

Exhibit 7-3**MODEL EFFECTIVENESS CHECK QUESTIONNAIRE FOR TELEPHONE OR PERSONAL VISITS (INDUSTRY)**

Consignee Name and Address
(Pressure Sensitive Label)

JOHN DOE PRODUCT RECALL

After contacting the consignee and locating the person responsible for handling recall notifications and/or the product involved, an opening similar to the following may be used.

This is (Name of Interviewer). I am calling for (recalling firm) to check on the effectiveness of the company recall of (product description, including codes). On (date), (recalling firm) notified (how: letter, telephone, visit, mailgram, etc.), all firms which may have purchased (product) that all stock should be (returned, destroyed, modified, relabeled, etc.). I have the following questions to ask you about this recall:

DATE _____

1. Did your firm receive notification that (product name) products manufactured by John Doe Company are being recalled?

YES _____ NO _____

2. Did your firm receive shipments of the product being recalled? (If no, terminate questioning and go to the closing).

YES _____ NO _____

3. Do you 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.

Thank you for your cooperation.

And your name is _____

And what is your title please? _____

Interviewer _____

Date _____

IF RESPONDENT HAS ANY FURTHER QUESTIONS, ASK HIM/HER TO CONTACT THE
JOHN DOE COMPANY, SOMEPLACE, SOMEWHERE 12345