DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHO	NENUMBER	DATE(S) OF INSPECTION	N	
	mpshire Avenue	04/23/201: FEINUMBER	5 - 05/01/2015	
Silver Spring (301) 594-469	q, MD 20993 95 Fax:(301) 594-4715	301132451	3	
	ormation: www.fda.gov/oc/indu	1	·	
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Systems	(Imil) Inaba, bivisional Mana	ger, QA and Rey Allair	s Div., Medical	
FIRM NAME		STREET ADDRESS		
Fujifilm	TRY	Kaisei-Machi, Miyanoda TYPEESTABLISHMENT INSPECTED	ai 798	
Ashigarakami		Medical Device Manufa	cturer	
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.				
	noted in this Form FDA-483 are not an exh for conducting internal self-audits to ident			
DURING AN INSPEC	CTION OF YOUR FIRM WE OBSERVED:			
OBSERVATION	1			
A process whose results cannot be fully verified by subsequent inspection and test has not been adequately validated according to established procedures.				
Specifically,				
A. Your 2014 rem	rocessing validation for the duodenoscope	nodel ED-530XT did not include	evaluating the (b) (4)	
b)(4) of E process being cons	O sterilization for validation and did not pistent and reproducible. This reprocessing denoscope models: ED-250XT5, ED-250X	In addition, orovide justification as to how validation is being used to also so	your firm only conducted (b) (4) is indicative of the apport user instructions for the	
	ocessing validation for the closed channel oncludes the following deficiencies:	luodenoscope models (ED-250X	T5, ED-250XL5, ED-450XT5,	
	was performed on channel mockups and noscope was not evaluated.	not the actual complete duodeno	scope device. The distal tip of	
 No indepe 	endent cleaning validation performed.			
	ation included the use of a (b)(4) Produc	instead of $a(b)(4)$		
	ene oxide (EO) sterilization results did not o			
-	erilization was conducted in a $\binom{b}{4}$		lished acceptance criterion for	
	rameters such as EO concentration and was performed and the aeration time	humidity. In addition, no <mark>(b)(4</mark>		
	EMPLOYEE(S) SIGNATURE		DATE ISSUED	
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FORM FDA 483 (09/08)	PREVIOUS ECITION OBSOLETE INSPEC	TIONAL OBSERVATIONS	PAGE 1 OF 8 PAGES	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHON		G ADMINISTRATION	DATE(S) OF INSPECTION		
10903 New Han	3 New Hampshire Avenue		04/23/2015 ~ 05/01/	/2015	
Silver Spring			FEI NUMBER		
	1) 594-4695 Fax:(301) 594-4715 ustry Information: www.fda.gov/oc/industry		3011324513		
NAME AND TITLE OF INDIVIDUA	UTOWHOM REPORT ISSUED	SCI y			
-	(nmi) Inaba, Divisional Mana	ger, QA and	Reg Affairs Div., Me	edical	
Systems FIRM NAME		STREET ADDRESS			
Fujifilm			i, Miyanodai 798		
CITY, STATE, ZIP CODE, COUNT		TYPE ESTABLISHMENT INS	PECTED		
Ashigarakami	Gun , Japan	Medical Dev	ice Manufacturer		
 C. Your 1998 reprocessing validation which your firm states covers all the open channel models (i.e. ED-200XU, ED-420XL, and ED-450XT) did not include the following: Written justification regarding how the validation is applicable to all U.S. marketed open channel duodenoscope user manuals since all three reprocessing manuals were approved prior to 1998. Validation was performed on channel mockups and not the actual complete duodenoscope device. The open channel model distal tip of the duodenoscope was not evaluated. No independent cleaning validation performed. The steam sterilization cycle included in the reprocessing user manual for sterilizing accessories was not validated. The EO sterilization did not include acceptance criteria for critical parameters such as EO concentration and humidity. In addition EO and ECH residual testing was not performed and aeration was not validated. 					
