	DEPARTMENT OF HE					
DISTRICT ADDRESS AND PHO	FOOD AND DRUG ADMINISTR		DATE(S) OF INSPECTION			
158-15 Liber			3/30/2016-4/18/2016*			
Jamaica, NY				7010285019		
(718) 340-70	00 Ext:5301 Fax:(718)662-56	61				
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED		<del>'                                    </del>			
	, Sr. , Owner		<u>*</u>			
FIRM NAVE		STREET ADDRESS				
This could be a second	y and Home Care Products	5110 Mai	n St			
Center, Inc.	TRY	TYPE ESTABLISHM	ENT INSPECTED	<u></u>		
Williamsvill	e, NY 14221-5256	Sterile Drug Producer				
observations, and do observation, or have action with the FDA	observations made by the FDA representative not represent a final Agency determination r implemented, or plan to implement, corrective representative(s) during the inspection or sultact FDA at the phone number and address a	regarding your conve action in responsibility this information.	mpliance. If you have an objection range to an observation, you may disc	regarding an cuss the objection or		
OBSERVATION	ON 1 rel is not worn as necessary to pro	otect drug pro	ducts from contamination.			
	e operator's neck area is not fully low area where sterile drug produ			er the critical		
On 4/1/16 evec	essive conversation was observed	hetween (b) (4)	onerators while each was t	nrengring		
	ile drug product in an ISO 5 zone.		operators with each was p	repairing		
117 distill lily stor	ne drug product in an 100 5 2010.					
100000-	61 2009 A. Pe - No. 1925 115	and moreon		2004		
OBSERVATION Aseptic process	ON 2 sing areas are deficient regarding t	he system for	r monitoring environmenta	l conditions.		
Specifically,	8		-a	X		
	faces, inside the ISO 5 hoods, are of production and at the end of op					
b. Environment (b) (4)	al monitoring for non-viable parti by an outside vendor.	culates is onl	y performed during the (b)	(4)		
	ean rooms, the ISO 7 anteroom, as ir pressure differentials (b) (4)	nd the unclass	sified surrounding areas are	e only		
2	1000 House of the second of th					
G						
8	**			超		
	EMPLOYEE(S) SIGNATURE		<u> </u>	DATEISSUED		
SEE REVERSE OF THIS PAGE	Karen L Kosar, Investigato	or	Karen L Kosar  Karen L Kosar  Karen L Kosar  To religitor  Syndry: Faren L Mosar-S	4/18/2016		
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE ]	NSPECTIONAL (		PAGE 1 OF 4 PAGES		

	DEPARTMENT OF HEAL	TH AND HUMA	AN SERVICI	ES	
DISTRICT ADDRESS AND PHO		G ADMINISTRATI			
158-15 Liber	SPORT MANY PROGRAMM	ž	3 / 3 0 / 2 /	016-4/18/2016*	
Jamaica, NY			FEI NUMBER	010-471072010	2000
	00 Ext:5301 Fax: (718) 662-5661		3010285	5019	
		49 M	ACTIONS THE PERSON AND EN		
56/90/00/00/00 U.Sen UF	AL TO WHOM REPORT ISSUED				
Alionse Muto	, Sr. , Owner	STREET ADDRESS			
10/10/04	Nama Carra Brandwith	8608600000 ACC	2 21		
	y and Home Care Products	5110 Mai	n st		
Center, Inc.	пку	TYPE ESTABLISHME	ENT INSPECTED		10. 10. 10. 10. 10.
A verifical activities of the contract of the	e, NY 14221-5256	Sterile	Drug Pro	oducer	17 F. St. 17 F. 17 F. 18
				8	
			-		
OBSERVATION	ON 3				
Separate or def	ined areas to prevent contamination	or mix-ups	are defici	ent regarding ope	rations related
(100 to 100 to 1	f in-process materials.			0 0 1	
to the bronage o	in process materials.			5	(*
Specifically the	ere are no separate facilities, for pro	cessing one	rations to	nrevent contami	nation from
	a valgalara introvariantelera e han figurara.			HAT 를 잃었다고 말 2시	
	ectable drugs, such as Ceftazidime.				
glass vials, is p	rocessed in the same ISO 5 hood as	are sterile in	njectable	non beta-Lactam	drugs. There is
no assurance th	at a potential breakage of the glass v	vial and con	sequent (	o) (4) spill would	l not
	ner sterile drug products.			7 ( 7 1	
COMMINIATO ON	ior sterile drug producto.				
9					
		67			
OBSERVATION	)N 4	3000 - 30	321	Selfate S	38,900
			~ C 4		~ t= h= =t==:1a
TO SEE A SECTION OF THE PROPERTY OF THE PROPER	gned to prevent microbiological con		or urug p	oroducts purportin	g to be sterne
do not include v	validation of the sterilization process	3.		+10	
a 12 11		2000 000			0018 VS
	u have not validated the (b) (4) sto		rocess us		1000 0
such as Progest	erone in Sesame Oil Inj. within you			. In addition	, your
(b) (4) used	to (b) (4) sterilize drug products	has not bee	en qualific	ed for use.	
		30			
	0				- marker
OBSERVATION	)N 5				
Each batch of d	rug product purporting to be sterile	and pyroger	n-free is r	ot laboratory test	ed to
and the state of t	ormance to such requirements.	FJ - 28			
ucionimic come	indice to sach requirements.				
		83			
· · · · · · · · · · · · · · · · · · ·			-		
OFF DEVEROF	EMPLOYEE(S) SIGNATURE		a	412/216	DATE ISSUED
SEE REVERSE OF THIS PAGE	Karen L Kosar, Investigator			V	4/18/2016
OF THIS PAGE	S <del>e</del>		2.	X Karen L Kosar	
	₩			investigator Spreadity: Karen L. Youan-S	

