

Department of Health and Human Services
Public Health Service
Food and Drug Administration

MEDICATED FEEDS INSPECTION REPORT

DATE OF INSPECTION	NAMES OF INSPECTORS		
FIRM NAME	FIRM ADDRESS		
	ZIP CODE	COUNTY	

SUMMARY of FINDINGS

Summarize the inspection factually and objectively from observations of the condition and practices of the firm.

HISTORY of BUSINESS

1. PARENT FIRM, If applicable (Name / Address)

2. CORPORATE OFFICERS (Name, title, business address)

3. FDA REGISTRATION/LICENSE STATUS
(Check appropriate status)

- a. Unknown
- b. Non-registered
- c. Registered (as a drug establishment)
Registration number or FEI: _____
- d. Licensed
License number: _____

4. TYPE of FIRM
(Check appropriate type)

- a. Commercial Feed Mill
- b. Custom Formula Mixer
- c. Mixer-Feeder
- d. Other (Please specify)

5. FEED PREPARED FOR
(Check all that apply)

- a. Beef Cattle g. Other (Exotic / Species)
- b. Dairy Cattle
- c. Swine
- d. Sheep/Goats
- e. Poultry
- f. Fish

6. VOLUME of BUSINESS

- a. Annual tonnage of all MEDICATED feeds manufactured
- b. Annual tonnage of all Non-MEDICATED feeds manufactured

7. INTERSTATE BUSINESS

- a. Interstate business received? Yes No
- b. Interstate business sold? Yes No
- If yes, percentage sold? _____%

RESPONSIBLE PERSONNEL

8. NAME AND TITLE of MOST RESPONSIBLE INDIVIDUAL AT THIS PLANT TO RECEIVE COPY of REPORT (If more than one person, list)

9. INDICATE TO WHOM FDA FORMS WERE ISSUED (If more than one person, list all)

NOTES: The key CGMP elements are designated on this form with asterisk (**).
Items not covered on this form should be marked with N/C.

Each of the following questions shall be answered. Each "NO" answer shall be explained in the narrative block.
Precede any explanation with appropriate item/question number.

VETERINARY FEED DIRECTIVE (VFD) DRUGS / FEEDS

- Yes No 10. Does firm manufacture feeds containing VFD drugs? If the answer is yes, continue with question 11-15. If the answer is no, skip to item number 16.
-
- Yes No 11. Does the firm distribute VFD feeds to other distributors or manufacturers?
-
- Yes No 12. Has the firm supplied to CVM a written letter of intent to distribute VFD Feeds?
-
- Yes No 13. Are copies of letters of acknowledgement maintained on file at this firm?

NARRATIVE

14. State the number of VFD orders reviewed during inspection: _____

Note: If the response is "yes" to any part of item 15 but errors were found in what was observed/provided, please describe and elaborate in the narrative section below. Additionally, report in the narrative if firms are found to be operating outside of the VFD approval; for instance, is there evidence that there are other products being used, promoted or handled as VFD drugs? If more than 3 VFD orders are examined, please record findings using additional narrative page(s) or sheets of paper.

15. For the VFD orders reviewed (e.g., up to three in number), did they contain the following information:	VFD order #1	VFD order #2	VFD order #3
a. The name, address and telephone number for the veterinarian and client.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Identification of the animals to be treated, including the identification of the species, number of animals, and the specific location of the animals.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Date of treatment and, if different, date of prescribing the VFD drug.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Name of the animal drug.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Level of animal drug in the feed and the amount of feed.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Feeding instructions with withdrawal time.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Expiration date of the VFD.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Any special instructions necessary for use of the drug in conformance with the approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Required cautionary statements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Number of refills, if permitted by the approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Signature of the veterinarian.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. The veterinarian's license number and the name of the State issuing the license.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Other information as required by the individual drug approval.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NARRATIVE

PERSONNEL (21 CFR 225.10)

Yes No 16. Do the employees involved in the manufacture of medicated feed understand the manufacturing or control functions they perform, including the proper use and location of the equipment? For either response (i.e., "yes" or "no"), elaborate in the narrative section.