Specifically,	ign verification have not been adequately e OXT, ED-450XT, and ED-530XT duodenor		bility studies, the firm did no	t disassemble the	
distal tip end to ex		scope moder data	omity studies, the man did no	t disassemble the	
(b)(4) only conducted an worn seal 100% of	air-leak test which entails visually lookin the time.	g for air bubbles	and has not ensured the leak	The firm test will detect a	
closed model duod including, but not (b)(4) chemical resistance (b)(4) Furth	e testing of the other ED-530XT compor- nermore, the firm has not evaluated the mately how many high level disinfection	the (b) (4) y, compression, a nducted. Only the nent materials (b) critical componen	Additional physic and dimensions prior to the external appearance was exa	mined during the odels in order to	
"	EMPLOYEE(S) SIGNATURE			DATE ISSUED	
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPE	CTIONAL OBSERV	ATIONS	PAGE 2 OF 8 PAGES	

	DEPARTMENT OF HEAL	TH AND HUMAN S G ADMINISTRATION	ERVICES	
DISTRICT ADDRESS AND PHON	RE NOMBER	O ADMINISTRATION	DATE(S) OF INSPECTION	10.015
10903 New Hampshire Avenue Silver Spring, MD 20993		04/23/2015 - 05/01, FEINUMBER	/2015	
(301) 594-469	95 Fax: (301) 594-4715		3011324513	
Industry Info	ormation: www.fda.gov/oc/indu Ltownomreportissued	stry		
Systems	(nmi) Inaba, Divisional Mana		Reg Affairs Div., M	edical
FIRM NAME Fujifilm CITY, STATE, ZIP CODE, COUNT	TRY	STREET ADDRESS Kaisei-Mach Type establishment ins	i, Miyanodai 798	
Ashigarakami	Gun , Japan	Medical Dev	ice Manufacturer	
C. As part of design	n verification, your firm failed to evaluate.	notential reactivity	v of the(b)(4)	
(b)(4)				to ensure there
is no deterioration	effect that may affect the integrity of the se	al.		
supplementary ma Reprocessing Sum 7:2012, but this s	not adequately verified the leak test method terial provided to end users including to many and Guide for Fujinon/Fujifilm Flast tandard requires the submersion test be rials do not require the submersion test to be	he Fuji-1060 En cible GI Endoscop performed for at	doscope Cleaning Poster I pes. You state you are follo least one minute. Your u	2-10-10 and the owing ISO 8600-
adequate <u>air leak</u> t	not adequately verified that your (b)(4) est for all of your endoscope models with evices on Gastroscope model EG-450WR connector.	h ventilation conn	ester is appropriate for use nectors. You performed ver the equipment is applicable to	ification utilizing
OBSERVATION	3			
The design was not	t validated under actual or simulated use co	nditions.		
Specifically,				
channel models) fo	2002 reprocessing validations (for closed or the user instructions did not include user adhered to and are adequate for their inten-	reprocessing valid		
	ot include complete cycle parameters in yo for the user to adequately assess if the steri			
OBSERVATION	4			
Procedures for corr	ective and preventive action have not been	adequately establ	ished.	
