Exhibit 7-2
MODEL EFFECTIVENESS CHECK RESPONSE FORMAT (INDUSTRY)

Consignee Name and Address
(Pressure Sensitive Label)

Recall Effectiveness
Checks-Mail Method

JOHN DOE PRODUCT RECALL

PLEASE READ EACH QUESTION AND CHECK THE PROPER ANSWER YOU HAVE CHOSEN. PLEASE CHECK WITH ANYONE WHO MAY HAVE RECEIVED THIS NOTIFICATION BEFORE ANSWERING.

DATE_______________

1. Did your firm receive notification that the John Doe Company is recalling its _____ (Name) ______ product?

   YES_____        NO_____

2. Did your firm receive shipments of the product being recalled? (If no, please sign and return).

   YES_____        NO_____

3. Do you now have any of the recalled product on hand? (Please check inventories before answering).

   YES______        NO_____

4. If the answer to question 3 is YES, do you intend to return the product to the John Doe Company as requested?

   YES_______        NO_____

5. If the answer to question 4 is NO, please explain your intentions

________________________________________________________________________
6. Have you received any reports of illness or injury related to this product?

   YES_______ NO_______
   If yes, please provide details.

Name of person completing questionnaire:

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