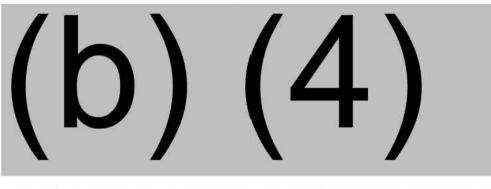
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19701 Fairch		11/1/20 FEI NUMBER	016-12/2/2016*	
Irvine, CA 9	2612-2445 0 Fax:(949)608-4417	3012228	3279	
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	AL TO WHOM REPORT ISSUED			
	Pharm.D., President			
FIRM NAME		STREET ADDRESS		
Auro Pharmac				
La Habra, CA		Outsourcing Faci	ility	
observations, and do observation, or have action with the FDA	observations made by the FDA representative not represent a final Agency determination re implemented, or plan to implement, correctiv representative(s) during the inspection or sub ntact FDA at the phone number and address at	garding your compliance. If y e action in response to an obse mit this information to FDA a	you have an objection re- ervation, you may discu	garding an ss the objection or
OBSERVATION Procedures dest	CTION OF YOUR FIRM WE OBSERVED: ON 1 igned to prevent microbiological c adequate validation of the sterilizat		products purportin	g to be sterile
Specifically,				
1	cess simulations conducted by you not represent the actually manuf		f Ascorbic Acid	are inadequate 500mg/ml. For
1)	The process simulations were conc	ucted using (b) (4)		
	The inspection process of the proc 01.1365.01, "Aseptic Media Fillin firm indicated that (b) (4) (b) (4)	ng Procedure" and pro-		protocol. Your
	Growth promotion conducted for it of organisms were used for the promotion of the incubated vials b to inoculate the vials.	growth promotion. Y	· · · · · · · · · · · · · · · · · · ·	Z. 17 19 19 19 19 19 19 19 19 19 19 19 19 19
AMENDMENT 1				
SEE REVERSE OF THIS PAGE	EMPLOYEE(5)SIGNATURE Uttaniti Limchumroon, Inve Evelyn Wong, Microbiologis	stigator wA	12/2/2016 X Uttaniti Limchumroon Uttanitinhumroon Signed by: Uttaniti Limchumroon-S	DATE ISSUED 12/2/2016
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	SPECTIONAL OBSERVATION	ONS	PAGE 1 OF 13 PAGES

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DISTRICT ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION
19701 Fairchild		11/1/2016-12/2/2016*
Irvine, CA 92612-2445 (949)608-2900 Fax:(949)608-4417		FEI NUMBER 3012228279
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Nayan Patel, Pharm.D., President		
FIRM NAME		
Auro Pharmacies Inc 511 S H		arbor Blvd Ste F
CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISH		MENT INSPECTED
La Habra, CA 90631-9375 Outsour		cing Facility

- 4) The process simulations do not represent actual production filling batch size. Operators filled(b) (4) batches for the process simulations. The manufactured Ascorbic Acid 500mg/ml batches are (b) (4).
- 5) The process simulations conducted had operational times that were shorter than the manufactured Ascorbic Acid 500mg/ml.



Ascorbic Acid Lot #	Start time	End time	Operation time
161026@1	(b) (4)		
161028@1	(b) (4)		
161102@1	(b) (4)		

B. Your firm failed to performed smoke studies under dynamic conditions for ISO 5 laminar flow hoods involved with manufacturing of Ascorbic Acid 500 mg/ml Lot # 161026@1, 161028@1, and 161102@1.

There $\operatorname{arc}^{(b)}(4)$ laminar flow hoods inside the ISO 7 Room^(b)(4). Laminar flow hood (b) (4) ^{(b)(4)} were involved in the manufacturing of Ascorbic Acid 500 mg/ml lot # 161026@1, 161028@1, and 161102@1. Only laminar flow hood # ^{(b)(4)} had smoke study conducted under (b) (4) . All ^{(b)(4)} laminar flow hoods can be used for aseptic filling operations.

