

CPSC Monthly Progress Report for Corrective Action Plans (CAP)

Case Number: _____

Reporting Dates: _____ to _____ Compliance Officer: _____
Recalling Firm: _____ Product: _____

I) PRODUCTS CORRECTED BY FIRM AS APPLICABLE UNDER CAP

Location of Products	Total Products Affected by Recall	Corrections this Reporting Period	Total Cumulative Corrections for Recall
With Manufacturer:	_____	_____	_____
With Distributor:	_____	_____	_____
With Retailers:	_____	_____	_____
With Consumers:	_____	_____	_____
TOTAL:	_____	_____	_____

II) INCIDENT UPDATE

	Total Incidents Reported this Period that Occurred <u>Before</u> the Recall	Total Incidents Reported this Period that Occurred <u>After</u> the Recall
Incidents	_____	_____
Injuries	_____	_____
Death	_____	_____

III) Notifications Made by Firm and Consumer Response as Applicable under CAP

How many consumers did you notify this reporting period by:

Phone: # _____
Email: # _____
Regular Mail: # _____

How many consumers contacted your Firm this reporting period about the recall as a result of any notification?

Phone: # _____
Email: # _____
Regular Mail: # _____
Registration Cards: # _____

Is the recall currently posted on your homepage? _____, If no, explain: _____

How many website hits did your Firm have this reporting period for this recall? # _____

As applicable under your CAP, how many times in this reporting period did your Firm post the recall notice on the following?

Facebook: # _____ # of shares: _____ # of Likes: _____
Twitter: # _____ # of Re-Tweets: _____ # of Twitter Followers: _____
Other: # _____ Explain: _____
Ad Placements: # _____ Explain: _____

Recalling companies are encouraged to monitor on line re-sale, auction, and wholesale websites. If monitored, did you find the recalled product on any sites Yes / No – Describe action taken: _____

NOTE: Email or Fax completed form by the FIRST of EACH MONTH to Judy Smith, Recall Coordinator, at: jsmith@cpsc.gov or 301-504-0359. If you have questions, contact your Compliance Officer.

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