

Urgent Field Safety Notice Response Form

1. Field Safety Notice (FSN) information		
FSN Reference number*		20210112
FSN Date*		2021.29.12
Product / Device name*		Timesco Single Use Resuscitator (PVC)
Product Code	Product Name	Lot No.
TDM-BVM-1600	Timesco Single Use Resuscitator (PVC) - Adult 1600ml with No.5 Mask	2007013
TDM-BVM-1600W	Timesco Single Use Resuscitator (PVC) - Adult 1600ml with No.5 Mask with 60 cm H2O Pressure Relief Valve	2007014
TDM-BVM-1400	Timesco Single Use Resuscitator (PVC) - Adult 1400ml with No.5 Mask	2007012
TDM-BVM-1000	Timesco Single Use Resuscitator (PVC) - Adult 1000ml with No.5 Mask	2007011
TDM-BVM-0550	Timesco Single Use Resuscitator (PVC) - Child 550ml with No.1 & 2 Mask	2007009
TDM-BVM-0551	Timesco Single Use Resuscitator (PVC) - Child 550ml with No. 0 & 1 & 2 Detached Mask	2007010
TDM-BVM-0300	Timesco Single Use Resuscitator (PVC) - Infant 350ml with No. 0 PVC Mask	2007008

2. Customer	
Company Name*	
Address*	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Return acknowledgement to Three Lions Ltd.	
Email	service_3l@163.com
Postal Address	No. 21 Qunyi Private Zone, Hengshan Road, Kunshan, Jiangsu P.R. China, 215300
Deadline for returning the Distributor/Importer reply form*	FEB. 5, 2021

4. Reply (Tick all that apply by User or Clinic)		
<input type="checkbox"/>	*I confirm the receipt, the reading and understanding of the Field Safety Notice.	to complete or enter N/A
<input type="checkbox"/>	I have checked my stock and quarantined inventory	enter quantity and date
<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"/>	We do not have any affected devices in inventory	
Print Name*		print name here
Signature*		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.