**APPENDIX S1- Effectiveness Check Questionnaire via Letter, Fax and Email**

Consignee Name

Address

(Pressure Sensitive Label)

Recall Effectiveness

Checks-Mail Method

CUTIE PIE CO. PRODUCT RECALL

PLEASE READ EACH QUESTION AND CHECK THE PROPER ANSWER YOU HAVE CHOSEN. PLEASE CHECK WITH ANYONE WHO MAY HAVE RECEIVED THIS NOTIFICATION BEFORE ANSWERING.

DATE 08/20/2017

1. Did your firm receive notification that the (Company’s name) Company is recalling its (Product Name) product?

YES NO

1. Did your firm receive shipments of the product being recalled? (If no, please sign and return).

YES NO

1. Do you now have any of the recalled product on hand? (Please check inventories before answering).

YES NO

1. If the answer to question 3 is YES, do you intend to return the product to the (Company’s name) Company as requested?

YES NO

1. If the answer to question 4 is NO, please explain your intentions

Have you received any reports of illness or injury related to this product?

YES NO

If yes, please provide details.

Name of person completing questionnaire:

Title:

IF YOU HAVE ANY FURTHER QUESTIONS,

PLEASE CONTACT YOUR LOCAL DRUG

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