

1. RECALL INFORMATION		2. PROGRAM DATA (CHECK BOX IF PREVIOUSLY SUBMITTED) (DO NOT COMPLETE IF REPORTED UNDER FDA 2123) <input type="checkbox"/>			
a. RECALL NUMBER		a. ACCOMP DISTRICT CODE	b. HOME DISTRICT CODE	c. OPERATION CODE	d. OPERATION DATE (MM/DD/YY)
b. RECALLING ESTABLISHMENT				17	
c. RECALLED CODE(S)		d. PRODUCT		e. CENTRAL FILE NUMBER OF RECALLING ESTABLISHMENT	
				f. PAC CODE	
		g. EMPLOYEE		h. TYPE	# OF CHECKS
		HOME DIST.	POS. CLASS	NUMBER	HOURS
				VISITS	
3. AUDIT ACCOUNTS				PHONE	
a. DIRECT		b. SUB-ACCOUNT (SECONDARY)		c. SUB-ACCOUNT (TERTIARY)	
PHONE NO.		PHONE NO.		PHONE NO.	
4. CONSIGNEE DATA Contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Visit <input type="checkbox"/> Other		b. TYPE CONSIGNEE			c. DOES (DID) THE CONSIGNEE HANDLE RECALLED PRODUCT?
a. NAME OF PERSON CONTACTED, TITLE & DATE		<input type="checkbox"/> Wholesaler <input type="checkbox"/> Physician <input type="checkbox"/> Retailer <input type="checkbox"/> Hospital <input type="checkbox"/> Other <input type="checkbox"/> Processor <input type="checkbox"/> Pharmacy <input type="checkbox"/> Consumer <input type="checkbox"/> Restaurant			<input type="checkbox"/> YES <input type="checkbox"/> NO
5. NOTIFICATION DATA		b. RECALL NOTIFICATION RECEIVED FROM:		c. DATE NOTIFIED	d. TYPE OF NOTICE RECEIVED (e.g. letter, phone)
a. FORMAL RECALL NOTICE RECEIVED? <i>(If "No" skip to item 6c.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CANNOT BE DETERMINED		<input type="checkbox"/> Recalling Firm <input type="checkbox"/> Direct Account <input type="checkbox"/> Sub-Account <input type="checkbox"/> Other <i>(Specify)</i>			
6. ACTION AND STATUS DATA		c. CURRENT STATUS OF RECALLED ITEMS			7. SUB-RECALL NEEDED?
a. DID CONSIGNEE FOLLOW THE RECALL INSTRUCTIONS? <i>(If "No", discuss in item 10 action taken upon FDA contact)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Returned <input type="checkbox"/> Destroyed <input type="checkbox"/> Corrected <input type="checkbox"/> None on Hand <input type="checkbox"/> Was Still Held for Sale/Use * <input type="checkbox"/> Held For Return/Correction * * = Ensure Proper Quarantine/Action			<i>Did Consignee Distribute to any other Accounts? (If "Yes" give Details in "Remarks" or Memo)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
b. AMOUNT OF RECALLED PRODUCT ON HAND AT TIME OF NOTIFICATION		d. DATE AND METHOD OF DISPOSITION			8. AMOUNT OF RECALLED PRODUCT NOW ON HAND
9. INJURIES/COMPLAINTS		10. REMARKS <i>(Include action taken if product was still available for sale or use)</i>			
IS CONSIGNEE AWARE OF ANY INJURIES, ILLNESS, OR COMPLAINTS? <input type="checkbox"/> INJURY <input type="checkbox"/> COMPLAINT <input type="checkbox"/> ILLNESS <input type="checkbox"/> NONE <i>If answer is other than "None", report details in a separate memo to monitoring district and copy to E.O.B. (HFC-162)</i>					
SIGNATURE OF CSO/CSI		TO:	DATE	ENDORSEMENT	
DISTRICT		SIGNATURE OF SCSO OR R&E COORDINATOR			
DATE OF CHECK					