Yes No 17. Are the employees provided with on-going evaluation and supervision? If yes, include how assessed.

BUILDINGS (21 CFR 225.20)

Yes No 18. Are the grounds of the facility adequately drained and maintained?

19. In regards to the buildings:

Yes No a. Are they clean, orderly and suitably constructed?

Yes No b. Are the control practices for rodents, birds, insects, and other pests effective?

Yes No c. Do they have facilities to promote personal hygiene?

20. Do the buildings provide adequate space for:

Yes No a. Receipt, inspection, storage, and processing of components?

Yes No b. Manufacturing, packaging, and labeling of medicated feeds?

Yes No c. Storage of containers, packaging materials, labeling, and products?

Yes No d. Routine maintenance of equipment?

EQUIPMENT (21 CFR 225.30)

21. Describe equipment used for mixing/blending of feeds in the narrative.

22. With regards to assuring the uniformity of medicated feeds:

Yes No a. When installed, was/were the mixer(s)/blender(s) evaluated for their ability to produce feeds of uniform quality?

Yes No b. Since installation, has the firm determined that the mixer's ability to produce a uniformly mixed feed has not changed? Explain.

Yes No 23. Has all production equipment, particularly those that are automated and/or computerized, been properly installed and verified to be able to reliably perform as intended?

Yes No 24. Whether manually or by automated means, are drugs accurately weighed?

Yes No **25. Are ALL scales and metering devices tested for accuracy upon installation and at least once per year thereafter?

Yes No 26. Is equipment constructed to allow inspection and use of clean-out procedures?

Yes No 27. Is all equipment reasonably clean and properly maintained?

Yes No 28. Is all equipment constructed to prevent contamination with lubricants, coolants, etc.?

NARRATIVE

EQUIPMENT (21 CFR 225.30), continued

Yes No 29. Is all equipment of suitable size, design, construction, and precision for the intended purpose?

USE of WORK AND STORAGE AREAS FOR OTHER PURPOSE (21 CFR 225.35)

Yes No **30. Does the firm avoid storage or handling of toxic or unapproved feed additives (i.e., fertilizers, herbicides, insecticides, rodenticides and pesticides not approved for use in feed) in the same equipment or areas as medicated feeds?

EQUIPMENT CLEANOUT (21 CFR 225.65)

Yes No 31. Do clean out procedures exist for all equipment used in the manufacture and distribution of medicated feeds? If procedures exist, specify the methods, for example: physical, flushing, sequencing, etc.

Yes No **32. Does the clean out procedure appear adequate to prevent unsafe contamination? If no, explain.

Yes No 33. Is there documentation that equipment clean out procedures are actually being performed?

34. Describe disposition of clean out material in the narrative.

CONTROL OPERATIONS

Yes No 35. Are feeds stored in a manner to prevent mix-ups with other feeds?

Yes No 36. Is the method of dust control adequate to minimize potential contamination?

37. Is there adequate disposition of:

Yes No a. Spillage?

Yes No b. Leaks?

Yes No c. Broken Bags?

Yes No d. Floor sweepings?

Yes No e. Returns?

Yes No 38. Are drugs used in accordance with their labeled directions, including appropriate species, drug levels, and use?

DRUG COMPONENTS (21 CFR 225.42)

39. Report "DRUG COMPONENTS ON HAND" in self-titled section of this report (page 11).

Yes No **40. Are drugs properly identified, handled and controlled to maintain their integrity and identity?

Yes No 41. Are drugs properly stored? (e.g., Are drugs labeled "Store in a cool, dry place", or "Store between 32° -81° F", so stored?)

Yes No 42. Are all drugs within their expiration date?

Yes No 43. Are there RECEIPT RECORDS for incoming lots of drugs? If yes, answer item 44 a-f below.

NARRATIVE

DRUG COMPONENTS (21 CFR 225.42), continued

NARRATIVE

44. Do the Receipt Records show for each lot of drugs:

- Yes No a. Identity and Quantity?
- Yes No b. Name of supplier?
- Yes No c. Supplier's lot number or number assigned by the manufacturer
- Yes No d. Date received?
- Yes No e. Condition of drug received?
- Yes No f. Return of damaged goods?

