

Monthly Progress Report for Corrective Action Plan & Incident Update

CASE #: _____ **Compliance Officer:** _____
Company Name: _____ **Product:** _____
Reporting Dates, From: _____ **To:** _____ **Total# of Affected Products:** _____

I) PRODUCTS CORRECTED/CAPTURED BY YOUR FIRM:

Location of Products	Total Products	Corrections This Period	Total Corrections	Percent Corrected
With Manufacturer	_____	_____	_____	_____
With Distributor	_____	_____	_____	_____
With Retailers	_____	_____	_____	_____
With Consumers	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

II) Incident Update:

(Using the categories listed below, report the number of actual incidents/injuries/deaths that occurred *prior* to or *after* the CAP date indicated **during the reporting period**. Update this information monthly. Don't report the date of your receipt of the information but when it occurred. For any newly reported information, provide consumer contact information for all incidents (pre and post recall) with this report.)

	# Occurred Prior to	Total	# Occurred After	Total
# Incidents	_____	_____	_____	_____
# Injuries	_____	_____	_____	_____
# Deaths	_____	_____	_____	_____

III) NOTIFICATION MEASURES:

(Using the categories listed below, records the numbers of notifications attempted by your firm during this reporting period, and records the total number of notifications to date.)

	Number for This Reporting Period	Total
Billing Insert	_____	_____
Direct Mail Letter	_____	_____
Magazine	_____	_____
Newspaper	_____	_____
Pediatrician Poster	_____	_____
Phone Call	_____	_____
Product Catalog	_____	_____
Radio	_____	_____
Retail Store Poster	_____	_____
Television	_____	_____
Web Site	_____	_____
Post Office	_____	_____
Thrift Store	_____	_____
Other	_____	_____

IV) CONSUMER AWARENESS:

(Using the categories below, record the way, by numerical quantity, Consumers told you they learned of the corrective action, i.e. consumer received direct mail, read magazine, etc.)

	Number for This Reporting Period	Total
Billing Insert	_____	_____
Direct Mail Letter	_____	_____
Magazine	_____	_____
Newspaper	_____	_____
Pediatrician Poster	_____	_____
Phone Call	_____	_____
Product Catalog	_____	_____
Radio	_____	_____
Retail Store Poster	_____	_____
Television	_____	_____
Web Site	_____	_____
Post Office	_____	_____
Thrift Store	_____	_____
Other	_____	_____

V) Calls to 800 Number/Correspondence

	# From Customers This Reporting Period	Total
800 Number	_____	_____
E-mail	_____	_____
Written Requests	_____	_____

NOTE: Submit completed form by the FIRST of EACH MONTH to Judy Smith, Recall Coordinator, at:
United States Consumer Product Safety Commission, Office of Compliance
4330 East West Highway, Room 613 Bethesda, MD 20814
OR, fax report to (301) 504-0359 or e-mail to jsmith@cpsc.gov. Address any questions to Ms. Smith at 301- 504-7525