	AMENDMENT 1	
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DISTRICT ADDRESS AND PHONE NUMBER	OOD AND DRUG ADMINISTRATION DATE(S) OF INSPECTION
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(949)608-2900 Fax:(949)608-4417	3012228279
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Nayan Patel, Pharm.D., President	
FIRM NAME	STREET ADDRESS
Auro Pharmacies Inc	511 S Harbor Blvd Ste F
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
La Habra, CA 90631-9375	Outsourcing Facility
ODODDVI TYON .	
OBSERVATION 2	
	varding the system for monitoring environmental conditions
	garding the system for monitoring environmental conditions

- A. Your firm has not performed qualification of the Room ^{(b) (4)} to demonstrate that ISO 5 and ISO 7 environmental conditions can be met. For example, your firm does not conduct viable and nonviable monitoring in dynamic conditions.
- B. Your firm does not have a justification or rational to support the sampling sites used for monitoring the environment during aseptic filling operation.
- C. Your firm's current environmental monitoring program does not include any non-viable particulate monitoring during filling of sterile drug product.
- D. Your firm's monitoring of the pressure differentials throughout the classified areas where aseptic filling occurs is inadequate. Room pressure is monitored (b) (4)
 the (b) (4)
 Pressure differentials are not monitored during aseptic filling of the product manufactured which does not assure notification of a disruption in established pressure cascade for a prolonged duration which could impact the classified areas.
- E. Your firm has no justification for the alert and action limits set for environmental monitoring.

OBSERVATIO	DN 3	
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS	PAGE 3 OF 13 PAGE

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FIRM NAME	Phalm.D., Plesident	STREET ADDRESS		
Auro Pharmac			vd Ste F	
CITY, STATE, ZIP CODE, COUN			4134	
La Habra, CA	00631-9375 Outsourcing Facility		ility	
the quality of the Specifically,	not established when appropriate the drug product.		each production p	hase to assure
Tour min doe	s not have a note time study to s		ot was compounde	d and (b) (4)
-				urden was not
performed prior	r to (b) (4)			
Specifically, A. On 11/0 placed to Ascorbi B. On 11/0 reaching process C. On 11/0 of the IS D. On 11/0	ate for the duties they perform. 2/2016, aseptic fill process suppor heir face directly in front of the l c Acid 500mg/ml lot # 161102@1. 2/2016, one aseptic fill process g inside and place n from of Ascorbic Acid 500mg/ml lot # 1 2/2016, (b) (4) operators with expose SO 5 laminar flow hood during the 2/2016, one operator with expose minar flow hood during the cleaning	SO 5 laminar flow h support staff with at of the ISO 5 lam 61102@1. sed eye area were ob- cleaning process. d eye area was obse	accord during the fill exposed eye area inar flow hood du served placing thei	ling process of was observed ring the filling r faces in front
	erebiskoberev versionen ⊂tionsteine strategister. V suiserer versionen och	NDMENT 1		
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FORM FDA 483 (09/08)	PREVIOUS EDITION OPSOLETE IN	SPECTIONAL OBSERVAT	IONS	PAGE 4 OF 13 PAGES

