Form B

RECALL ACTIONS LOG

Date Recall Transpired _________ Time Recall Transpired _______ AM □ PM □

Person Made Responsible For Recall: ______________________________________

What activity led to a Recall to be implemented? ______________________________

Recall Team was assembled: Date _______ Time _______ AM □ PM □

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<tr>
<th>Responsibility</th>
<th>Person Name</th>
<th>Contact Info</th>
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All Products of Recall Identified: Date _______ Time _______ AM □ PM □

Supplier(s) Contacted: Supplier Name (s): ________________________________

Contact: ______________________ Date _______ Time _______ AM □ PM □

Regulatory Agency Contacted (if Applicable): Agency Name: __________________

Contact: ______________________ Date _______ Time _______ AM □ PM □

All effected Products on Hold and Segregated in warehouse:

All effected Customers identified:

All Customers contacted by Phone and FAX:

Press Release Prepared (if Applicable):

All Recalled Products accounted for:

Recalled Products disposed of: How were Products Disposed of? __________________

________________________ Date _______ Time _______ AM □ PM □

Cause of Recall determined and fixed: Date _______ Time _______ AM □ PM □

Recall Completed: ___________________ __________________________ (Name) (Signature)

Date and Time Completed: Date _______ Time _______ AM □ PM □