	T OF HEALTH AND HUMAN SERVICES OD AND DRUG ADMINISTRATION
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
158-15 Liberty Avenue	11/29/2016-12/16/2016*
Jamaica, NY 11433	FEI NUMBER
(718) 340-7000 Ext:5301 Fax: (718) 6	1318360
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Andrew I. Sealfon , President & CE	30
FIRM NAME	STREET ADDRESS
Repro-Med Systems, Inc.	24 Carpenter Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Chester, NY 10918-1057	Medical Device Manufacturer
observations, and do not represent a final Agency determ observation, or have implemented, or plan to implement	esentative(s) during the inspection of your facility. They are inspectional nination regarding your compliance. If you have an objection regarding an , corrective action in response to an observation, you may discuss the objection or ion or submit this information to FDA at the address above. If you have any

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

## DURING AN INSPECTION OF YOUR FIRM I OBSERVED: OBSERVATION 1

questions, please contact FDA at the phone number and address above.

A correction or removal, conducted to reduce a risk to health posed by a device, was not reported in writing to FDA.

Specifically, your firm on 3/10/2016 issued a Corrections and Removal Notification to your customers covering multiple lots of HIgH-Flo Subcutaneous Safety Needle sets and Precision Flow Rate Tubing manufactured between 1/4/2016 and 2/26/2016, due to defects (gaps) found in the supplier's seal of sterile bag Part number (b) (4) found during post-sterilization inspection. Within your Corrections and Removal Notification dated 3/10/2016 your firm states under the Risk to Health section of the Recall Notification, "The use of affected product may possibly cause adverse health consequences, such as infection and illness". Additionally, the Notification requested, "the products to be returned to RMS for disposition."

On 3/18/2016 your firm issued an updated Corrections and Removal Notification to your customers which limited the scope of affected product to a time period of manufacturing lots from 2/8/2016 and 2/26/2016 which includes <sup>(9)(4)</sup> lots of High-Flo Subcutaneous Safety Needle sets and <sup>(9)(4)</sup> lots of Precision Flow Rate Tubing.

This correction and removal was not concluded to be a reportable event to FDA and the District Recall Coordinator was not contacted to initiate a recall with FDA.

## **OBSERVATION 2**

Procedures for design change have not been adequately established.

		AMENDMENT 1	
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Scott R Izyk, Investi	.gator 12/16/2 X Scott R Izyk Investuator Signed by: Scott R. Izyk-S	DATE ISSUED 12/16/2016
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 1 OF 7 PAGES

	DEPARTMENT OF HEAL FOOD AND DRU	TH AND HUMAN SER G ADMINISTRATION	VICES	
DISTRICT ADDRESS AND PHON 158-15 Libert	IE NUMBER	DATE(S)	DF INSPECTION 9/2016-12/16/2016	۶ <b>*</b>
Jamaica, NY	1433	FEI NUME	FEI NUMBER 1318360	
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NAME AND TITLE OF INDIVIDUA				
Andrew I. Sea	alfon , President & CEO	STREET ADDRESS		
Repro-Med Sys				
CITY. STATE, ZIP CODE, COUN Chester, NY				
your firm change Your firm failed	to perform verification and/or validation d no negative impact on the packaging	n activities related		/2015, in which o ensure the
corrective ac	did not adequately perform verification tion related to inadequate design contro iteria to close the CAPA shall include	ol procedures. The		was opened as a cation
	neria to close the CAI A shall include			
firm is still cu exists for this	ected the current project (b) (4) urrently in the design validation phase project but your firm closed the CAPA cceptance criteria defined by your firm	for this project and A on 11/16/2016. T		roved DMR
b) Your firm	's CAPA investigations appear to be in	adequate:		
3/2/2016 as a . Your firm	discovered (b) (4) tubing sets ile bag packaging, found during post s result of inadequate root cause investi released <sup>(b) (4)</sup> tubing sets on 2/29/2016 this non-conformity.	gation by supplier	when issued SCAR - C	opened on APA (b) (4)
did not inves	after your firm determined the packag tigate the effects of your firm's 2016 (k m had a contract laboratory perform b	) (4) Bioburder	n test results for the nee	edle production
	AMEN	IDMENT 1		
SEE REVERSE OF THIS PAGE	AMEN EMPLOYEE(S) SIGNATURE Scott R Izyk, Investigator	IDMENT 1	12/16/2010 Scott R Izyk Scott R Izyk Investautor Signed by: Scott R. Izyk -S	DATE ISSUED 12/16/2016