Specifically,	•			
A. Your procedu Device do not cont	res (b)(4) Corrective and Prevention provisions which allow CAPAs to be dementation of corrective and/or preventive	opened while the	Complaint is still in the inv	estigation phase, dure (b)(4)
	EMPLOYEE(S) SIGNATURE		2-12	DATE(SSUED
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETS INSPE	CTIONAL OBSERV	ATIONS	PAGE 3 OF 8 PAGES

	DEPARTMENT OF HEAT FOOD AND DRU	LTH AND HUMAN S IG ADMINISTRATION	EERVICES	
DISTRICT ADDRESS AND PHON	NE NUMBER		DATE(S) OF INSPECTION 04/23/2015 ~ 05/01/	/2015
10903 New Hampshire Avenue Silver Spring, MD 20993		FEINUMBER		
(301) 594-4695 Fax:(301) 594-4715 Industry Information: www.fda.gov/oc/industry		3011324513		
NAME AND TITLE OF INDIVIDUA	utowном негоктывшес (nmi) Inaba, Divisional Mana		Reg Affairs Div. Mo	edical
Systems		STREET ADDRESS		
Fujifilm			i, Miyanodai 798	
Ashigarakami			ice Manufacturer	
Corrective and Princlude information (b) (4)	reventive Action states that one of the mon reported from service-related functions	ain information s	sources for corrective and p	reventive actions
	gister it in the CAPA system DB even if your service and repair facilities, you are no			not trending the
including but not l	initiate a CAPA to determine whether o imited to models ED-200XU, ED-420XL, essing instructions in the open model endo	and ED-450XT,	still had them in use before d	
	cumenting the criteria for effectiveness change but not limited to (b)(4)	ecks and you did	not perform adequate effective	veness checks for
OBSERVATION	5			
Procedures for rece established.	eiving, reviewing, and evaluating complain	ts by a formally d	esignated unit have not been a	adequately
Specifically,				
	loes not have procedures to ensure the ta for complaint analysis.	nt your repair/ser	vicing facilities are approp	riately elevating
	od to foilow your procedure $\binom{b}{4}$ Contain $\binom{b}{4}$	omplaint Handling	for Medical Device. Proced	ure <mark>(b)(4)</mark>
Sect	tion (b) Complaint Sources states (b) (4)			C. P.11
investigate alleged	deficiencies reported by your servicing/rep	pair facilities. For		our firm failed to
Damaged	e EG-530WR Serial Number (b)(4) inner parts, Part degradation, BSA – reed as a complaint and did not have justification.	place BSA w/ FC	h description BSA@DTA sid TTAWT/RBS Assembling fail ot investigated.	
2. Device	e EG-530WR Serial Number (b)(4)	was reported wi	th description New stock EG	
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPE	CTIONAL OBSERV	ATIONS	PAGE 4 OF 8 PAGES

		TH AND HUMAN SERVICES		
DISTRICT ADDRESS AND PHO	NE NUMBER FOOD AND DRU	G ADMINISTRATION DATE(6) OF INSPECTION	· · · · · · · · · · · · · · · · · · ·	
10903 New Har	mpshire Avenue	04/23/2015 - 05	5/01/2015	
Silver Spring (301) 594-46	g, MD 20993 95 Fax:(301) 594~4715	FEINUMBER 3011324513		
	ormation: www.fda.gov/oc/indu	stry		
TO: Kiyoshi	(nmi) Inaba, Divisional Mana		., Medical	
Systems FIRM NAME		STREET ADDRESS	.	
Fujifilm	TRY	Kaisei-Machi, Miyanodai 798	}	
Ashigarakami		Medical Device Manufacture		
light control on 4400 and 4440, and th failure has reproduced. (ALC did not operate normally) and was not investigated as a complaint and did not have justification why it was not investigated. 3. Devices EC-530HL2 Serial Number (b)(4) and EC-530LS2 Serial Number (b)(4) were reported with description The prism separation was confirmed during incoming inspection from Japan as complaint 12712. The article investigation is hoped for at the Mito facility and was not investigated as a complaint and did not have justification why it was not investigated. C. Your firm utilizes "trouble reports" to receive data from your servicing and repair facilities, including those contained in Complaints (b)(4) and (b)(4) There is no procedure for repair/servicing companies to submit servicing and/or repairs for Complaint determination, or to alert you to a repair/service which they believe rises to the level of Complaint status. Once you receive these "trouble reports" your procedure (b)(4) Complaint Handling for Medical Device does not have instructions on how to evaluate them or elevate them for complaint determination. D. Your firm failed to evaluate the incoming complaint data and service data for the ED-530XT duodenoscope received from your sister facility out of (b)(4) in order to assess the need to open CAPAs to address the failures (i.e. distal end cap failure, peeled surface components, and fluid invasion) and determine if the failure is attributed to a design failure or manufacturing failure.				
