

NAMI CORRECTIVE FIELD LABELING FORM

Upon completion, forward or fax this form along with supporting documentation to NAMI.
Note: There is a fee associated with Corrective Field Labeling. See NAMI's Additional Fee Schedule.

Company Name: _____ Date: _____
Company Address: _____

Type of Corrective Action:
___ Incorrect Label ___ Missing Label ___ Label Removed ___ Other
If Other, Please State Reason: _____

Certification Number	Series/Model	Number of Products
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physical Location where corrective field labeling is required:

Location of Products in Building:

Additional Comments Regarding Above Information:

Manufacturing Facility Where Problem Occurred:

Outline What Caused Problem to Occur:

Describe Actions Taken to Prevent Problem from Recurring: (If any documentation is added to Quality Assurance Manual to address the corrective action, please provide documents with this request.)

Provide the Name of the Person that will be placed in-responsible-charge of corrective field labeling action:

Name: _____
E-Mail: _____ **Tel:** _____

(Please note: If NAMI approves the corrective field labeling, the person-in-responsible-charge is required to inform NAMI that the product(s) where verified in the field to be the certified product and the field labeling corrective action has been completed (approved NAMI Certification Label has been applied). This must be done through written format, either through e-mail or fax verification with their signature.)

If an authority having jurisdiction requires NAMI to conduct the field labeling procedure, the licensee shall be responsible for all costs associated with the project.

Form Completed By (Print): _____
Signature: _____
Date Completed: _____

NAMI SECTION ONLY

Corrective Field Labeling Form Reviewed by: _____
Date of Review: _____

Action Approved: () Further Action Required: () Action Denied: ()

Comments if further action is required or denial has been deemed:

NAMI Authorized Signature: _____ **Date:** _____

(A signed copy of this form must be retained by the licensee for a period of one year after corrective field labeling has occurred.)

Forward Form & Documents to:
NAMI
4794 George Washington Memorial Highway
Hayes, VA 23072
Tel (804) 684-5124 Fax (804) 684-5122
E-Mail nami@namiinc.com