

Equipment Safety Recall Quarterly Report Information¹

Required per 49 CFR Part 573.7

Report Date: _____

Calendar Quarter: _____

Safety Recall Quarterly Report from _____ through _____

Manufacturer: _____

Report Author: _____ Phone: (____) _____

Recall Subject: _____

1. NHTSA Safety Recall Campaign Number: _____

Also, for completeness, if your company has assigned a code number to this campaign, please provide your code: _____

2. (a) The date notification to purchasers began: _____

(b) The date notification of purchasers was completed: _____

3. The Total Number of Items of Equipment Involved: _____

The total number of items involved in the subject campaign (including all items sold or distributed to purchasers, dealers, distributors, and similar entities beyond the immediate control of the manufacturer/importer).

Number of Items Returned from Inventory or Remedied Prior to Sale: _____

Includes (a) the total number of items returned from Manufacturer, Distributor, Dealer or Retailer inventory or (b) otherwise remedied prior to sale to consumers.

4. (a) Total Number Inspected & Remedied: _____

Total number of items which were inspected and/or otherwise repaired or remedied.

(b) Total Number Inspected & NOT REQUIRING REMEDY: _____

Total number of items involved in the recall and inspected, but determined to NOT REQUIRE REMEDIAL or recall repair work.

5. Items Determined to be Unreachable

Total Number Exported: _____

Total Number Stolen: _____

Total Number Scrapped: _____

Total Number Unable to Notify: _____

Total Number Otherwise Unreachable: _____

Describe Other: _____

¹Any questions please contact Mrs. Kelly Schuler or Mr. George Person at (202) 366-5227 or by fax to (202) 366-7882 or e-mail to RMD.ODI@dot.gov