OBSERVATION 6 Procedures for design change have not been adequately established. Specifically, your firm's 2009 design change assessment regarding changing the distal cap material from (b)(4) Product (b)(4) Product (b)(4) Product (b)(4) Product (c)(4) Product (c)(4) Product (c)(5)(4) Product (c)(6)(4) Product (c)(6)(6)(6) Product (c)(6)(6)(6) Product (c)(6)(6)(6) Product (c)(6)(6)(6) Product (c)(6)(6)(6)(6) Product (c)(6)(6)(6)(6) Product (c)(6)(6)(6)(6) Product (c)(6)(6)(6				
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPI	CTIONAL OBSERVATIONS	PAGE 5 OF 8 PAGES	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
10903 New Ham Silver Sprinc (301) 594-469 Industry Info	ACCRESS AND PHONE NUMBER 3 New Hampshire Avenue		DATE(S) OF INSPECTION 04/23/2015 ~ 05/01/ FEI NUMBER 3011324513	2015
Systems	TOWHOMREPORT SSUED (nmi) Inaba, Divisional Mana		Reg Affairs Div., Me	edical
FIRM NAME Fujifilm CITY, STATE, ZIP CODE, COUN	TRY	STREET ADDRESS Kaisei-Mach TYPE ESTABLISHMENT INS	i, Miyanodai 798	
Ashigarakami	Gun , Japan	Medical Dev	ice Manufacturer	
OBSERVATION		nunduot and sami	eas conform to modified requi	bramente havri
not been adequatel	re that all purchased or otherwise received y established.	product and servi-	ces conform to specified requi	irements have
Special Supplier F models, including	follow your procedures (b)(4) Review for evaluating the companies you duodenoscopes, which are also distributed contain specific criteria for properly evaluations.	utilize for servici within the Unite	ng and repair operations for s States. In addition, your pu	rchasing control
(b) quality agreen these facilities to o	greements for only 11 out of companiements state that the servicing company managers they have these procedures. You oppoperly elevate the servicing and/or representations.	ist have Complain have not perform	nt procedures in place. You can do not be audits to include of	have not audited
B. The quality agr for which you utili	reements you have in place with eleven (1 zed these companies for servicing and/or re	l) out of <mark>(b)(4)</mark> epair as v /e ll <mark>ed</mark> Co	companies do not cover the implaint determination. For e	e full time period xample,
been prov	quality agreement with company local riding servicing and repairs for displenose 30XT since December 2009.			
2. Your quality agreement with company located in locat				
3. Your quality agreement with company located in (b)(4) was dated 1 August 2012, but this company has been providing servicing and repairs for duodenoscope models ED-250XT5 since January 2009 and ED-530XT since December 2008.				
C. Your firm has no procedures for training the servicing/repair facilities personnel to ensure they are properly reviewing services/repairs for Complaint determination. Your procedure (b)(4) Implementation/Control of Medical Device Servicing Training does not contain provisions to train servicing personnel on how to evaluate of servicing or repairs should be elevated to Complaint status.				