		TH AND HUMAN SERVIC GADMINISTRATION	ES		
DISTRICT ADDRESS AND PHON 158-15 Libert		DATE(S) OF IN: 11/29/	SPECTION 2016-12/16/2016*		
Jamaica, NY		FEI NUMBER			
NAME AND TITLE OF INDIVIDUA	<ul> <li>Construction of the second seco</li></ul>				
	alfon , President & CEO				
FIRM NAME	ed Systems, Inc. 24 Carpenter Rd				
CITY, STATE, ZIP CODE, COUN	TYPE ESTABLISHMENT INSPECTED				
Chester, NY 1	10918-1057	Medical Device	Manufacturer		
Action Limit 2) Your firm testing for (b report comple Action Limit already recei- the CAPA wa (b) (4) i c) Your firm	<ul> <li>(b) (4) Lot (b) (4) completed on 1/22/2016. The results of this bioburden testing were higher than your firm's Action Limit for cfu. Your firm did not investigate the effects of the bioburden results on your sterile product.</li> <li>2) Your firm collected a pre-sterilization sample from Needle Set (b) (4) Lot (b) (4) for bioburden testing for (b) (4) for your needle production area. This sample was collected on 1/15/2016 and test report completed by an outside laboratory on 1/22/2016. The results were determined to be higher than your Action Limit but your firm did not open a CAPA until 4/27/2016, CAPA (b) (4) after your firm had already received the results of the (b) (4) bioburden testing for the needle production area. Once the CAPA was opened your firm still did not investigate the actual effect on product manufactured during the (b) (4) including sterility related to the results being above your set action limit.</li> <li>c) Your firm's current Corrective &amp; Preventive Actions procedure SOP 8034 Rev. H dated 3/23/2016 which is the only CAPA procedure currently in use, states under section 4.6 that, "(b) (4)</li> </ul>				
FDA inspecti The CAPA w (b) (4) op	d 3 out of <sup>(0)(4)</sup> CAPAs reviewed during ion, in which your firm is not following which were still open at time of inspecti ened 4/27/2016 and CAPA (b) (4) justification for needing additional time	tis CAPA procedure on, CAPA (b) (4) opened 10/15/2015.	for requesting extensions of opened 3/2/2016, CAPA There is no documented req	CAPA.	
OBSERVATION 4 Procedures have not been adequately established to control product that does not conform to specified requirements. AMENDMENT 1					
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Scott R Izyk, Investigator		Scott R Izyk Scott R Izyk Investigator Signed by: Scott R. Izyk-S	⊳ /2016	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVATI	IONS PAGE 3	OF 7 PAGES	

	DEPARTMENT OF HEALT FOOD AND DRUG	TH AND HUMA G ADMINISTRATIO		
DISTRICT ADDRESS AND PHON	NE NUMBER		DATE(S) OF INSPECTION	2016+
158-15 Libert Jamaica, NY		ŀ	11/29/2016-12/16/ FEI NUMBER	2010*
	00 Ext:5301 Fax:(718)662-5661		1318360	
NAME AND TITLE OF INDIVIDUA				
Andrew I. Sea	alfon , President & CEO	STREET ADDRESS		
Repro-Med Sys	stoms Inc	24 Carper	tor Rd	
CITY, STATE, ZIP CODE, COUN		TYPE ESTABLISHMEN		
Chester, NY	10918-1057	Medical I	Device Manufacture	r
specified requirer signature of the in an investigation: a) During your firm Number (b) (4) release to record, in or have d b) During meet its A states AI The lot w justificat CAPA to c) Your ff failures ff (SCAR). segregate unable to d) On 8/2 set subassembly I performed incom (b) (4) which a	g Post-Sterilization Inspection of sterile n rejected (b) (4) tubing sets for (b) (4) RMS Lot number 109. The acco- . Your firm acco- o distribution. Prior to releasing this lot nternal CAPA or other record to review documented justification to use as is the g Post-Sterilization Inspection of Tubin Acceptance Criteria of Accept on and L. Your firm rejected (b) (4) and the vas accepted and released for inventory ion for it be to used as is. Additionally, o evaluate, segregate or document the de firm issued a SCAR on 5/5/2016 to your found during in-process inspection of T . Your firm did not open a non-conform e, investigate or document your firm's do o provide information related to the actu- 25/2016 your firm performed incoming Lot number (b) (4) which failed to mean ing inspection on Part number (b) (4) ilso failed to meet incoming acceptance	justification f iation, segreg e Flow Tubin or defective n ceptance criter cepted (b) (4) th to distribution the rejected is nonconforming and reject on and comment star and distribut your firm did etermination frubing Lot nut ing material n disposition of al number of inspection on the your accep 9 mm N criteria on 8/	for use of nonconforming ation and the determination and the determination ation and the determination and and the determination and another of the start of the start ria for post-sterilization ubing sets from this lot of on your firm did not oper lot, evaluate the noncon- ing lot. (b) (4) on 2/1/2016 (b) (4) on 2/1/2016 (c) Actual sample size tes tes "(b) (4) tion on 2/1/2016 without d not open a non-conform for the need for an invest Part Number (b) (4) for unber (b) (4) under CA the lot of failing produce f bags which failed in-pr in Product/Part # (b) (4) otance criteria. Four days feedle Set Subassemblies	ag product and the tion of the need for (4) on 2/26/2016 bags came from Part inspection follows on 2/29/2016 for in a Nonconforming formity, investigate (5 the lot failed to sted unknown only "." t documented ming record or stigation. (5) (4) PA to evaluate, ct. Your firm was tocess inspection. (1) 12mm needle s later your firm s under Lot number ly opened one
	AMEN	IDMENT 1		
SEE REVERSE	EMPLOYEE(S) SIGNATURE Scott R Izyk, Investigator		1	DATE ISSUED 12/16/2016 12/16/2016
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			Scott R Izyk	
			Investigator Signed by: Scott R. Izyk-S	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	SPECTIONAL O	BSERVATIONS	PAGE 4 OF 7 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
158-15 Liberty Avenue	11/29/2016-12/16/2016*			
Jamaica, NY 11433	FEI NUMBER			
(718) 340-7000 Ext:5301 Fax: (718) 662-5661	1318360			
(120) 010 7000 20070212 2007 (120, 122 2002				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Andrew I. Sealfon , President & CEO	He the co			
FIRM NAME	STREET ADDRESS			
Repro-Med Systems, Inc.	24 Carpenter Rd			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Chester, NY 10918-1057	Medical Device Manufacturer			
<b>OBSERVATION 5</b> Procedures for receiving reviewing and evaluating	complaints by a formally designated unit have not			