Yes No **45. Is there a DAILY INVENTORY RECORD for each lot of drug (separate from the production record)?

46. Do the Daily Inventory Records for each drug show:

- Yes No a. Quantity of drug on hand at beginning and end of the work day?
- Yes No b. The amount of each drug used, sold or otherwise disposed of?
- Yes No c. The batches or production runs of medicated feed in which each drug was used?
- Yes No d. Actions taken to reconcile any discrepancies in the daily inventory record?

**47. Does the firm's DRUG INVENTORY system:

- Yes No a. Make a daily comparison between actual amount of drug used and theoretical drug usage?
- Yes No b. Have drug inventory records that agree with calculated usage?
- Yes No c. Include a working definition of what it considers as constituting a significant discrepancy in its drug inventory?
- Yes No d. Include procedures for holding feeds on the premises until a significant discrepancy is reconciled?

Yes No 48. Are there any documented significant discrepancies in the firm's drug inventories? If yes, answer a-b below; If not, skip to item 49.

Yes No a. were documented discrepancies investigated?

Yes No b. was corrective action taken?

Yes No 49. Do the firm's current drug inventories agree with the amount of drug currently on hand?

Yes No 50. Are all required drug records kept on the premises for at least one year after complete use of a specific lot of drug component?

LABORATORY CONTROLS (21 CFR 225.58)

Yes No **51. Are assays performed on all medicated feeds/manufactured according to the schedule specified in CFR 225.58?

Yes No **52. Are investigations performed and appropriate corrective actions taken in response to "out of limits" assay reports?

LABORATORY CONTROLS (21 CFR 225.58), continued

NARRATIVE

- Yes No 53. Are all investigations documented in writing?
- Yes No 54. Are results of assays kept on the premises for not less than one year after distribution of that feed?
- Yes No **55. When Category I drugs are assayed and found to be out of limits, are investigations performed?
- Yes No 56. Are reports made to CVM of confirmed "out of limits" assays of medicated feeds that have been distributed?

57. Provide the following information on any confirmed "out of limits" results:

-
- a. Name of feed(s) and drug(s) (enter in narrative)
-
- b. Production date or code (enter in narrative)
-
- c. Drug guarantee and assay result (enter in narrative)

LABELING (21 CFR 225.80)

- Yes No 58. Does the accompanying labeling (including invoices if used as labeling) include drug level, directions for use and any required withdrawal or warning statements for safe, effective use of the medicated feed?
- Yes No 59. Upon receipt from either an outside printer or in-house print shop, are labels and labeling (including placards and pre-printed bags) proofread against the MASTER RECORD FILE to verify their suitability and accuracy?
- Yes No 60. Is the proofread label/labeling/pre-printed bag initialed by a responsible individual, dated and kept one year after all labels from that batch have been used?
- Yes No **61. Are labels handled and stored in a manner to prevent mixups and periodically reviewed to discard discontinued labels?

**62. Does the firm adequately label the following:

- Yes No a. Bagged feeds?
-
- Yes No b. Bulk feeds?
-
- Yes No c. Custom formula feeds?

63. When the firm distributes medicated feed in bag or bulk:

- Yes No a. Does complete labeling accompany the shipment?
(Note: The labeling may consist of a placard or other labels attached to the invoice or delivery ticket, or manufacturer's invoice that identifies the medicated feed and includes adequate information for the use of the medicated feed.)
-
- b. Describe what procedures does the firm use for providing the consignee with labeling upon delivery in the narrative.

MASTER RECORD FILE (21 CFR 225.102)

- Yes No 64. Is there a Master Record File or its equivalent for each medicated feed?
-
- **65. Does the Master Record File contain the following for each medicated feed:
 - Yes No a. Name of medicated feed?

