	DEDARTMENT OF WEAT	TH AND SHIP	IAN CEDUICEC	
x. 27 - 11 11 15 00 15 00 13 X	DEPARTMENT OF HEAL FOOD AND DRU	G ADMINISTRATI		
DISTRICT ADDRESS AND PHONE NUMBER			DATE(S) OF INSPECTION	
6th & Kipling St. (P.O. Box 25087) Denver, CO 80225-0087			3/6/2018-3/13/2018* FEI NUMBER	
(303)236-3000 Fax: (303)236-3100			3013935808	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		0.000		
Ms. Jennifer K. Handsaker, Head Pharmacist				
FIRM NAME STREET ADDRESS				
5-7-10 mm - 10 mm	그 그릇이 그 이 전 이 그 이 그는 이 마셨다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그		illson Ave Ste C	
Bozeman, MT		Producer of Non-Sterile Drug Products		
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.				
OBSERVATION Written procedure including utens Specifically, cle	ures are not established and followers, used in the manufacture, process	sing, packin	eaning and maintenance of equipment, ng or holding of a drug product. ations are deficient and lack thoroughness	
its intended use Specifically, (b)	mponent that is liable to microbiolo is not subjected to microbiological	tests before of emollier	nt creams, oral suspensions, and (b) (4)	
*DATES OF II 3/06/2018(Tue)	NSPECTION , 3/07/2018(Wed), 3/08/2018(Thu),	3/13/2018((Tue)	
EMPLOYEE(S) SIGNATURE DATE ISSUED				
SEE REVERSE OF THIS PAGE	Nayan J Patel, Investigator		Nayan J Patel Investigator Signed By: 2001686919 X 3/13/2018	