

Customer Reply Form

1. Field Safety Notice (FSN) information													
FSN Reference number	ECL-FSCA-001_1_IT_en_2												
FSN Date	05 december 2023												
Product/ Device name	Incidin OxyWipe S, Incidin OxyFoam S												
Product Codes and Batch Numbers	<table border="1"> <thead> <tr> <th>Product name</th> <th>Product SKU</th> </tr> </thead> <tbody> <tr> <td rowspan="4">Incidin OxyWipe S</td> <td>3082240</td> </tr> <tr> <td>3104650</td> </tr> <tr> <td>3104690</td> </tr> <tr> <td>3116060</td> </tr> <tr> <td rowspan="2">Incidin OxyFoam S</td> <td>3116680</td> </tr> <tr> <td>3104630</td> </tr> <tr> <td></td> <td>3115830</td> </tr> </tbody> </table>	Product name	Product SKU	Incidin OxyWipe S	3082240	3104650	3104690	3116060	Incidin OxyFoam S	3116680	3104630		3115830
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2. Customer Details	
Healthcare Organisation Name	
Organisation Address	
Department/Unit	
Shipping address if different to above	
Contact Name	
Title or Function	
Telephone number	
Email	

3. Customer action undertaken on behalf of Healthcare Organisation																						
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A																				
<input type="checkbox"/>	I performed all actions requested by the FSN.	Customer to complete or enter N/A																				
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.	Customer to complete or enter N/A																				
<input type="checkbox"/>	I have the following devices on stock – enter number of devices on stock.	<table border="1"> <thead> <tr> <th>Product name and REF number</th> <th>Quantity (Packs / Bottles)</th> </tr> </thead> <tbody> <tr> <td colspan="2">Incidin OxyWipe S</td> </tr> <tr> <td>3082240</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td>3104650</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td>3104690</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td>3116060</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td>3116680</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td colspan="2">Incidin OxyFoam S</td> </tr> <tr> <td>3104630</td> <td>Customer to complete or enter N/A</td> </tr> <tr> <td>3115830</td> <td>Customer to complete or enter N/A</td> </tr> </tbody> </table>	Product name and REF number	Quantity (Packs / Bottles)	Incidin OxyWipe S		3082240	Customer to complete or enter N/A	3104650	Customer to complete or enter N/A	3104690	Customer to complete or enter N/A	3116060	Customer to complete or enter N/A	3116680	Customer to complete or enter N/A	Incidin OxyFoam S		3104630	Customer to complete or enter N/A	3115830	Customer to complete or enter N/A
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<input type="checkbox"/>	I have >1 unopened pallet of stock left per batch number and a shelf life < 9 months: I confirm that I will return it to ECOLAB	N/A																				
<input type="checkbox"/>	I have devices that do not meet the criteria for return: I confirm that I have destroyed the products.	N/A																				
<input type="checkbox"/>	I do not have any affected devices.	Customer to complete or enter N/A																				
Print Name		Customer print name here																				
Signature		Customer sign here																				
Date		Customer put date here																				

4. Return acknowledgement to sender	
Email	ReturnsEcolab@ecolab.com
Deadline for returning the customer reply form	05 th January 2024

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.