

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

19701 Fairchild
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12/12/2019 - 12/20/2019

3015728736

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

FIRM NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

TYPE OF ESTABLISHMENT INSPECTED

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

Observation # 1

Specifically,

B. The drug product, DILT/LIDO 2/5% ONT Lot # Di2Li5101819, was assigned a BUD of 11/18/2019. Your firm dispensed the product on 11/22/2019 (RX # (b) (6)), 11/22/2019 (RX # (b) (6)), and 12/03/2019 (RX # (b) (6)) which are beyond the BUD assigned to the product.

Observation # 2

Your firm is using a spatula with wooden handle to produce hazardous drug products within the hazardous negative pressure room. The wood handle has a hard to clean surface which can potentially harbor microbial growth.

Add Continuation Page

EMPLOYEE(S) SIGNATURE _____

Uttaniti Limchumroon -S

Digitally signed by Uthairit Limcharoon-S
DN: cn=U.S. Government, ou=U.S. CIA, ou=People,
c=US, email=Uthairit.Limcharoon-S@CIA.gov,
o=U.S. Government, ou=U.S. CIA, ou=People,
cn=Uthairit Limcharoon-S

EMPLOYEE(S) NAME AND TITLE (Print or Type)

Uttaniti Limchumroon, Investigator

DATE ISSUED

12/20/2019