

Field Safety Notice Distributor/Importer Reply Form

Distributor/Importer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	FSN_2020_001
FSN Date*	December 14, 2020
Product/ Device name*	Air/Water Syringe Tips ("Tips") and Adapters for Air/Water Syringe Tips ("Adapters")
Product Code(s)	Per FSN
Batch/Serial Number (s)	Per FSN

2. Distributor/Importer Details	
Company Name*	
Account Number	
Address*	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Return acknowledgement to Sender	
Email	Mary O' Keeffe General Manager – Young Microbrush Ireland Direct: + Fax: +353 58 45969 mary@younginnovations.com
Distributor/Importer Helpline	353 58 45966
Postal Address	Clogherane, Dungarvan, Co. Waterford, X35 VE02, Ireland
Web Portal	https://crystaltip.com/
Deadline for returning the Distributor/Importer reply form*	30 Days from Receipts

4. Distributors/Importers (Tick all that apply)		
<input type="checkbox"/>	*I confirm the receipt, the reading and understanding of the Field Safety Notice.	Distributor/Importer to complete or enter N/A
<input type="checkbox"/>	I have checked my stock and quarantined inventory	Distributor/Importer to enter quantity and date
<input type="checkbox"/>	I have identified customers that received or may have received this device	
<input type="checkbox"/>	I have attached customer list	
<input type="checkbox"/>	I have informed the identified customers of this FSN	Date of communication:
<input type="checkbox"/>	I have received confirmation of reply from all identified customers	

<input type="checkbox"/>	I have returned affected devices - enter number of devices returned and date complete.	Add quantity, Lot/Serial Number/Date Returned (same information as requested by the Customer Reply form)
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete.	Add quantity, Lot/Serial Number/Date Returned (same information as requested by the Customer Reply form)
<input type="checkbox"/>	Neither I nor any of my customers has any affected devices in inventory	
Print Name*		Distributor/Importer print name here
Signature*		Distributor/Importer sign Here
Date *		

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.