

Monthly Progress Report for Corrective Action Plan

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

I) PRODUCTS CORRECTED/CAPTURED BY YOUR FIRM:

Location of Products Corrected	Total Products	Corrections This Period	Total Corrections	Percentage
with Manufacturer	_____	_____	_____	_____
with Distributor	_____	_____	_____	_____
with Retailers	_____	_____	_____	_____
with Consumers	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____

II) NOTIFICATION MEASURES: (Using the categories listed below, record the number of notifications attempted by your firm during this reporting period.)

Number for This Reporting Period		Number for This Reporting Period	
Billing Insert	_____	Radio	_____
Direct Mail Letter	_____	Retail Store Poster	_____
Direct e-mail	_____	Television	_____
Magazine	_____	Web Site	_____
Newspaper	_____	Thrift Store	_____
Pediatrician Poster	_____	Post Office	_____
Phone Call	_____	Video News Release	_____
Product Catalog	_____	Other/Unknown	_____

III) 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		Number for This Reporting Period	
Billing Insert	_____	Radio	_____
Direct Mail Letter	_____	Retail Store Poster	_____
Direct e-mail	_____	Television	_____
Magazine	_____	Web Site	_____
Newspaper	_____	Thrift Store	_____
Pediatrician Poster	_____	Post Office	_____
Phone Call	_____	Video News Release	_____
Product Catalog	_____	Other/Unknown	_____

IV) Calls to Toll Free Numbers/Correspondence
 # From Customers This Reporting Period

Toll Free Number	_____
E-mail	_____
Written Requests	_____
Web site visits	_____

**NOTE: Submit completed form by the FIRST of EACH MONTH to Judy Smith, Recall Coordinator, at: U.S. 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) 504-0608, extension 1377**