

# SALALAH MEDICAL SUPPLIES MANUFACTURING CO. LLC





## FIELD SAFETY CORRECTIVE ACTION NOTICE (REMOVAL)

SPECIFIC PRODUCT LOTS OF:

a) MEDIK PRIME NATURAL LATEX EXAMINATION GLOVES

EVENT REF. NO.: 41189AAA2E1CB

b) MEDIK SECURE VINYL EXAMINATION GLOVES POWDER FREE

EVENT REF. NO.: DFE0443B54292

Date: April 21, 2021

Attention: Saudi Food and Drug Authority and Materials Management Officer of all facilities of users of MEDIK PRIME Natural Latex Gloves in the Kingdom of Saudi Arabia

Dear Valued Customer,

The purpose of this letter is to advise you that Salalah Medical Supplies Mfg. Co. LLC is voluntarily recalling specific affected production lots of MEDIK PRIME Natural Latex Examination Gloves and MEDIK SECURE Vinyl Examination Gloves that were distributed in November of 2018, February of 2020, June of 2020 and July of 2020 in the Kingdom of Saudi Arabia.

#### Issue Description:

This recall is being conducted due to the specification of the product was assessed by SFDA and found not complying with standards ISO 11193-1:2008/Amd 1:2012 (Single Use Medical Examination Gloves – Part 1: Specification for gloves made from rubber latex or rubber solution) and ISO 11193-2:2006 (Single-use medical examination gloves — Part 2: Specification for gloves made from poly (vinyl chloride) for water tightness and physical properties. While Salalah Medical Supplies Mfg. Co. LLC uses ASTM D3578-19 (Standard Specification for Rubber Examination Gloves) and ASTM D5250-19 (Standard Specification for Poly (vinyl chloride) Gloves for Medical Application) the most common glove standard used in the medical glove industry which has some difference compared to ISO 11193 series and which was not used in the production of the gloves supplied to the Kingdom of Saudi Arabia so we are voluntary recalling the affected lots to preempt potential risk of infection or cross-patient (clinician) exposure to body fluids. To date Salalah Medical Supplies Mfg. Co. LLC is not aware of any reports of patient harm.

Salalah Medical Supplies Mfg. Co. LLC is initiating this voluntary recall on the following lot numbers supplied to customers/users in the Kingdom of Saudi Arabia:

Item Description	Item Code	Lot Numbers	
MEDIK PRIME Natural Latex Examination	167770	19104101	
Gloves, Size: Small			
MEDIK PRIME Natural Latex Examination	167787	20010502	
Gloves, Size: Medium	107707	20010302	
MEDIK PRIME Natural Latex Examination	4.6770.4	20054000	
Gloves, Size: Large	167794	20051903	
MEDIK SECURE Vinyl Examination Gloves	100210	20062561	
Powder Free, Size: Small	Size: Small 168210		





Raysut Industrial Area

P.O. Box: 33, Salalah 211, Sultanate of Oman Tel.:(+968)23219250/23219333, Fax:(+968)23219260

Email: smsmco@omantel.net.om Website: www.medik-oman.com

C.R. No.: 2/07793/0, Mct. Tel. / Fax : (+968) 24479488

منطقة ريسوت الصناعية ص.ب : ٣٣ صلالة ٢١١ سلطنة عمان تليفون : ٢٢١٩٢١٠ / ٢٢١١٩٢٠ ( ٤٩٦٠ ) فاكس ، ٢٢٢١٩٢١ ( ٤٩٦٠ ) البريد الالكتروني ، smsmco@omantel.net.om الموقع الالكتروني ، www.medik-oman.com

. ت . ۰ / ۲۷۷۹۳ / ۲ ، مسقط ، تليفون / هاكس ، ۲٤٤٧٩ ٤٨٨ ( ٩٦٨ )

		SALALAH MEDICAL SUPPLIES	1
MEDIK SECURE Vinyl Examination Gloves Powder Free, Size: Medium	168227 MANUFACTURING CO. LE 2006256		
MEDIK SECURE Vinyl Examination Gloves Powder Free, Size: Large	168234	18010163	

This Field Safety Corrective Action affects only the specific lots listed above. SFDA and customers/users in the Kingdom of Saudi Arabia are being notified that Salalah Medical Supplies Mfg. Co. LLC is voluntarily taking this action. We request that you contact Salalah Medical Supplies Mfg. Co. LLC or Omuk Altadamen Medical Est., Authorized Representative if you have experienced quality problems or adverse events with these concerned lots.

