DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT OFFICE ADDRESS AND PHONE NUMBER FDA Kansas District Office 8050 Marshall Drive, Suite 205 Lenexa, KS 66214 913-495-5100 Industry Information: www.fda.gov/oc/industry		DATE(S) OF INSPECTION 7/31/2017, 8/1/2017, 8/8/2017, and 8/14/2017.		
		FEI NUMBER		
		3013446837		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: Jay R. Bryant-Wimp, Pharmacist in Charge	<u> </u>			
FIRM NAME	STREET ADDRESS	Provinces of the control of the cont		
Accurate Rx Pharmacy Consulting, LLC dba Accurate Rx Pharm		103 Corporate Lake Drive, Suite B		
CITY, STATE AND ZIP CODE	1000 NA 2000 N	TYPE OF ESTABLISHMENT INSPECTED		
Columbia, MO 65203-7290	Producer of sterile drugs			
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. DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:				
Observation 1:				
Your ISO 5 classified workstation where sterile product are prepared is located within a non-classified room.				
Specifically,				
A. Your (b) (4) "compounding aseptic (b) (4)" is not located in a controlled environment/ room in order to prevent the risk of contamination. On 7/31/2017, during the production of saline water bags, the (b) (4) was observed to be equipped with (b) (4) and is therefore not completely enclosed to the environment. Additionally, (b) (4) is not used every day and it is turned off when it is not in use. (b) (4) for cleaning and disinfection.				
B. The ISO 5 classified area is in close proximity to the "compounding aseptic (b) (4) " to prevent risk of conta	mination.			
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED	
SEE REVERSE OF THIS PAGE	Veronica Fuentes, Investigat	or	8/15/2017	