MASTER RECORD FILE (21 CFR 225.102), continued

NARRATIVE

65. (Continued)

- Yes No b. An accurate formula, including the appropriate levels of drugs and non-drug ingredients under 21 CFR 573 (Food Additives) and 21 CFR 582 (GRAS).
- Yes No c. A copy or description of the label or labeling that will accompany the medicated feeds.
- Yes No d. A copy of NADA approved Blue Bird Labeling, or a reference to electronic access to such labeling.
- Yes No e. Manufacturing procedures including mixing steps, mixing times, assay requirements and the appropriate control directions?
- Yes No f. Procedures for estimating quantity produced for bulk feeds?
- Yes No 66. Is each Master Record File prepared, checked and signed or initialed by a qualified person?
- 67. If all or portions of the Master Record File are computerized and/or electronically transmitted from another location, what steps are in place to protect the integrity of the data and signatures?
Describe in the narrative.
- Yes No 68. Is each MASTER RECORD FILE kept on the premises for one year after production of the last batch or production run to which it pertains?

PRODUCTION RECORDS (21 CFR 225.102)

69. Is there a production record prepared for each batch or production run of medicated feed produced?
- Yes No a. Are the records generated/maintained electronically?
 - Yes No b. Do those records include alarms or error messages that occurred during production and any actions taken to clear the error or override the operation of the computer?
- **70. Does the production record provide:
- Yes No a. A complete and traceable history of the production of a batch or production run?
 - Yes No b. Product identification?
 - Yes No c. Date of production?
 - Yes No d. Written endorsement by a responsible person?
 - Yes No e. Name and quantity of drug components used?
 - Yes No f. Theoretical quantity of medicated feed to be produced?
 - Yes No g. Actual quantity of medicated feed produced?
- Yes No 71. Do production records identify specific equipment and bins used in that production if the firm has multiple pieces of the same equipment and multiple bins?
 - Yes No 72. Are steps in place to minimize mixups, such as running feeds into the wrong bins?
 - Yes No 73. Does the production formula agree with the formula in the MASTER RECORD FILE?

PRODUCTION RECORDS (21 CFR 225.102), continued

NARRATIVE

Yes No 74. Are production records checked by a responsible individual at the end of the working day to determine that all required production steps have been performed?

75. Mixing:

Provide in the narrative block the:

- a. Point in at which drug is added.
- b. Mixing time
- c. Manner in which mixing is timed.

Yes No 76. Has the firm defined what constitutes a significant discrepancy in production? (Including such aspects as theoretical vs. actual production yield, actual drug usage, etc.)

Yes No 77. Are significant discrepancies immediately investigated and do production records show the corrective actions taken?

Yes No 78. Is an individual batch or production run number, code, date or other suitable identification which permits tracing of the manufacturing history applied to the labeling of the medicated feed?

79. Calculate drug levels in a representative number of feeds, and:

- a. State the number checked that were right. (In narrative).
- b. Report any discrepancies found. Provide evidence of the discrepancy, including formula.

Yes No 80. Is the original, copy, or electronic version of the production record kept on the premises for not less than one year from the date of production?

DISTRIBUTION RECORDS (21 CFR 225.110)

Yes No **81. Does each distribution record provide sufficient information, to relate complaints to specific batches or production runs?

Yes No 82. Are distribution records kept on the premises for not less than one year after the date of shipment?

COMPLAINT FILES (21 CFR 225.115)

Yes No 83. Does the firm have procedures to use as follow-up in response to product complaints and reports of experiences of product defects?

Yes No 84. Is a file kept for each oral and written complaint or report of product defects? If, yes, does it contain:

Yes No a. Date of complaint?

Yes No b. Complainant's name and address?

Yes No c. Name and lot or number or date of manufacture of the medicated feed involved?

Yes No d. Specific details of the complaint?

Yes No e. Correspondence, including memoranda of conversations, from the complainant?

Yes No f. Description of all investigations?

Yes No g. Method of disposition of the complaint?

Yes No 85. Are reports of adverse experiences, drug mixups, and other failures of the drug to meet specifications reported as required to CVM?

NARRATIVE

DRUG COMPONENTS ON HAND

TRADE NAME	DISTRIBUTOR	DRUG	POTENCY	EXPIRATION DATE

DISCUSSION WITH MANAGEMENT

Describe in detail all recommendations and warnings given to management and their response to each deviation listed on the FDA 483.