FORM		
Title **Product Recall Record Form**		
Form No.: *XXX*	**Revision No.:** **001**	**Effective Date** *DD-MMM-YYYY*

Recall No.:	
PRODUCT PARTICULARS	
Name of Product to be Recalled:	
Strength of Product:	Dosage Form:
Pack Size:	Batch Number:
Date of manufacture:	Expiry Date:
Quantity manufactured and released for distribution:	
Name and address of Manufacturer:	
Country of Manufacture:	
Date of Recall:	Date of Completion of Recall:
DETAILS OF PRODUCT DEFECT	
Date of occurrence of defect:	
Nature of defect:	
Cause of defect:	
Number of occurrence of similar defects:	
Results of tests or investigations:	
Assessment of risk to user:	
Assessment of whether recall is likely to affect other batches of same product(s) or other products manufactured by same plant:	
Class and Level of Recall	

Proposed corrective action (if any):	
RECONCILIATION OF PRODUCT RECALL	
1. Quantity manufactured	=
2. Quantity sold/supplied in Singapore (attach copy of sales / distribution records)	=
3. Quantity exported (attach copy of distribution records)	=
4. Quantity of remaining stock in the warehouse	=
5. Total quantity recovered from recall	=
6. Quantity that cannot be recalled	=
7. Action taken on recalled stock (attach proof of action taken)	
Evaluation of Recall :(whether recall is complete, explanation on any discrepancy)	

FORM		
Title **Product Recall Record Form**		
Form No.: *XXX*	**Revision No.:** **001**	**Effective Date** *DD-MMM-YYYY*

Follow-up Actions Taken:
Name of person in charge of recall: **Signature:** **Date:**

REVISION HISTORY

Rev No:	Document Change Number:	Author	Effective Date	Remarks of Revision
001	*XXX*	*YYY*	*DD-MMM-YYYY*	New Document.

APPROVAL

Prepared by: _____ Signature/Date: _____

Approved by: _____ Signature/Date: _____