



**RECALL FOLLOW-UP SUMMARY REPORT FORM**  
**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**BUREAU OF ENVIRONMENTAL HEALTH SERVICES**

<b>RECALLING COMPANY:</b>					LPHA:					
					DATE:					
<b>PRODUCT BEING RECALLED:</b>					Current status of the recalled product (check 1):			<b>CIRCLE CLASS AND TYPE</b>		
								I	II	III
CONTACT DATE	ESTABLISHMENT NAME/CITY	CONTACT TYPE: Visit(V) Phone (P) Fax (F) Email (E)	RECALLED PRODUCT HANDLED Y/N	PRODUCT AVAILABLE FOR SALE OR USE Y/N	NONE ON HAND	DESTROYED	HELD FOR RETURN	EMBARGO IN PLACE Y/N	COMMENTS:	
<b>NAME OF PERSON SUBMITTING FORM:</b>							<b>FAX TO (573)526-7377</b>			
FOR QUESTIONS CONTACT: NANCY BEYER AT (573)751-6095 or nancy.beyer@health.mo.gov										