DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 6751 Stemer Drive 1/25/2016-2/9/2016* Cincinnati, OH 45237-3097 3011967886 (513) 679-2700 Fax: (513) 679-2772 NAME AND TITLE OF INDMOLIAL TO WHOM REPORT ISSUED Raymend R. Carlson , Owner, Pharmacist FIRM NAME STREET ADDRESS RC Outsourcing LLC 102 E Water St CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Lewellville, OH 44436-1117 Outsourcing Facility 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 OBSERVED: **OBSERVATION 1**

Each batch of drug product purporting to be sterile and pyrogen-free is not laboratory tested to determine conformance to such requirements.

Specifically, the furn does not test each batch of injectable product for endotoxin.

OBSERVATION 2

Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not followed.

Specifically, the firms media fill procedures SOP P1.1.2.3 indicate that a (b) (4)

The firm failed to complete the (D) (4)

edia fill challenge during the last media fill challenge (b) (4)

OBSERVATION 3

Aseptic processing areas are deficient regarding the system for monitoring environmental conditions.

Specifically, your firm failed to monitor differential pressure readings frequently during aseptic production. Differential pressure values are not recorded.

OBSERVATION 4

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
6751 Steger Drive		DATE(S) OF INSPECTION 1/25/2016-2/9/2016*			
Cincinnati, OH 45237-3097 (513)679-2700 Fax: (513)679-2772		3011967886			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Raymond R. Carlson , Owner, Pharmacist					
FIRM NAME	STREET ADDRESS				
RC Outsourcing LLC	102 E Wat				
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMEN				
Lowellville, OH 44436-1117	Outsourci	ing Facility			
There is a failure to thoroughly review any unexplaalready distributed. Specifically,	ined discrep	ancy whether or not the batch has been			

A. The firm failed to provide documentation of its investigations into microbial counts which exceeded the firms environmental and personnel monitoring alert levels. The firm noted 8 CFUs for (b) (4) (sample 19)14 (sample 19)1

documentation regarding the handling of this deviation.

B. while temperature of the facility, refrigerator, and incubators as well as the humidity of the facility is monitored the firm does not have procedures in place to investigate deviations from specified ranges. The Daily Management Log indicated that the humidity of the label room, anteroom, and clean room was below the specified range the week of Jan 18. The firm failed to investigate these deviations.

OBSERVATION 5

Buildings used in the manufacture, processing, packing, or holding of a drug product do not have the suitable construction to facilitate cleaning, maintenance, and proper operations.

Specifically, the door leading from the (b) (4) room into the anteroom as well as the door leading from the anteroom into the clean room have gaps at the bottom approximately 1 inch in size.

OBSERVATION 6

Complaint files are not maintained. Specifically ***

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	ONS	PAGE 2 OF 5 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
6751 Steger Drive	1/25/2016-2/9/2016*			
Cincinnati, OH 45237-3097	FEI NUMBER			
(513)679-2700 Fax: (513)679-2772	3011967886			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Raymond R. Carlson , Owner, Pharmacist				
FIRM NAME	STREET ADDRESS			
RC Outsourcing LLC	102 E Water St			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Lowellville, OH 44436-1117	utsourcing Facility			

Specifically, The firm does not have a complaint procedure to properly investigate complaints. I reviewed the two Continuous Quality Improvement (QCI) sheets on file at the firm but the firm could not provide documentation for the handling these CQI sheets.

OBSERVATION 7

Routine calibration of equipment is not performed according to a written program designed to assure proper performance.

Specifically, the (b) (4) electronic balance used to measure bulk drug substances and ingredients used in production of Dexamethasone 400mcg/0.1, Phenylephrine 1.50%, Phenylephrine 2.5%, Vancomycin 1mg/0.1ml, and Vancomycin 2mg/0.1ml product is not calibrated as instructed in SOP P3.8.1.4. The Balance Calibration Log L3.8.1.4 has not been completed.

OBSERVATION 8

The labels of your outsourcing facility?s drug products are deficient.

Specifically, the following information is not found on your drug product labels:

• The statement, "Office Use Only," or the date the drug was compounded.

Examples of drug product labels that do not include this information:

- o Cefuroxime 1 mg/0.1 ml − in Tb syringe
- o Dexamethasone 400 mcg/0.1 ml Tb syringe
- o Ceftazidime 2.25 mg/0.1 ml in Tb syringe
- o Ceftazidime 4.5 mg/0.1 ml in Tb syringe
- Vancomycin 1 mg/0.1 ml Tb syringe
- O Vancomycin 2 mg/0.1 ml in Tb syringe
- o Phenylephrine 1.5% 1 ml in a 3 ml BD syr
- O Phenylephrine 2.5% in 15 ml(5) (4)

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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	•			
Raymond R. Carlson , Owner, Pharmacist				
FIRM NAME	STREET ADDRESS			
RC Outsourcing LLC	102 E Water St			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Lowellville, OH 44436-1117	Outsourcing Facility			

Furthermore, the following information is not found on the container labels for some of the drug products you produce:

The dosage form or route of administration.

Examples of container labels that do not contain this information:

- o Cefuroxime 1 mg/0.1 ml in Tb syringe
- o Dexamethasone 400 mcg/0.1 ml Tb syringe
- o Ceftazidime 2.25 mg/0.1 ml in Tb syringe
- o Ceftazidime 4.5 mg/0.1 ml in Tb syringe
- o Vancomycin 1 mg/0.1 ml Tb syringe
- o Vancomycin 2 mg/0.1 ml in Tb syringe
- o Phenylephrine 1.5% 1 ml in a 3 ml BD syr
- Phenylephrine 2.5% in 15 ml (b) (4)

Annotations to Observations Observation 1: Not annotated Observation 2: Not annotated Observation 3: Not annotated Observation 4: Not annotated Observation 5: Not annotated Observation 6: Not annotated

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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATION	is	PAGE 4 OF 5 PAGES

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Cincinnati, (ОН 45237-3097		FEI NUMBER 3011967		
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NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED		Ľ.		
Raymond R. Ca	arlson , Owner, Pha		ADDRESS		
RC Outsourcin	na LLC	V99362870690	E Water St		
CITY, STATE, ZIP CODE, COUN	TRY	TYPE ES	TABLISHMENT INSPECTED		
Lowellville,	ОН 44436-1117	Outs	ourcing Faci	lity	
Observation 7:	Not annotated				
Observation 8:	Not annotated				
*DATES OF I					
1/25/2016(Mon),1/26/2016(Tue),1/27/	2016(Wed),1/28/2	016(Thu),2/09/	2016(Tue)	
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The observations of objectionable conditions and practices listed on the front of this form are reported:

- 1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
- 2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."