Exhibit 7-3
MODEL EFFECTIVENESS CHECK QUESTIONNAIRE FOR TELEPHONE OR PERSONAL VISITS (INDUSTRY)

C0nsignee Name and Address
(Pressure Sensitive Label)

JOHN DOE PRODUCT RECALL

After contacting the consignee and locating the person responsible for handling recall notifications and/or the product involved, an opening similar to the following may be used.

This is (Name of Interviewer). I am calling for (recalling firm) to check on the effectiveness of the company recall of (product description, including codes). On (date), (recalling firm) notified (how: letter, telephone, visit, mailgram, etc.), all firms which may have purchased (product) that all stock should be (returned, destroyed, modified, relabeled, etc.). I have the following questions to ask you about this recall:

DATE____________

1. Did your firm receive notification that (product name) products manufactured by John Doe Company are being recalled?
   YES______  NO______

2. Did your firm receive shipments of the product being recalled? (If no, terminate questioning and go to the closing).
   YES______  NO______

3. Do you 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.

Thank you for your cooperation.

And your name is ________________________________________________________

And what is your title please?______________________________________________

Interviewer____________________________

Date__________________________________

IF RESPONDENT HAS ANY FURTHER QUESTIONS, ASK HIM/HER TO CONTACT THE
JOHN DOE COMPANY, SOMEPLACE, SOMEWHERE 12345