



LICENSING AND ENFORCEMENT DIVISION

RECALL NOTIFICATION FORM

RISK ASSESSMENT	
Type of hazard and risk <input type="checkbox"/> Safety <input type="checkbox"/> Quality <input type="checkbox"/> Labeling <input type="checkbox"/> Compliance Issue <input type="checkbox"/> Other (specify)	
Evaluation of Health Hazard to users (e.g. effects on users, possibility of occurrence) (attached expert advice if any)	
Proposed recall classification <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III	
PROPOSED ACTION (WITH AGREEMENT OF MCAZ)	
Recall start date	Proposed recall end date
Telephone/Mobile for enquiry	
Telephone/Mobile operating hours:	Mon- Fri Sat
Responsible personnel of recall	Tel (office & mobile)
Proposed recall level <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Consumer	
Location of distribution channels <i>(For Consumer level recall only)</i>	
Operating hours and duration of the distribution channels <i>(For Consumer level recall only)</i>	
Means of Refund at the distribution channels <input type="checkbox"/> Money <input type="checkbox"/> Credit Note <input type="checkbox"/> Replacement <input type="checkbox"/> Other	
Conditions of Refund at the distribution channels	
Proposed recall strategy (use separate sheet if space is inadequate)	

Name of Reporter: _____ Post: _____
 Contact no _____ (mobile): _____ Date: _____

Signature of Reporter: _____
 Submit signed form to
 Medicines Control Authority of Zimbabwe (MCAZ),
 106 Baines Avenue

Telephone: 708255/792165; Cell 0772145191-3 Email: mcaz@mcaz.co.zw