		LTH AND HUMAN SERVIC IG ADMINISTRATION	ES	
1 0 0 0 3 Nove Have			DATE(S) OF INSPECTION	
Silver Spring	mpshire Ave,Bldg 51,Rm 4225 gs, MD 20993	FEI NUMBER	016-8/26/2016*	
	Fax: (301)847-8738	300461	0460	
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED			
	nda , Vice Chairman			
FIRM NAME	tables Limited	STREET ADDRESS		
CITY, STATE, ZIP CODE, COUN		Chacharvadi Vasna TYPE ESTABLISHMENT INSPECTED		
Ahmedabad, G	ıjarat, 382213India	Drug Manufacturer		
observations, and do observation, or have action with the FDA	observations made by the FDA representative (so not represent a final Agency determination reg implemented, or plan to implement, corrective representative(s) during the inspection or submitted FDA at the phone number and address about	garding your compliance. If action in response to an obstite this information to FDA	you have an objection regarding an servation, you may discuss the objection	on or
DURING AN INSPEC LABORATORY	CTION OF YOUR FIRM WE OBSERVED: SYSTEM			
process control Specifically, a) On 8/22/16 a (b) (4) and L endotoxin samp the test tube. The degrees when of	n analyst was observed conducting of # Per the firm's SOP obles are to be inverted 180 degrees the analyst observed conducting the btaining test results on multiple test was not sufficient to consistently income	endotoxin testing on # QCD/018, titled to observe if there is a testing, was tilting the t samples. The angle	(b) (4) Injectable Lot I, "Bacterial Endotoxin Test" gel formation on the bottom of e sample test tubes less than the test tubes were observed	t # ', the of 90
"Media Prepara with the media identified using (b) (4) and affixed or ident	nedia used for sterility testing is no tion" which states under storage of identification name, lot number and lot #, name, or date made or expiri used in sterility testing were obser- ification marker of any kind showing s prepared in the sterile testing area	prepared media, that d ^{(b) (4)} date. ing. Several racks of the ved sitting in the incurrence traceability or identification.	However, media is not test tubes containing for abation room with no label attification of the media. Furt	t or ther,
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Angela E Glenn, Investigato Anastasia M Shields, Invest		Angela E Glenn Appels E Glenn Investigator Spined by: Angela E. Glenn -S	16
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE IN	SPECTIONAL OBSERVATI	ONS PAGE 1 OF 5	PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION						
DATE(S) OF INSPECTION						
8/16/2016-8/26/2016*						
FEI NUMBER						
3004610460						
Mr. Arjun Handa , Vice Chairman						
STREET ADDRESS						
Chacharvadi Vasna						
TYPE ESTABLISHMENT INSPECTED						
Drug Manufacturer						

with a label that is easily detached and may be removed or lost and may in return compromise the identity and traceability of the sample.

c) Media plates generated from Environmental Monitoring/Sampling and personnel testing, that are to be read by the Auto Colony Counter, are wiped free of their identification label showing date, location and employee tested if applicable, prior to being placed in the Auto Colony Counter for reading. The recorded digital photo taken by the Auto Colony Counter, showing results and colonies counted, does not include plate identification in the photo and hence does not ensure traceability of results. Per SOP # QAD/037, titled, "Auto Colony Counter", plates are to be affixed with the proper label as described in SOP # QAD/037, titled, "Clean Room Monitoring". The plates observed being read did not have a label, and the discarded plates that had been already read were observed as not having a label.

OBSERVATION 2

Acceptance criteria for the sampling and testing conducted by the quality control unit is not adequate to assure that batches of drug products meet appropriate statistical quality control criteria as a condition for their approval and release.

Specifically, samples collected for BET testing, per SOP # (4)/QAD/032, titled, "Finished Product Sampling", are not collected in sufficient quantity to be representative of the final batch.

OBSERVATION 3

The use of apparatus not meeting established specifications was observed.

Specifically, the used during sterility testing has not been qualified for that purpose.