### Required Actions:

- CHECK all storage and usage locations to confirm whether you have any units of the affected product lot numbers.
- Review, complete, sign and return the enclosed Acknowledgement Form in accordance with the directions on the form.
- 3. Return all affected product or contact your local authorized representative to facilitate return of the affected product. Your sales representative will inform you of the product replacement.
- 4. Share this letter with others in your facility who need to be made aware of this recall. Contact any other facilities that have been provided with units of affected lot.
- 5. Maintain awareness of this notice until all affected product has been returned to Salalah Medical Supplies Mfg. Co. LLC.
- 6. Keep a copy of this notice with any affected product until returned.

We apologize for this inconvenience. If you have any questions or concerns, please do not hesitate to contact your local authorized representative.

Contact Information: Manufacturer

Eng. Ahmed Aqil Al-Ibrahim Managing Director Salalah Medical Supplies Mfg. Co. LLC Plot No. 5, 6, 7 Raysut Inductrial Estate P.O. Box 33, Salalah 211 Sultanate of Oman

Tel. No.: 00968 23129250/23219333

Fax No.: 00968 23129260

E-mail: smsmco@omantel.net.om

Contact Information: Authorized Representative

شركة صلاله لصناعة

Mr. Salah M. Banakhar General Manager Omuk Altadamen Medical Est. Aljamaa Street Riyadh 11767 Kingdom of Saudi Arabia Tel. No.: 00966 504422658

E-mail: youssifsalah43@yahoo.com

Mr. Anuruddha Chandrasenna

www.

Quality Control Head

Eng. Ahmed Aqil Al-Ibrahim Managing Director

Salalah Sutante of Oman Sutant

Mr. Salah M. Banakhar General Manager





## FIELD SAFETY CORRECTIVE ACTION CUSTOMER NOTICE REPLY FORM

FIEL	D S	AFETY CORRECTIVE ACT	ION INFORMATION:	
	a)	FSCA Ref. No.	:	
	b)	FSCA Date	:	
	c)	Product/Device Name	:	
,	d)	Product Codes	:	
	e)	Product Lot No.	:	
		MER DETAILS:		
		Healthcare/Organization	n Details :	
	b)	Address	:	
(	c)	Contact Name	, :	
(	d)	Title or Function	:	
(	e)	Telephone No.	:	
1	f)	E-mail	;	
CUS	TOI	MER ACTION UNDERTAK	(EN: (Please Tick applicable box)	
i	a)	I confirm receipt of the	Field Safety Corrective Action	
		Notice and I read and ur	nderstood its content.	
1	b)	I performed all actions r	equested on the Field Safety	
		Corrective Action Notice	2.	
(	c)	The information and rec	quired actions have been	
		brought to the attention	of all relevant users and	
		executed.		
(	d)	I have returned affected	devices - enter number of	
		devices returned and da	te complete.	
		Qty:	,	
		Lot No.:		
		Date Returned:		
		bute neturned.		
6	e)	No affected devices are	available for return	
•	-,	TVO affected devices are	available for return	
f	f)	Other Action (Define):		
	,	other Action (Define).		
٤	g)	I do not have any affecte	ed devices.	
-	-,	,		1 1

<ul> <li>I have a query please contact me (e.g. need for replacement of the product).</li> </ul>	
Healthcare Facility/Organization:	
Responsible Person:	
Designation:	
Date:	
Signature:	

Stamp: