



**(D) HSS HEALTH PROCUREMENT :**

\*Reference Number:

\*Date Received: (dd/mm/yyyy)

Contract Item: ☐ Yes ☐ No

Contract Number:

Contract Name:

Investigation notes, actions and notification: *(please date every entry)*

Database Updated:

☐ Yes☐ No

Letters Required:

☐ Supplier☐ TGA☐ Contracts☐ Not required

Items To Be Recalled:

☐ Yes☐ No☐ Batch☐ All Products

Follow up action if no response received from supplier: