	*		ALTH AND HUMAN SERVICE RUG ADMINISTRATION	S	10		
DISTRICT OFFICE AD	DRESS AND PHONE N		DATE(S) OF INSPECTION				
10903 New Hampshire Ave, Bldg 51, Rm 4225 Silver Spring, MD 20993				3/26/2018 - 3/30/2018			
	ax: (301) 847-873	8		FEI NUMBER			
				3004879807			
NAME AND TITLE OF	on: www.fda.gov/o	C/Industry					
		TREPORT IS ISSUED					
	General Manager		Lazzez Apapeas				
FIRM NAME		STREET ADDRESS					
Galaxy Surfactants Limited		Plot No. N46, MIDC Boisar					
CITY, STATE AND ZIP CODE  Tarapur, Maharastra, 401506, India		TYPE OF ESTABLISHMENT INSPECTED					
I arapur, Manaras	tra, 401506, India	The state of the s	Manufacturer				
OBSERVATIONS; AND OBSERVATION, OR I- OBJECTION OR ACTIV YOU HAVE ANY QUES DURING AN INSPECTI	DO NOT REPRESENTAVE IMPLEMENTED, ON WITH THE FDA RESTIONS, PLEASE CONTONS, PLEASE CONTONS ON OF YOUR FIRM (I)		ON REGARDING YOUR COMPLIA RECTIVE ACTION IN RESPONS INSPECTION OR SUBMIT THIS I R AND ADDRESS ABOVE.	ANCE. IF YOU HAVE AN OBJ E TO AN OBSERVATION, Y NFORMATION TO FDA AT T	ECTION REGARDING AN OU MAY DISCUSS THE HE ADDRESS ABOVE. IF		
	bilities and pro	cedures applicable to the	e quality control unit a	re not in writing and	fully followed.		
Specifically,							
a. The SOP # Q	C029-01 (Effec	ctive date 3/15/2018), S					
not include spe	cifications for (b	water that is used	d as raw material in the	manufacturing of A	API,		
b. You did not	follow your SO	P#QC003-00 (Effective	e date 9/1/2017), Inspe	ection, Sampling, Te	sting, and		
Clearance of Fi	nished Goods.	You used a non USP ar	d a non-validated meth	nod, OCN_USP to re	elease a number		
of batches of (b)	(4)	including; Lot # (b) (4	)				
(b) (4)	,	These batches were rele	ased between 2/17/201	8 - 3/5/2018.			
include a numb Stage where yo for Stages (b) (4)	er of critical par u blend several and also for the	rameters including; mar lots (obtained from black) stage of blending to 18.3 on page 29.	ufacturing instructions	for Stages (b) (b) (a) and (c) (c) (d) and (c) (d) and (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	d also for the equipment used		
2 Vour firm for	iled to (adequat	ely) validate the analyti	cal method for stability	studies of API (b) (4)			
		rcialization period and		studies of Al 1,			
		for the test is neither a			iod.		
b. Your firm is currently using GC method, GQM 157 for the stability testing of API, (b) (4) but							
you have not co	impleted forced	degradation studies with	th this method.				