ore nevener	EMPLOYEE(8) SIGNATURE Dawn M. McCabe, Investigator	()	Tim.	DATE ISSUED
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FORM FDA 483 (09/08)	PREVIOUS EDITION CESOLETE INSPE	CTIONAL OBSERV	ATIONS	PAGE 6 OF 8 PAGES

	EALTH AND HUMAN : DRUG ADMINISTRATION	
DISTRICT ADDRESS AND PHONE NUMBER	DECO ADMINISTRATION	DATE(S) OF INSPECTION
10903 New Hampshire Avenue Silver Spring, MD 20993		04/23/2015 - 05/01/2015
Silver Sprinq, MD 20993 (301) 594-4695 Fax:(301) 594-4715		3011324513
Industry Information: www.fda.gov/oc/ir	ndustry	
TO: Kiyoshi (nmi) Inaba, Divisional Ma		Reg Affairs Div . Medical
Systems		nog allalla biv., necioal
FIRM NAME Fujifilm	STREET ADDRESS	
CITY, STATE, ZIP GODE, GOUNTRY	TYPEESTABLISHMENT INS	ni, Miyanodai 798 spactas
Ashigarakami Gun , Japan	Medical Dev	vice Manufacturer
	100100	
OBSERVATION 8		
obball(VAII) of the		
Procedures for the use and removal of manufacturing mate	erial have not been ad	dequately established.
Specifically, your firm did not governt on determine the		(h)(4) Manufacturing Process
Specifically, your firm did not segregate or determine the	worst case materials n time for the 2014 F	O sterilization validation conducted to support
the duodenoscope model ED-530XT user manual.	i inic ioi mo 2014 E	o storing and variation conducted to support
OBSERVATION 9		
Service reports were not analyzed following appropriate s	tatistical methods.	
Specifically,		
A. Your service data received from your sister facilities monthly basis and is not analyzed across multiple month quantified on a monthly basis for all models only which models.	s in order to identify	possible trends. In addition failure codes are
B. Your firm does not receive service and/or repair data repair for your endoscopes models, including but not li 250XL5, ED-450XL5, ED-530XT), which are also distrib	mite <mark>ki an una dahus</mark> e d	of companies utilized for the servicing and/or ope models (ED-250 XT5, ED-450XT5, ED-s States.
C. Procedure (b)(4) Complaint Handling for Me	dical Davice section	(h) Complaint Sources states that (h)(4)
<i>b)(4)</i>		Your
firm failed to perform trend analysis on service reports for	complaint determina	
D. Your firm is not performing adequate review of all serservice/repair data is received from companies you con (b) (4) b) (4) Complaint investigations were not initiated for and EG-590WR SN (b) (4)	ntract with to perform	m these operations, your review consists of
EMPLOYEE(6) SIGNATURE		DATE ISSUED
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FORM FDA 483 (09/08) PREVIOUS EDITION OBSCLETE IN	SPECTIONAL OBSERY	ATIONS PAGE 7 OF 8 PAGES

		NT OF HEALTH AND HUMAN			
DISTRICT ADDRESS AND I	PHONE NUMBER	OOD AND DRUG ADMINISTRATION	DATE(S) OF INSPECTION		
10903 New H	lampshire Avenue		04/23/2015 - 05/01/2015		
Silver Spring, MD 20993			FEI NUMBER		
(301) 594-4695 Fax:(301) 594-4715			3011324513		
Industry Information: www.fda.gov/oc/industry		/oc/industry			
			Reg Affairs Div., Medical		
Systems	II (IMII) INADA, DIVISIO	nai Manager, QA and	Reg Arrairs Div., Medicar		
FIRM NAME		STREET ADDRESS			
Fujifilm		Kaisei-Mac	hi, Miyanodai 798		
CITY, STATE, ZIP CODE, C		TYPE ESTABLISHMENT IN	sei-Machi, Miyanodai 798 estabushment inspected		
Ashigarakam	i Gun , Japan	Medical De	Medical Device Manufacturer		
		Observation Annotations			
		Observation Annotations			
Observation 1:	Promised to correct.	Observation 2:	Promised to correct.		
Observation 3:	Promised to correct.	Observation 4:	Promised to correct.		
Observation 5: Observation 7:	Promised to correct. Promised to correct.	Observation 6: Observation 8:	Promised to correct. Promised to correct.		
Observation 7:	Promised to correct.	Ouscivation 8;	TOHISCU (O COLICCI,		
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INSPECTIONAL OBSERVATIONS

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PREVIOUS EDITION OBSOLETE