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Auro Pharmac			arbor Blvd Ste F
CITY, STATE ZIP CODE, COU		TYPE ESTABLISH	
La Habra, CA			cing Facility
F. On 11/0 ISO 7 compor G. On 11/0 sterile b operato	and ISO 8 rooms without the nents and perform environmer 02/16, operators were observe poots after donning on the stars rs were involved with com	following the go ntal monitoring. wed to be sitting erile gown inside	down on the bench while putting on the the room (b) (4) Gowning In Room. Thes
Approved com	ON 5 ponents, drug product contain		are not retested or reexamined as
OBSERVATIO Approved compappropriate for adverse effect v Specifically, you sterility. For ex	ON 5 ponents, drug product contain identity, strength, quality and with subsequent approval or re our firm does not have adequate ample,	l purity after expo ejection by the qu uate control over	are not retested or reexamined as osure to conditions that might have an
OBSERVATIO Approved compappropriate for adverse effect v Specifically, you sterility. For ex	ON 5 ponents, drug product contain identity, strength, quality and with subsequent approval or re our firm does not have adequate ample,	l purity after expo ejection by the qu uate control over	are not retested or reexamined as osure to conditions that might have an ality control unit.
OBSERVATION Approved compappropriate for adverse effect v Specifically, you sterility. For exa A. Your fin For exa (b) (4) (b) (4)	ON 5 ponents, drug product contain identity, strength, quality and with subsequent approval or re our firm does not have adeque cample, rm does not have a study to umple, the (b) (4)	l purity after expo ejection by the qu uate control over o show the adeq	are not retested or reexamined as osure to conditions that might have an uality control unit. requipment and closures to maintain the uacy and sterility of the (b) (4) The (b) (4) are then (b) (4
OBSERVATION Approved compappropriate for adverse effect v Specifically, you sterility. For exa A. Your fin For exa (b) (4) (b) (4)	ON 5 ponents, drug product contain identity, strength, quality and with subsequent approval or re our firm does not have adequar ample, rm does not have a study to umple, the (b) (4) , and (b) (4) at the	l purity after expo ejection by the qu uate control over o show the adeq	are not retested or reexamined as osure to conditions that might have an uality control unit. requipment and closures to maintain the uacy and sterility of the (b) (4) The (b) (4) are then (b) (4
OBSERVATION Approved compappropriate for adverse effect v Specifically, you sterility. For exa A. Your fin For exa (b) (4) (b) (4)	ON 5 ponents, drug product contain identity, strength, quality and with subsequent approval or re our firm does not have adequar ample, rm does not have a study to umple, the (b) (4) , and (b) (4) at the	l purity after expo ejection by the qu uate control over o show the adeq c(b) (4) @1, and 161102@	are not retested or reexamined as osure to conditions that might have an uality control unit. requipment and closures to maintain the uacy and sterility of the (b) (4) The (b) (4) are then (b) (4

