

McLaren Medical Group

MEDICATION/PRODUCT RECALL AND ACTION FORM

(To be completed when a recalled medication or product is or was in service)

Site: _____

Medication/Product Involved: _____

Manufacturer: _____

Distribution Date: _____

Model Number: _____ Lot Number: _____

Description of Problem: _____

Action taken by department: _____

Normal location of medication/products(s) involved: _____

Signature: _____ Date: _____

Return copy to the MMMI Safety Officer @ Ballenger Village – Practice Management

FOR COMPLETION BY SAFETY OFFICER:

Summary of Action Taken: _____

Signature: _____ Date: _____