



**Customer Reply Form
DISTRIBUTOR**

1. Field Safety Notice (FSN) information									
FSN Reference number	ECL-FSCA-001_1_GB_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>Incidin OxyWipe S</td><td>3082240</td></tr><tr><td></td><td>3083020</td></tr><tr><td>Incidin OxyFoam S</td><td>3082910</td></tr></tbody></table>	Product name	Product SKU	Incidin OxyWipe S	3082240		3083020	Incidin OxyFoam S	3082910
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		3083020							
Incidin OxyFoam S	3082910								

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.													
<input type="checkbox"/>	I performed all actions requested by the FSN.													
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.													
<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>Incidin OxyWipe S</td> <td></td> </tr> <tr> <td>3082240</td> <td></td> </tr> <tr> <td>3083020</td> <td></td> </tr> <tr> <td>Incidin OxyFoam S</td> <td></td> </tr> <tr> <td>3082910</td> <td></td> </tr> </tbody> </table>	Product name and REF number	Quantity (Packs / Bottles)	Incidin OxyWipe S		3082240		3083020		Incidin OxyFoam S		3082910	
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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													
<input type="checkbox"/>	I have devices that do not meet the criteria for return: I confirm that I have destroyed the products.													
<input type="checkbox"/>	I do not have any affected devices.													
Print Name														
Signature														
Date														

4. Return acknowledgement to sender	
Email	vigilance@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.