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INSPECTIONAL OBSERVATIONS

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		TH AND HUMAN SERVICES G ADMINISTRATION	
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NAME AND TITLE OF INDIVIDU/			
Nayan Patel,	Pharm.D. , President	STREET ADDRESS	
Auro Pharmaci		511 S Harbor Blvd S	te F
CITY, STATE, ZIP CODE, COUN La Habra, CA		TYPE ESTABLISHMENT INSPECTED Outsourcing Facilit	А
Your fin 500mg/r B. On 11/0 stored in Ascorbid (b) (4) laminar (b) (4) C. On 11/0 (b) (4)	 ", stated that (b) (4) m did not fill the log until 11/0 nl Lot # 161102@1. 2/16, operators were observed us a ISO 7 and moved to ISO 5 lamine: Acid 500 mg/ml lot # 161102@1. . Operators perflow hood. The (b) (4) within ISO 7 area. 2/16, an operator was observed model. 	ing previously (b) (4) ar flow hood to be used Rubber stoppers are store aced (b) (4) (b) (4) oving (b) (4) oving (b) (4)	on the (b) (4) log. ere used in Ascorbic Acid rubber stoppers that are in aseptically filled vials of
equipment to pr Specifically, A. No sport B. Your fir (b) (4)	 DN 6 ing areas are deficient regarding the oduce aseptic conditions. cidal agent used in the ISO 5 Lami m re-uses old sterile (b) (4) from a bulk container with no assurements and the bottle. On 11/1/16, and and a start of the oduce of	har Flow Hood where ase bottles to refi ance of sterility and docu	ptic filling occurs. ill with new (b) (4) umenting new lot number of
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Nayan Patel,	Pharm.D. , Presider	STREET ADDRESS				
Auro Pharmacies Inc			511 S Harbor Blvd Ste F			
CITY, STATE, ZIP CODE, COUNTRY		TYPE ESTABLISHMENT IN	TYPE ESTABLISHMENT INSPECTED			
La Habra, CA 90631-9375 Outs		Outsourcing	sourcing Facility			
(b) (4)	(b) (4)	with (b) (4)	from a h	oulk one gallon		
bottle from (b) (4) that was used to clean the ISO 5, ISO 7 and ISO 8 areas. OBSERVATION 7 Written records are not always made of investigations into unexplained discrepancies. Specifically, A. Your firm failed to investigate action level excursion involving personnel monitoring of the(b) (4) for operator bottle for operator bottle during an aseptic filling of the product on 11/28/16 10/28/16. The documented action level is (b) (4) B. Your firm failed to investigate several action level excursions involving viable particulate			10/28/16. The $r_{(0)(6)}^{(0)(7)KC_{k}}$			
 monitoring during operation of ISO 7 and ISO 8 rooms. 1) On (b) (4) an action level excursion of TMTC (Too many to count) was found i Room (b) (4) Room), however an investigation or follow up was not conducted. 						
 2) On (b) (4) , an action level excursion of 41 CFU was found in Room (b) (4) (b) (4) Room); however an investigation or follow up was not conducted. 						
 On (b) (4) an action level excursion of 100 CFU was found in Room (b) (4) Room); however an investigation or follow up was not conducted. 						
 4) On (b) (4) action level excursions of 31 and 79 CFU were found in Room ^{(b) (4)} (b) (4) Room); however an investigation or follow up was not conducted. Additionally action level excursions of 100 CFU was found in Room (b) (4) 				not conducted.		
		AMENDMENT 1				
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19701 Fairchi			11/1/2016-12/2/2016*)16*
Irvine, CA 92	00 Fax: (949)608-4417		3012228	3279	
NAME AND TITLE OF INDIVIDUA					
AND SHARE AND	Pharm.D., President				
FIRM NAME		STREET ADDRESS			
Auro Pharmaci					
La Habra, CA					
H	Room) and 100 CFU was found in Room (b) (4) Room); however an				
	nvestigation or follow up was not c				
5) (On (b) (4) , an action level exc	ursion of 2	24 CFU w	as found in	Room (b) (4)
(b) (4) Room); however an investiga	ation or foll	low up wa	s not conduc	ted.
0.0	On (h) (1) an action level and	tion of a	A CEU	na faund in	Doom (b) (4)
() ()	On (b) (4) , an action level exc				
1	b) (4) Room); however an investiga	lition of Ioli	low up wa	s not conduc	ited.
C. Your fir	m failed to investigate pressure dif	ferential ex	cursion b	etween Clea	anroom (b) (4)
	ay of production for Ascorbic Acid				
	, I	0			
		620		121 20	725 0 2
	our firm does not have a written	procedure	e or proce	ess for inve	stigating excursions
occurred within	your facility.				
OBSERVATIO	DN 8				
Company and a subscription of the second second	trols do not include the establishmer	nt of scienti	ifically so	und and appr	ropriate sampling
1.7.4	rocedures designed to assure that dr				
identity, strengt	h, quality and purity.				
Specifically,					
Vour firm door	not nonform anouth momention to	ating of no	ur hataha	a of modia I	(\mathbf{h}) (\mathbf{A})) that
	not perform growth promotion te				
were (b) (4)	for use in media fill and en	vironmenta	ii monitor	ing to ensure	e that the media used
can support mic	robiological growth.				
OBSERVATIO	DN 9				
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				Investigator Signed by: Uttanti Linchumson	1-5
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	ENT OF HEALTH AND HUMAN SERVICES OOD AND DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
19701 Fairchild	11/1/2016-12/2/2016*
Irvine, CA 92612-2445	FEI NUMBER
(949)608-2900 Fax:(949)608-4417	3012228279
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Nayan Patel, Pharm.D., President	
FIRM NAME	STREET ADDRESS
Auro Pharmacies Inc	511 S Harbor Blvd Ste F
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
a Habra, CA 90631-9375 Outsourcing Facility	
Each batch of drug product purporting to	be is not laboratory tested to determine conformance to such

Specifically,

requirements.

Suitability testing for the sterility test method necessary to demonstrate that the product does not interfere with the test, has not been performed by the contract testing laboratory which conducts the release testing of the product made.

