Form H

RECALL EFFECTIVENESS CHECK

This is ________________________, I am calling from __________________________
(Your name) (Company name)
to determine if you were aware of our company’s recall of __________________________
(Product Description, with Codes, and Reason)

May I please speak with __________________________? On __________________________ we sent
(Key Company Contact) (Date)
notification to all companies which may have received this product. Stating that all product should be

__________________________________________.

(Indicate what they were told to do)

I have the following questions to ask you regarding the recall:

Your Name: __________________________ Your Title: __________________________

1. Did your company receive notification of this recall? YES □ NO □

2. Did your company receive shipments of this product? YES □ NO □
   (if NO, terminate questions and close)

3. Do you have any of the recalled product(s) on hand? YES □ NO □
   (Can you please check your inventory before asking?)

4. Have you or do you intend to __________________________ associated product?
   (state what they were supposed to do with product) YES □ NO □

5. Have you received any complaints associated with the product? YES □ NO □

If YES, please provide details: __________________________

__________________________________________

__________________________________________

__________________________________________

Signed: __________________________ Date: __________________________

Reviewed By: __________________________ Date: __________________________