

Exhibit 7-2**MODEL EFFECTIVENESS CHECK RESPONSE FORMAT (INDUSTRY)**

Consignee Name and Address
(Pressure Sensitive Label)

Recall Effectiveness
Checks-Mail Method

JOHN DOE PRODUCT RECALL

PLEASE READ EACH QUESTION AND CHECK THE PROPER ANSWER YOU HAVE CHOSEN. PLEASE CHECK WITH ANYONE WHO MAY HAVE RECEIVED THIS NOTIFICATION BEFORE ANSWERING.

DATE _____

1. Did your firm receive notification that the John Doe Company is recalling its _____ (Name) _____ product?

YES _____ NO _____

2. Did your firm receive shipments of the product being recalled?
(If no, please sign and return).

YES _____ NO _____

3. Do you now have any of the recalled product on hand? (Please check inventories before answering).

YES _____ NO _____

4. If the answer to question 3 is YES, do you intend to return the product to the John Doe Company as requested?

YES _____ NO _____

5. If the answer to question 4 is NO, please explain your intentions

6. Have you received any reports of illness or injury related to this product?

YES _____ NO _____
If yes, please provide details.

Name of person completing questionnaire:
