DISTRIBUTOR RECALL PROCEDURE CHECKLIST

Date Recall Transpired ___________ Time Recall Transpired _______ AM ☐ PM ☐

Person Made Responsible For Recall: ____________________________________________

What activity led to a Recall to be implemented? ________________________________

Recall Team was assembled: Date ________ Time ________ AM ☐ PM ☐

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Person Name</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All Products of Recall Identified: Date ________ Time ________ AM ☐ PM ☐

Supplier Contacted: Supplier Name: __________________________
Contact: __________________________ Date ________ Time ________ AM ☐ PM ☐

Regulatory Agency Contacted (if Applicable): Agency Name: __________________________
Contact: __________________________ Date ________ Time ________ AM ☐ PM ☐

All effected Products on Hold and Segregated in warehouse:
Date ________ Time ________ AM ☐ PM ☐

All effected Customers identified:
Date ________ Time ________ AM ☐ PM ☐

All Customers contacted: Email/Phone/Fax:
Date ________ Time ________ AM ☐ PM ☐

Press Release Prepared (if Applicable):
Date ________ Time ________ AM ☐ PM ☐

All Recalled Products accounted for:
Date ________ Time ________ AM ☐ PM ☐

Recalled Products disposed of: How were Products Disposed of? __________________________
Date ________ Time ________ AM ☐ PM ☐

Cause of Recall determined and fixed:
Date ________ Time ________ AM ☐ PM ☐

Recall Completed: __________________________ (Name) __________________________ (Signature)

Date and Time Completed: Date ________ Time ________ AM ☐ PM ☐