## **Standard Operating Procedure FORM**

SOP Title: Recall Initiation Form Document Code: FORM-VA-007

Effective Date: 06May25

Supersedes: [Previous Version if applicable]

Approved By: [Name / Title]

Review Date: [Annually or as needed]

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RECALL INITIATION FORM FORM-VA-007
Version: 1.0 Effective Date: 06May25
A. RECALL HEADER
DII ID
Recall ID:
Date Initiated:
Initiated By (Name / Title):
Contact Phone / Email:
B. PRODUCT DETAILS
B. PRODUCT DETAILS
Product Name / SKU:
Batch / Lot No:
Batch / Lot No.: Pack Size: Net Weight:
NDC No.: Expiration:
Quantity Produced: Quantity Distributed:
Inventory On-Hand (Warehouse):
J
C. REASON FOR RECALL
☐ Out-of-Spec COA ☐ Labeling Error ☐ Adverse Event
☐ Regulatory Notice ☐ Other:
Description (brief summary of issue):

D DECALL CLACCIEICAT	CION (aboals on a)			
D. RECALL CLASSIFICAT	TON (cneck one)			
☐ Class I – Serious heal	th risk			
☐ Class II – Temporary,	/reversible risk			
☐ Class III – Label/qual	ity issue, no health risk			
E. INITIAL ACTIONS TAI	KEN			
# A	ction	Responsible	Target Date	Complete (Y/N)
1 Halt distribution / blo	ock further transfers			
2 Notify internal teams Comms)	(QA, Distribution,			
3 "Recall Hold"	oTrack to			
4 Draft customer / disp	ensary notice			
5 Notify CCA per reca	ll class timeline			
6 Other:				
0				
F. RECALL TEAM CONTA	ACTS			
Role	Name	Phone		Email
<b>Role</b> Recall Coordinator	Name	Phone		Email
	Name	Phone		Email
Recall Coordinator	Name	Phone		Email
Recall Coordinator QA Lead	Name	Phone		Email
Recall Coordinator QA Lead Compliance	Name	Phone		Email
Recall Coordinator QA Lead Compliance Distribution	Name	Phone		Email
Recall Coordinator QA Lead Compliance Distribution	Name	Phone		Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS	Name Date:			Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS  QA Manager Signature: Compliance Director Sig	Date: Date:	·		Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS  QA Manager Signature: Compliance Director Signature (In Compliance Director Signature) CEO / Designee (If Class)	Date: Date: _ gnature: Date	·		Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS  QA Manager Signature: Compliance Director Signature (In Compliance Director Signature) CEO / Designee (If Class)	Date: Date:	·	======	Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS  QA Manager Signature: Compliance Director Signature (In Compliance Director Signature) CEO / Designee (If Class)	Date: Date: _ gnature: Date	·	======	Email
Recall Coordinator QA Lead Compliance Distribution Communications  G. APPROVALS  QA Manager Signature: Compliance Director Signature (In Compliance Director Signature) CEO / Designee (If Class)	Date: Date: _ gnature: Date	·	======	<b>Email</b>

Version Date Change Description Approved By

Aligned with [Name / Title] updated Quality
Manual QM-VA-001

and Master Batch Record SOP.