OBSERVATION 10

There is no written testing program designed to assess the stability characteristics of drug products.

Specifically,

Your firm could not provide the s	upporting data in	ncluding batc	ch worksheet an	d drug	substance sup	oplier
for the Ascorbic Acic(b) (4)	lot # (b) (4) tha	at is used to s	support the 180	days ex	xpiration date	. The
stability study was started on (b) (4)	with Ascorb	oic Acid (b) (4))	lot # (b) (4)	. No
comparison can be made for the	Ascorbic Acid	l (b) (4)	lot # (b) (4)	to the	formulation,	drug
substance, and container closure	(b) (4)					

to ensure that they are the same.

OBSERVATION 11

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the final specifications prior to release.

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(949)608-2900 Fax:(949)608-4417	3012228279	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
Nayan Patel, Pharm.D. , President		
FIRM NAME	STREET ADDRESS	
Auro Pharmacies Inc	511 S Harbor Blvd Ste F	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
La Habra, CA 90631-9375	Outsourcing Facility	

Specifically, your firm's 100% visual inspection of the finished product vials is inadequate. For example,

- A. There is no written procedure describing the process for 100% visual inspection of filled vials.
- B. No formal training process for the visual inspectors to ensure that inspectors are provided with adequate training to perform the inspection process.
- C. No qualification process for the visual inspectors to ensure that they are properly qualified to perform the inspection process. The finished sterile drug product vials are amber.

OBSERVATION 12

Container closure systems do not provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product.

Specifically,

Your firm does not have container closure study for the container and closure used for Ascorbic Acid 500 mg/ml. Your firm's management indicated that study was performed but unable to locate the study supporting documents and data.

OBSERVATION 13

Drug product containers and closures were not clean and sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Specifically,

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Auro Pharmac	ies Inc	STREET ADDRESS	s arbor Blvd Ste F		
CITY, STATE, ZIP CODE, COUN	VTRY	TYPE ESTABLISHMENT			
La Habra, CA	00631-9375 Outsourcing Facility				
vials are adequa	not performed a verification to show ate in reducing microbial load, endo ON 14 ntrol unit lacks authority to review p	toxin, and pa	rticulates.		
occurred.	and and lacks autionity to review p	nouterion rec		alors have	
Specifically,					
 indicated that t documents have stoppers, and ut Docume Perform 	hey were the final reports for the of e not been completed and reviewed tensils in the Ascorbic Acid 500 mg ent VAL-SC-05.5002.01, (b) (4) hance Qualification AN 0530. Quali- ted on 04/11/16.	qualification prior to use /ml Lot # 161	for processing compone 026@1, 161028@1, ar Equipment Installation	. However, these ents, vials, rubber ad 161102@1. n, Operational &	
• Docume	ent VAL-SC-05.5004.01,(b) (4)		Equipment Installation	, Operational and	
Perform	ance Qualification AN 0042. Qualited on 05/11/16.	ification was	The state of the s		
• Docume	ent VAL-SC-05.5003.01, (b) (4)		Equip	ment Installation,	
	onal & Performance Qualification	AN 0550. O		and a second state of the	
	run was completed on 05/05/16.			on 04/25/16 and	
		NDMENT 1		on 04/25/16 and	
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Nayan Patel,	Pharm.D., President	STREET ADDRESS			
Auro Pharmaci	an Tan		rd Cto F		
CITY, STATE ZIP CODE, COUN		511 S Harbor Blvd Ste F			
La Habra, CA		Outsourcing Fac:	ility		
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handling, sampl Specifically, Your firm does sampling, and e OBSERVATIO Procedures desi products are not Specifically, Your firm doe products.	of written procedures describing in ing, examination and testing of lab not have a written procedure de xamination of labeling and packag DN 16 gned to assure that correct labels, l t written.	scribing the receipt, ing materials.	materials. identification, stor g materials are use	age, handling,	
	e),11/02/2016(Wed),11/03/2016(Th ue),12/02/2016(Fri) AME	nu),11/04/2016(Fri),1 NDMENT 1	1/07/2016(Mon),1		
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