	IT OF HEALTH AND HUMAN SERVICES		
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DA	TE(S) OF INSPECTION	
One Montvale Avenue		06/20-23, 28/2017	
Stoneham, MA 02180		-	
781-587-7500		NUMBER	
Industry Information: www.fda.gov/oc/industry		3011430551	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		and the second	
TO: James P. Cangelosi, Owner			
FIRM NAME	STREET ADDRESS		
Brookfield Pharmacy	60 Old New Milford Rd, Suite 2B		
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSP	ECTED	
Brookfield, CT 06804	Producer of Sterile and No	on-Sterile Drug Products	
DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED: OBSERVATION 1 Your firm produces drug products intended for controlled for endotoxin level. Therefore, you for bacterial endotoxins. Intrathecal (IT) drug	have no assurance that your final	product is within allowable	limits
as various combinations of Baclofen, Clonidin and Bupivacaine, are made with non-sterile bu Hydromorphone/Fentanyl/Bupivacaine/Clonid , clonidine (b) (4) , and keta - (b) (4) OBSERVATION 2	lk drug substances as starting mai	terials e.g. $^{(b) (6), (b) (7)(C)}$ fenta - (b) (4) bupi (b)	
The use of sporicidal agents in the cleanrooms	and ISO classified areas are inad	emiste	
The use of sponetan agents in the cream coms	and 150 classified aleas are mad	equate.	
Specifically, your firm references cleaning age state of microbial control in your classified are ^{(b) (6), (b) (7)(c)} Hydromorphone/Bupivacaine/Clonidin review of your firm's cleaning and gowning pr Washing and Garbing Rev. 01, revealed that you with a sporicidal agent such as (b) (4) of which your technicians are trained on and use a	as, where you manufacture intrational (b) (4) and a cedures: SOP #4.01, Cleaning Pour firm has no stipulation of estates an sanitizing agents such as (b) (4)	blished contact times for clear listed in these SOP	RX 2.04 aning
		Add Continuation	Page
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Pr	Int or Type) DATE ISSUED	
REVERSE OF THIS PAGE	Nealie C. Newberger, Investigat Dien N. Nguyen, Investigator	or 06/28/2017	
FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE	INSPECTIONAL OBSERVATIO	INS Page 1	of 2

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NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS TO: James P. Cangelosi, Owner	S ISSUED	s Milford Rd, Suite 2B
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS TO: James P. Cangelosi, Owner FIRM NAME	S ISSUED STREET ADDRES 60 Old New 1	

for use of (b) (4) stipulate effective contact times of: (b) (4) for bacterial spores, (b) (4) for bacteria and viruses, (b) (4) for fungi, and (b) (4) for TB. The manufacturer's instructions for use of ^{(b) (4)} on gloves stipulates a (b) (4) contact time for sanitization of gloves and hard surfaces. Contact times were not noted to be adhered to during the inspection.

OBSERVATION 3

ISO-5 classified areas were not certified under dynamic conditions. Specifically, uni-directional airflow was not verified under operational conditions.

Specifically, your firm has not executed smoke studies under normal, dynamic working conditions in your classified areas where you manufacture sterile intrathecal drug products such as RX ^{(b) (b) (7)(A)}Hydromorphone/ Bupivacaine/Clonidine ((b) (4)) manufactured 20 JUNE 2017.

OBSERVATION 4

The ISO classified areas have difficult to clean, particle-generating, or visibly dirty equipment of surfaces.

Specifically, the pass through between the ISO 8 (b) (4) where products are staged and transferred into the ISO 7 (b) (4) is made of wood with a laminated surface that demonstrates wear marks and unidentified stains. The doors sealing the pass through have a porous foam strip between the door and the frame which has obvious signs of particulate contamination and unidentified staining. Rust was also noted on the legs of the stainless steel preparation table located in the ISO 7 (b) (4)

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SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type) Nealie C. Newberger, Investigator Dien N. Nguyen, Investigator	DATE ISSUED 06/28/2017
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