		HEALTH AND HUMAN SERVICE DRUG ADMINISTRATION	S				
DISTRICT OFFICE ADDRESS AND PHONE NUMBER  Detroit District Office 300 River Place, Suite 5900  Detroit, MI 48207 313-393-8100			DATE(S) OF INSPECTION  8/20-28/2013*  FEI NUMBER				
Industry Info	mation: www.fda.gov/oc/industry  E OF INDIVIDUAL TO WHOM REPORT IS ISSUED		3008716173				
	s J. Ross, President						
	Aseptic Manufacturing, Inc.	STREET ADDRESS 140 Front Ave. SW, St	iite 3				
CITY, STATE AN Grand Rapid		1	YPE OF ESTABLISHMENT INSPECTED				
OBSERVATION, OBJECTION OR YOU HAVE ANY	IT LISTS OBSERVATIONS MADE BY THE FDA REPRESEN S; AND DO NOT REPRESENT A FINAL AGENCY DETERMINA OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CO ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMB	ITION REGARDING YOUR COMPLIA PRRECTIVE ACTION IN RESPONSE E INSPECTION OR SUBMIT THIS IN	NCE. IF YOU HAVE AN C	BJECTION REGARDING AN			
	PECTION OF YOUR FIRM (I) (WE) OBSERVED:  Onsibilities and procedures applicable to the  V,	ne quality control unit are	e not in writing an	d fully followed.			
CERTIFICA from the pro	ace criteria for the contracted HEPA Filter ATION OF THE CLEANROOM FACILI by ovider meet your facility's intended use. Followides coded as 001-100A and 008-109A.	TY provider are not spec	ified to assure all	reported findings your facility			
For example	<b>e</b> ,						
tester/provid specification	tential pressure measures noted on the "RO ler (report dated 2/13/2013) indicated differs. For example, between room see specification at this same ISO 6 to ISO	erential pressures below the provider reporte	in house different ed a value of 0.00	ial pressure			
i- The airflow velocity uniformity within a room/suite, including the acceptability of variances in velocity from each HEPA filter within a room/suite is not specified. For example and as noted by this same contract tester report dated 2/13/2013), a HEPA filter was noted with an average velocity of feet per minute at one side of coom while another HEPA filter in this same room was noted with an average of while another HEPA filter in this same room was noted with an average of the coordinate o							
3- The scientific rationale for the change to the functional requirements of the Building Monitoring System pecifications for differential pressure monitoring was not provided for the alarm delay change from seconds composed by seconds. In addition, this change is not reflected in the current "Building Monitoring System Functional Requirements Specification" (remains noted with action alarm after a minute time delay"). This change							
SEE REVERSE		EMPLOYEE(S) NAME AND TITLE (P	rint or Type)	DATE ISSUED			
OF THIS PAGE	120 D Wales	Rebecca E. Dombrowski, Inves	tigator	8/28/2013			

		OF HEALTH AND HUMAN SERVIC ND DRUG ADMINISTRATION	ES				
DISTRICT OFFI	CE ADDRESS AND PHONE NUMBER		DATE(S) OF INSPECTION	1			
Detroit Dist	rict Office						
300 River Place, Suite 5900			8/20-28/2013*				
Detroit, MI 313-393-810			FEI NUMBER				
Industry Information: www.fda.gov/oc/industry			3008716173				
NAME AND TITL	E OF INDIVIDUAL TO WHOM REPORT IS ISSUED						
	s J. Ross, President						
FIRM NAME	5 J. ROSS, FIESIGEIN		MERINANI KEPANTI PARAKENIA KENANTAKAN KEPANTAKAN KANTAN MERINANDA KANTAN MERINANDA KANTAN MERINANDA KANTAN MER				
	A combine Manus Control of	STREET ADDRESS					
CITY, STATE AN	Aseptic Manufacturing, Inc.		Front Ave. SW, Suite 3				
		TYPE OF ESTABLISHMENT	NT INSPECTED				
Grand Rapid	s, MI 49504	Manufacturer					
2-Certificates of testing of closures are accepted in lieu of testing without establishing the reliability of the supplier's test results through appropriate validation of the test results at appropriate intervals. Specifically,							
001-100A, a bacterial end established t	erilize Stoppers, material code (b) (4) are received with a Quality Certificate p dotoxin and particulates on the stoppers through appropriate validation of the test sub-visible particulates.	. The reliability of the rep	lysis for various te ported particulate le	sts, including evels has not been			
For example filling/closu	e, stoppers of incoming lot (b) (4) re of product 001-100A, Lot # L-12-02.	accepted and released for 3.	r use on 12/10/2013	2, and used in the			
B-Laboratory controls do not always include the establishment of scientifically sound and appropriate test procedures designed to assure that in-process materials conform to appropriate standards of identity, strength, quality and purity.  Specifically,							
he recover-a nethod inclu ormulation.	ss product 001-100A bulk formulation bility of representative microbial organ ded only confirmation of recovery of C This method has been used in bioburde 12-024, and L-12-025.	isms. Specifically, the valeobacillus stearothermople	lidation of this bio	burden test e of the bulk			
	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED			
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PAGE	17171000	Rebecca E. Dombrowski, Inve	sugator	8/28/2013			

	OF HEALTH AND HUMAN SERVICES AND DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER		ATTON OF INDEPENTATION		
Detroit District Office		DATE(S) OF INSPECTION 8/20-28/2013*		
300 River Place, Suite 5900				
Detroit, MI 48207 313-393-8100	F	FEI NUMBER 3008716173		
Industry Information: www.fda.gov/oc/industry				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		Market		
TO: Thomas J. Ross, President				
FIRM NAME	CTREET ADDRESS			
STREET ADDRESS		/ Cuita 2		
CITY, STATE AND ZIP CODE		0 Front Ave. SW, Suite 3		
	TYPE OF ESTABLISHMENT IN			
Grand Rapids, MI 49504	Manufacturer			
As observed during a water fill simulation on 8/20 observed passing through the ISO 5 defining curta into the ISO 5 Aseptic Fill Suite on numerous (thr time, making contact with the curtains with their sair spaces were not defined in written procedures. This same fill suite was used in the filling of productions of Inspections 8/20/2012 (Theory 8/20/2013)	ains into the ISO 6 Aseptic Pree observed) occasions within sterile garb. Restrictions against the time of this observation act 001-100A lot L-12-023.	ocessing Suppor 1 a short (approx nst such moveme	t room and back imately (1) min.) ents between the	
*Dates of Inspection: 8/20/2013 (Tues.), 8/21/2018/28/2013 (Wed.).		5/23/2013 (F11.),	6/2//2013 (Tucs.),	
EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Pri	nt or Type)	DATE ISSUED	
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