INSPECTIONAL OBSERVATIONS

PAGE 2 OF 4 PAGES

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

	DEPARTMENT OF HEA	LTH AND HUM UG ADMINISTRAT			
DISTRICT ADDRESS AND PHO		COADMINISTRAT	DATE(3) OF INSPECT		
158-15 Liber			3/30/2016	5-4/18/2016*	**
Jamaica, NY			301028501	9 .	
(718) 340-70	00 Ext:5301 Fax: (718)662-566	T	The first of the second description of the second s		
NAME AND TITLE OF INDIVIOU	AL TO WHOM REPORT ISSUED	77.7		70.	47 - 127
	, Sr. , Owner	.51			
FIRM NAME		STREET ADDRESS		3 AV. 30 S	
	y and Home Care Products	5110 Mai	n St		
Center, Inc.	itry -	TYPE ESTABLISHVI	ENT INSPECTED	**************************************	1919)
	e, NY 14221-5256	Sterile Drug Producer			
OBSERVATION There is no write Specifically, a. Sterile (b) (4	tten testing program designed to as	sess the stab	g for sterile	drug products c	products.
not conducted a prepared (b) (4) b. Your firm ha	my studies to support the stability/s	sterility over	the time per	iods that(b) (4) (BUD) for any	are sterile
testing to suppo days refrigerate	ort the BUDs such as 90 days refrig d for Ascorbic Acid injection. You ned over the time period of the BU	erated for Pl have no dat	nenylephrine	-Tropicamide i	njection or 90
c. Your firm on	ly performs potency testing related	to (b) (4)			
8	<i>数</i> 数		Й		
OBSERVATIO	ON 7	*			
	15	73 - 73	5 N		- 202
15 15 15 15 15 15 15 15 15 15 15 15 15 1	EMPLOYEE(S) SIGNATURE		3 <b>4</b>		DATE ISSUED
SEE REVERSE OF THIS PAGE	Karen L Kosar, Investigator		for to:	Caren L Kosar	4/18/2016
<u> </u>					

DEPARTMENT OF HEA FOOD AND DE	LTH AND HUMAN SE UG ADMINISTRATION	RVICES
DISTRICT ADDRESS AND PHONE NUMBER	DATE	S) OF INSPECTION
158-15 Liberty Avenue	3/3	30/2016-4/18/2016*
Jamaica, NY 11433 (718) 340-7000 Ext:5301 Fax:(718)662-5661		NBER 10285019
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
Alfonse Muto, Sr. , Owner		\$1
FIRM NAVE	STREET ADDRESS	
Pine Pharmacy and Home Care Products Center, Inc.	5110 Main St	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSP	ECTED
Williamsville, NY 14221-5256	Sterile Drug	y Producer
		- C. S.

Testing and release of drug product for distribution do not include appropriate laboratory determination of satisfactory conformance to the final specifications prior to release.

Specifically, visual checks of sterile injectable drugs for clarity/discoloration or particulates/contaminants are not performed against contrasting backgrounds.

## **OBSERVATION 8**

Employees engaged in the processing of a drug product lack the training required to perform their assigned functions.

Specifically, surface samples obtained from the critical ISO 5 surfaces and glove finger tips along with other clean room surfaces are placed on (b) (4) plates. They are (b) (4) who have not been trained in determining that.

## \*DATES OF INSPECTION

3/30/2016(Wed),3/31/2016(Thu),4/01/2016(Fri),4/05/2016(Tue),4/07/2016(Thu),4/18/2016(Mon)

	EMPLOYEE(S) SIGNATURE	ï	DATE ISSUED
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