

Equipment Safety Recall Quarterly Report Information

Report Date: _____

Calendar Quarter (circle one): January 1 – March 31
April 1 – June 30
July 1 – September 30
October 1 – December 31

Manufacturer (name, address, phone): _____

Name, address, email, and phone and fax numbers for the person(s) to whom inquiries about this report should be directed:

Subject equipment (type of equipment, part/model number, and any other information necessary for identifying the equipment):

1. NHTSA Safety Recall Campaign Number: _____

Manufacturer's assigned campaign number (where applicable): _____

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

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

(c) The date notification to dealers and distributors began: _____

(d) The date notification of dealers and distributors was completed: _____

3. The total number of items of equipment involved: _____

NOTE: The number figures given in responses to numbers 4 and 5 below are to be stated in the cumulative (e.g., in consideration of any previous quarter's information).

4. (a) Total number inspected and remedied: _____

(b) Total number inspected, but determined NOT to require the remedy: _____

5. Numbers of items of equipment determined to be unreachable for inspection due to:

Export: _____

Theft: _____

Scrapping: _____

Failure to receive a notification of the recall: _____

Other reasons (specify below): _____

Total number of items of equipment unreachable for inspection: _____

6. The number of items of equipment repaired and/or returned by dealers, distributors, and other retailers prior to sale: _____