### INVESTIGATIONS OPERATIONS MANUAL 2014 EXHIBIT 7-2

#### 1. RECALL INFORMATION
- a. RES/RECALL NUMBER(S)
- b. RECALLING FIRM
- c. RECALLED CODE(S)
- d. PRODUCT(S)

#### 2. PROGRAM DATA
- a. HOME DISTRICT
- b. FEI NUMBER OF RECALLING FIRM
- c. PAC CODE
- d. HOURS

#### 3. AUDIT ACCOUNTS
- a. DIRECT
- b. SUB-ACCOUNT (SECONDARY)
- c. SUB-ACCOUNT (TERTIARY)

#### 4. CONSIGNEE DATA
- Contacted by: [ ] Phone [ ] Visit [ ] Other
- a. NAME OF PERSON CONTACTED & TITLE
- b. TYPE CONSIGNEE
  - [ ] Distributor
  - [ ] Consumer
  - [ ] Pharmacy
  - [ ] Retailer
  - [ ] Physician
  - [ ] Restaurant
  - [ ] Processor
  - [ ] Hospital
  - [ ] School
  - [ ] Other:
- c. DOES (DID) THE CONSIGNEE HANDLE RECALLED PRODUCT?
  - [ ] Yes
  - [ ] No

#### 5. NOTIFICATION DATA
- a. FORMAL RECALL NOTICE RECEIVED? (If "No", skip to item 6c.)
  - [ ] Yes
  - [ ] No
  - [ ] Cannot be determined (If answer is other than "No", explain in remarks.)
- b. RECALL NOTIFICATION RECEIVED FROM
  - [ ] Recalling Firm
  - [ ] Direct Account
  - [ ] Other (Specify below)
- c. DATE NOTIFIED (mm/dd/yyyy)
- d. TYPE OF NOTICE RECEIVED (e.g., letter, phone)

#### 6. ACTION AND STATUS DATA
- a. DID CONSIGNEE FOLLOW THE RECALL INSTRUCTIONS? (If "No", discuss in "Remarks" action taken upon FDA contact.)
  - [ ] Yes
  - [ ] No
- b. AMOUNT OF RECALLED PRODUCT ON HAND AT TIME OF NOTIFICATION
- c. CURRENT STATUS OF RECALLED ITEMS
  - [ ] Returned
  - [ ] None on Hand
  - [ ] Corrected
  - [ ] Was Still Held for Sale/Use*
  - [ ] Destroyed
  - [ ] Held for Return/Correction*
  - [ ] * = Ensure Proper Quarantine/Action
- d. DATE AND METHOD OF DISPOSITION

#### 7. SUB-RECALL NEEDED? Did consignee distribute to any other accounts? (If "Yes", collect information and/or provide details in "Remarks" or Memo.)
  - [ ] Yes
  - [ ] No

#### 8. AMOUNT OF RECALLED PRODUCT NOW ON HAND

#### 9. INJURIES/COMPLAINTS
- a. IS CONSIGNEE AWARE OF ANY INJURIES, ILLNESS, OR COMPLAINTS?
  - [ ] Injury
  - [ ] Complaint
  - [ ] Illness
  - [ ] None
  - If answer is other than "None", report details in separate memo to monitoring district and copy to OEO (HFA-516).

#### 10. REMARKS (Include action taken if product was still available for sale or use.)

### CHECK
- INVESTIGATOR
  - Signature
  - Printed Name
  - Date of Check (mm/dd/yyyy)
- ENDORSEMENT
  - SCSO OR R&E COORDINATOR
  - Signature
  - Printed Name
  - Date of Endorsement (mm/dd/yyyy)

### FORM FDA 3177 (2/10) RECALL AUDIT CHECK REPORT