

Recall (Field 1):

Firm Name (Field 2): **(Insert your firm name & DBA here)**

Date Form Completed: _____

Line	Firm or Grocery/Retail Store Name (Field 3)	Firm or Grocery/Retail Store Ship-to Address (Field 4)	City (Field 5)	State (Field 6)	Zip Code (Field 7)	Telephone (Field 8)	Contact Person (Field 9)	Contact Email Address (Field 10)	Product Ship Date (Field 11)	Amount Product Shipped (Field 12)	Lot No. (Field 13)	UPC (Field 14)	Brand Name of Manufactured Products (Field 15)
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2													
3													
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