1,000–5,000  
hours/year on  
documentation

**44%**  
managed  
all FSQA manually  
(no software & no AI)

**49%**  
managed  
50–250 SOPs  
at a time.



# But they were slowed down by...

18% - **Lost paperwork** blocking product release

18% - experienced **stuck/delayed product shipments**

36% - Trouble **tracking down documents** for mock recalls and audits

45% - Wasted 10-12 hours per week on **manual record review**

45% - **Paperwork back-and-forth inefficiency**

# To combat these problems...



38%  
committed to  
eliminating  
endless  
documentation

66%  
prioritized  
strengthening  
FSQA culture



79%  
maintained zero  
tolerance for  
foreign materials

**And it worked...**  
FSQA teams saw real  
wins in 2025!



**46%**

Caught problems early through  
routine inspections.

**92%**

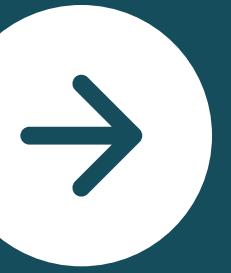
Made document control  
non-negotiable.

**36%**

Strengthened supplier relationships  
vs. just auditing them.



**But there was still one thing  
that held them back...**





86%

of FSQA teams said their QMS is  
still paper-based or overly clunky.



# This caused...

**Slow product releases**

**Hours of manual work**

**Lost paperwork**

# Don't let paperwork ruin 2026

Go digital with  allera

Try risk free with a \$100/mo pilot

**CCP Prior Authorization Request Form**  
If any portion of this form is incomplete, it will be returned.  
**Fax completed forms to 1-512-514-4212**

<input type="checkbox"/> DME	<input type="checkbox"/> Supplies	<input type="checkbox"/> Private Duty Nursing	<input type="checkbox"/> Inpatient Rehabilitation	<input type="checkbox"/> Other
<b>Section A: Client Information</b>				
Client Name (Last, First, MI)		Date of Birth: / /		
Medical Record #/IC		Medical Record #/IC		
<b>Section B: Supplier/Vendor/Qualified Rehabilitation Professional (QRP) Information</b>				
Supplier Name		Telephone		Fac Number
Supplier Address:				
SPN:	NPI:	Taxonomy:	QRP-NPI:	Benefit Code:
QRP Name: QRP-NPI: QRP-NPI: QRP-NPI: QRP-NPI:				
<b>Section C: Diagnosis and Medical Necessity of Requested Services</b>				
Diagnosis:				
Medical Necessity:				
<b>Section D: Dates of Service and HCPCS Code</b>				
Date of Service	From: / /	To: / /	Quantity/Frequency	Initial Price
HCPCS Code/Modifier	Brief Description of Requested Services			
Note: HCPCS codes and descriptions must be provided.				
<b>Section E: Primary Practitioner's Certifications</b> —To be completed by the primary practitioner				
<small>By prescribing the identified DME and/or medical supplies, I certify:</small>				
<ul style="list-style-type: none"><li>• The client is under 21 years of age AND</li><li>• The prescribed items are appropriate and can safely be used by the client when used as prescribed.</li></ul>				
<small>By prescribing Private Duty Nursing, I certify:</small>				
<ul style="list-style-type: none"><li>• The client is under 21 years of age AND</li><li>• The client's medical condition is sufficiently stable to permit safe delivery of private duty nursing as described in the plan of care.</li></ul>				
<small>Signature of prescribing physician: _____ Date: _____</small>				
Printed or typed name of physician: _____ NPI: _____ MPS: _____ License Number: _____				
Form#12 Efective Date: 07/1/2011 Updated Date: 05/23/2014				

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