SEE REVERSE OF THIS PAGE

OF THIS PAGE

EMPLOYEE(S) SIGNATURE

Angela E Glenn, Investigator

Anastasia M Shields, Investigator

Angela E Glenn

Angela E Glenn

Angela E Glenn

Angela E Glenn

Investigator

Signed by: Angela E Glenn - 5

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

	DEPARTMENT OF H FOOD AND	EALTH AND HUMA DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHO			DATE(S) OF INSPECTION 8/16/2016-8/26/2016*		
			FEI NUMBER		
(301) 796-3334	334 Fax: (301)847-8738		3004610460		
NAME AND TITLE OF INDIVIDUA	AL TO WHOM REPORT ISSUED				
Mr. Arjun Han	nda , Vice Chairman				
	tables Limited	Chacharva	Chacharvadi Vasna		
	ujarat, 382213India		TYPE ESTABLISHMENT INSPECTED Drug Manufacturer		
PRODUCTION	SYSTEM				
	ON 4 gned to prevent microbiological ned, written and followed.	contamination	of drug products purportin	ng to be sterile	
into the clean ro	D/004 Clean Room Entry - Exit Poom area. However, you have no which the garments can be proce cycles.	t validated the r	number of cleaning and ste	erilization	
lines utilized in	the manufacture of pharmaceution (b) (4) requirements, you have not validated the	cals destined for	r the U.S. market, including the goggles prior to entry in	ng: (b) (4) nto the clean	
	les can be processed and are rely		_	_	
sporicidal conta (b) (4) for Maintenance of includes the line	(b) (4) However, n Clean Room, which is applicabl (b) (4) bag packing es utilized in the manufacture of	o contact time i to the clean rong area and pre-	s specified in SOP (**)PR som areas of sterile area in (b) (b) (4) pl	D/006 (b) (4) lant, which	
market, includir	ng: (b) (4 _{(b) (4)}		(b) (4)		
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Angela E Glenn, Investiga Anastasia M Shields, Inve		8,26/2014 X Angela E Glenn Angels E Gern Investigator Signed by: Angels E. Genn -S	DATE ISSUED 8/26/2016	
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	INSPECTIONAL OF	BSERVATIONS	PAGE 3 OF 5 PAGES	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION							
DISTRICT ADDRESS AND PHON			DATE(S) OF INSPECTION				
Silver Spring	Hampshire Ave,Bldg 51,Rm 4225		8/16/2016-8/26/2016* FEI NUMBER				
	Fax: (301)847-8738	3004	610460				
NAME AND TITLE OF INDIVIDUA	L TO WHOM REPORT ISSUED						
	nda , Vice Chairman						
FIRM NAME	cables Limited	STREET ADDRESS	/agna				
CITY, STATE, ZIP CODE, COUNT		Chacharvadi Vasna Type establishment inspected					
Ahmedabad, Gu	ıjarat, 382213India	Drug Manufacturer					
d) The 2016 smoke study performed in the filling area of (b) (4) line (b) (4) (b) (4) manufacture of drug (b) (4) manu							
examinations of examples of filled bag with a defect b) According to more are not rec	0/041 Automatic Visual Inspection P filled drug products are trained to it ed bags utilized for training operator et marked with an X and another bag SOP CF/CQA/023, newly hired em quired to complete on-the-job training supervision of a trainer.	dentify defects ut rs to detect defect g with a black dot ployees with ind ag nor are they re	tilizing test kits. I ob ts in (b) (4) mL (b) (4) an t in the tub categorize ustry experience of	served selected d found one ed as "Good".			
Annotations to Observations							
Observation 1: Observation 2:	Not annotated Not annotated						
Observation 2. Observation 3:	Not annotated Not annotated						
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Angela E Glenn, Investigator Anastasia M Shields, Investi		Angela E Glenn Angela E Glenn Investigator Signed by: Angela E. Genn -S	DATE ISSUED 8/26/2016			

INSPECTIONAL OBSERVATIONS

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FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 10903 New Hampshire Ave, Bldg 51, Rm 4225 8/16/2016-8/26/2016* Silver Springs, MD 20993 3004610460 (301) 796-3334 Fax: (301) 847-8738 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Mr. Arjun Handa , Vice Chairman FIRM NAME STREET ADDRESS Claris Injectables Limited Chacharvadi Vasna CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Ahmedabad, Gujarat, 382213India Drug Manufacturer Observation 4: Not annotated Observation 5: Not annotated *DATES OF INSPECTION 8/16/2016(Tue),8/17/2016(Wed),8/18/2016(Thu),8/19/2016(Fri),8/22/2016(Mon),8/23/2016(Tue),8/24/ 2016(Wed),8/25/2016(Thu),8/26/2016(Fri) 8/26/2016 X Anastasia M Shields Anastasia M Shields Signed by: Anastasia M. Shields -S

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

Angela E Glenn, Investigator Anastasia M Shields, Investigator

X Angela E Glenn Angela E Glenn

DATE ISSUED 8/26/2016