



19 December 2025

CRITICAL RECALL

TGA Reference Number: RC-2025-RN-01072-1
CellAED – Non-rechargeable public automated external defibrillator
ARTG 375339

Certificate Number DV-2021-MC-17156-1
Device Class : IIb

All lots of the CellAED single use portable transit-operable, fully automated external defibrillator (AED) (ARTG 375339).

Dear Customer,

The Company which has supplied the CellAED devices, RRR Manufacturing Pty Ltd (In Liquidation) ("RRR Manufacturing"), has gone into Liquidation. The Liquidators for RRR Manufacturing, following agreement with the Therapeutic Goods Administration ("TGA"), are conducting a Critical Recall of the above device.

The potentially affected product has been supplied to you or your organisation.

What is the problem?

- As RRR Manufacturing has entered Liquidation, they can no longer support products in the market. Without ongoing support such as maintenance, servicing and handling of faults there is an increased risk of safety or performance problems, meaning the device may not work as intended in an emergency.

This Recall does not affect any other products from RRR Manufacturing, being the cases and wall mounts.

This product has been distributed to wholesale and retail customers, community organisations, and public places since 2020.





What should you do?

1. Customers should not use this device.
2. Please consult a licensed waste disposal specialist or an approved waste disposal centre to ensure safe and compliant disposal of the CellAED Device.
3. Complete the attached Customer Response form even if you do not have any affected stock and return it to RRRenquiries@hallchadwick.com.au so we can reconcile this recall.
4. Ensure relevant household members, first aid officers, staff members, patrons and anyone else is informed of this Recall.
5. All distributors are to notify their customers and place this in notice on their websites.
6. If you have supplied or transferred any potentially affected product to another facility or organisation, provide that facility with a copy of this letter immediately.
7. Place this letter in a prominent position for at least one month.
8. Complete and return a customer response form (attached, marked annexure "A")

Replacement stock

RRR Manufacturing is in liquidation and is no longer trading or manufacturing. No alternative stock will be made available.

For further information please call our office at RRRenquiries@hallchadwick.com.au or (02) 9263 2652.

Thank you for your assistance in helping us to manage this Recall.

Submitting a claim to the Company

RRR Manufacturing is in liquidation. To claim any amounts owed to you by RRR Manufacturing, please return a completed proof of debt form (attached, marked annexure "B") with evidence of your purchase, particularly documentation with your order number to RRRenquiries@hallchadwick.com.au. Unfortunately, any claim made will be treated as a creditor of RRR Manufacturing and any dividend payable to creditors will be dependent upon any recoveries made during the course of the winding up of RRR Manufacturing.

RRR Manufacturing sincerely regrets any inconvenience caused to you and your organisation.

Yours faithfully,



RICHARD ALBARRAN
LIQUIDATOR

ANNEXURE A

Customer Response Form

Please complete this form even if you do not have any affected stock.

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CellAED – Non-rechargeable public automated external defibrillator
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Certificate Number DV-2021-MC-17156-1

Device Class : IIb

GMDN 48047

All CellAED single use portable transit-operable, fully automated external defibrillator (AED) (ARTG 375339).

On behalf of this organisation I acknowledge receipt of the Recall notice dated 18 December 2025 relating to the above product.

FROM:

Organisation (N/A if individual)	
Position (If organisation)	
Name	
Email or fax no.	
Telephone no.	
Date	
Signature	

Affected Stock

If you have **no affected** stock, tick this box:

If you have affected stock, please complete the stock details table below.

Product	Batch/Lot/Date	Quantity of stock received	Quantity of unused stock subject to recall (currently in quarantine)
Total affected product			

Other Relevant Details:

Other organisations

Has your organisation supplied potentially affected product to any other organisation?

No

Yes I/we will forward all the recall information to the suppliers/distributors/customers

OR

Yes (please supply names and contact information of the organisations)

Return completed forms by fax or email to:

Name	
Position	
Organisation	
Address	

Email	
Subject of email	RECALL OF CELLAED DEVICE
Fax no.	
Telephone no.	

ANNEXURE B

FORM 535**FORMAL PROOF OF DEBT OR CLAIM (GENERAL FORM)**

RRR INTERNATIONAL PTY LTD
(In Liquidation)
A.C.N. 631 593 470
("the Company")

To the Liquidator of the Company,

1. This is to state that the Company was on 30 June 2025, and still is, justly and truly indebted to

 (full name and address of the creditor and, if applicable, the creditor's partners. If prepared by an employee or agent of the creditor, also insert a description of the occupation of the creditor)
 for \$ _____

Date	Consideration (state how the debt arose)	Amount \$ c	Remarks (include details of voucher substantiating payment)

2. To my knowledge or belief the creditor has not, nor has any person by the creditor's order, had or received any satisfaction or security for the sum or any part of it except for the following:

Date	Drawer	Acceptor	Amount \$c	Due Date

3.

- I am employed by the creditor and authorised in writing by the creditor to make this statement. The debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.
- I am the creditor's agent authorised in writing to make this statement in writing. The debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.
- I am the creditor and I make this claim personally. The debt was incurred for the consideration stated and that the debt, to the best of my knowledge and belief, remains unpaid and unsatisfied.

Dated this _____ day of _____ 2025

 Signature

Occupation:

Address:

Email address:

(Attach documentation such as copies of invoices in support of your claim)