Procedures for receiving, reviewing, and evaluating complaints by a formally designated unit have not been adequately established.

Specifically,

a) A total of 3 out of <sup>(b)</sup> complaints reviewed received from July 2015 to the start of this inspection, were not evaluated for MDR reportability.

Complaint (b) (4) dated 8/4/2016 involving tubing snapping where it connects to the syringe with a patient involved, Complaint (b) (4) dated 8/24/2016 in which tube breaking was reported with patients involved and Complaint (b) (4) dated 8/17/2015 in which <sup>(a)</sup> patients reported extended length of time for infusion.

b)Your firm's complaint investigation is inadequate in ensuring that all information related to an event is being collected in order to fully evaluate the complaint for Reportability and to fully investigate the product malfunction. Complaints do not document attempts to gather all pertinent information regarding the event including information such as what pump, tubing, syringe or needle was being used together during infusion or in the example of Complaints (b) (4) any patient information including current status of the patients.

Additionally, within Complaint (b) (4) your firm was informed that similar malfunction events occurred previous times by other end users within the month. Your firm did not attempt to collect information regarding the <sup>(b)</sup> previous events after becoming aware.

c) Your firm's complaint investigation was inadequate for Complaint (b) (4) . Your firm received information related to  $^{(b)(4)}$  patients complaining about tubing malfunctions including one event where a tube snapped where it connects to the syringe. The tubing lot numbers Product (b) (4) Lot (b) (4)

were provided but your firm did not review the DHRs as part of the investigation into the malfunction.

## AMENDMENT 1

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 5 OF 7 PAGES

	ENT OF HEALTH AND HUMAN SERVICES
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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	
Andrew I. Sealfon , President &	CEO
FIRM NAME	STREET ADDRESS
Repro-Med Systems, Inc.	24 Carpenter Rd
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Chester, NY 10918-1057	Medical Device Manufacturer
	aint files to allow for full investigation of each patient event and no
documentation showing each complaint OBSERVATION 6	t event was reviewed for MDR reportability.
documentation showing each complaint <b>OBSERVATION 6</b> Rework and reevaluation activities have Specifically, your firm reworked manufactury your firm from customers from the Correction updated notification by re-labeling the need original lot number. Your firm could not pro- of the product or how many units or which it	
documentation showing each complaint <b>OBSERVATION 6</b> Rework and reevaluation activities have Specifically, your firm reworked manufactury your firm from customers from the Correcting updated notification by re-labeling the need original lot number. Your firm could not pro- of the product or how many units or which is distribution.	e not been documented in the device history record. ring lots of needles and tubes from in-house inventory or returned to ion and Removal Notification lots identified in the March 18, 2016 lles and tubes with a clear sticker with a <sup>1016</sup> to be added over the ovide documentation showing reevaluation activities after relabeling

Specifically, your firm's manufacturer of Part number (b) (4) bag located in (b) (4) your approved supplier list.	is not included within
AMENDMENT 1	

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIONS	PAGE 6 OF 7 PAGES

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Chester, NY		2015121.04064.089121.02.09120	Device Manufacturer	
	r firm could not provide records of s upplier following your External Supp			
	Annotation	s to Observa	tions	
Observation 1:	Not annotated			
<b>Observation 2:</b>	Not annotated			
<b>Observation 3</b> :	Not annotated			
<b>Observation 4:</b>	Not annotated			
Observation 5:	Not annotated			
<b>Observation 6</b> :	Not annotated			
<b>Observation</b> 7:	Not annotated			
<b>Observation 8:</b>	Not annotated			
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	ISTECTIONAL C	JUSER VALIONS	PAGE 7 OF 7 PAGES