



Mandatory Injury Report Details Product Safety Number PS1050858

Date submitted Consent to disclose				13/09/2017							
Consent to disclose				Yes							
Primary Contac	ct Deta	ills		100,000,000 3,000	Contract of the State of State	INNERSON METALORISMON CONTROL CONTROL	WC - 240 MIPS	1000 000			
Title				Mr							
First name			Ra	Raymond							
Last name		Marin of a many making them. It		Katiefi							
Phone number				0296759051							
Email address			pro	productieedback@aldi.com.au							
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City/suburb											
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Supplier name			ALI	Ol Stores (A Limited I	Partnership)		Law Caphillipson a Johnson Committee			
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	here the product w	vas purchas		Phone:	3700					
or consume	ed			Email:	N. P. C. Sen					
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What action	(s) have you taken	or intend t	to take	in relation to	the product or servi	C-B				
	sent to the supplier t									
 Notification 	sent to the Buying a	and Quality	Assura	noe Departmer	11					
	nt(s)									
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