				*			
				Ade	d Continuation Page		
				*			
[EA	MPLOYEE(S) SIGNATU	RF	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED		
SEE A	0	_	To resto, mais rate me				
REVERSE OF THIS PAGE	Kaylink.	madar	Rajiv R Srivastava, Investiga	ator	03/30/2018		

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION							
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	Di	ATE(S) OF INSPECTION					
10903 New Hampshire Ave, Bldg 51, Rm 4225 Silver Spring, MD 20993	3	3/26/2018 - 3/30/2018					
(301) 796-3334 Fax: (301) 847-8738	FE	NUMBER					
Industry Information: www.fda.gov/oc/industry  NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	3	004879807					
TO: Milind Patil, General Manager							
FIRM NAME	STREET ADDRESS						
Galaxy Surfactants Limited	Plot No. N46, MIDC Bo	Plot No. N46, MIDC Boisar					
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED						
Tarapur, Maharastra, 401506, India	Manufacturer						
c. You have conducted forced degradation study for (Document no. OCN/FDS-1/01-00) and used a non-validated HPLC method as an analytical tool. However, you use a non-validated GC method, GQM 157 as the stability test method at your site N46.  3. You failed to place on stability at least one batch per year of manufactured APIs and to test at least annually to confirm the stability characteristics of the APIs, appropriate storage conditions and confirm the expiry dates. Specifically, a. In 2016, you did not confirm the stability characteristics and storage conditions for a number of APIs including:							
Lot (b) (4)		ere manufactured in 2016 and					
shipped to US.  b. In 2017, your firm only placed long term stability studies.		and did not place the products on					
4. Your firm failed to provide GMP training to your employees at the particular operations that the employee performs and GMP as it relates to the employee's functions. Specifically, Only 4 out employees (that includes technical staff and the operators as per your Site Master File, SMF-N46-00, Effective date 1/15/2018, page 13) received the GMP training in 2016 and no training was given in 2017. However, SOP # QA011-00 (Effective date 8/12/2017) Training and Evaluation, section 4.1.31 states training frequency should be conducted as a long at the solution, you have not provided any refresher training as per section 4.1.33 of the SOP that has a provision for refresher training in (b) (4) in (b) (4) in (b) (4) (b) (4) (b) (4) (b) (4) (b) (4) (c) (c) (d) (d) (d) (d) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e							
Specifically, Your SOP # PR003-01 (Effective date 2/23/2018) does not specify the maximum time that elapse between the completion of processing and equipment cleaning, when appropriate. In addition, your procedure does not include equipment clean hold time limits prior manufacturing processes.							
Add Continuation Page							
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (F	rint or Type) DATE ISSUED					
Rayin R. Sinvastaire	Rajiv R Srivastava, Investigator	03/30/2018					
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	NSPECTIONAL OBSERVATI	ONS Page 2 of 3					

	ALTH AND HUMAN SERVICES RUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DAT	DATE(S) OF INSPECTION		
10903 New Hampshire Ave, Bldg 51, Rm 4225	3/2	6/2018 - 3/30/2018		
Silver Spring, MD 20993 (301) 796-3334 Fax: (301) 847-8738	FEIT	NUMBER		
Industry Information: www.fda.gov/oc/industry	300	04879807		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED				
TO: Milind Patil, General Manager				
FIRM NAME	STREET ADDRESS			
Galaxy Surfactants Limited	Plot No. N46, MIDC Boisar			
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED			
Tarapur, Maharastra, 401506, India	Manufacturer			
and Step(4) for (b) (4) blending step (b) (b) (4) blending step (b) (a) (b) (4)  non-qualified equipment were used to manufacture and (b) (4)  7. Your firm failed to use water that is suitable for manufacture and (c) (d)	o to manufacture (b) (4) d ship APIs to US includin	respe	ufacture (b) (4) ectively. These Lot #	
Specifically,				
You manufacture (b) (4) water (b) (4) water) at your si	te from municipality water	. The manufactu	ired water quality	
does not meet (or exceed) with the potable water quali including; (pH (b) (4) , (b) (4) (pH (b) (4) ),		er was > on m There were no ir	ultiple days vestigations to	
correct the water system to meet (or exceed) potable w	ater specification.			
8. You do not ensure product quality uniformity from (BMR) does not conform to the Master Formula Reconfigure (b) (4) outside did not update your MFR. This BMR was used to man shipped to US including; (b) (4)	rd (MFR). You revised you to the MFR (MFR) 00	ır BMR (BMR- <sup>©</sup> 1 <b>-</b> 00, Effective d	001-01, late 8/4/2017) and	
in 2016-2017.		erm stability data	a for 2016.	
		Add	d Continuation Page	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Prin	nt or Type)	DATE ISSUED	
REVERSE ROJU R. Sylvestair	Rajiv R Srivastava, Investigator		03/30/2018	