

Site Licensing – A Step by Step Guide



Table of Contents

1.	Introduction	Page 3
2.	General Overview of Site Licensing	Page 4
	Who Needs a Site Licence?	Page 4
	Licensee Obligations	Page 4
	Establishment Licence Holders	Page 5
	Amendments to Site Licence	Page 5
	Request for Licence Renewal	Page 6
	Notification	Page 8
	Suspension of Site Licence	Page 9
	Cancellation of Site Licence	Page 9
	Products Manufactured at Foreign Sites	Page 10
3.	Site Licensing	Page 11
	A) Site Licence Submission	
	Annotated Site Licence Application Form (SLA)	Page 12
	Site Licence Submission Process Flow	Page 17
	Where to Submit an Application	Page 18
	Highlights: A Complete Submission	Page 19
	B) The Quality Assurance Report (QAR)	
	Instructions: Detailed Quality Assurance Report	Page 20
	Annotated QAR Form	Page 23
	Case Study: QAR Submission	Page 25
	Places (Premises, Equipment)	Page 26
	People (Personnel, Quality Assurance)	Page 28
	Processes (Sanitation, Operations)	Page 29
	Products (Specification, Records, Samples, Stability, Sterile Products, Recall Reporting)	Page 32
	C) Homeopathic Supplemental Quality Assurance Report Form	
	Annotated SQAR	Page 35
	Instructions	e
	D) The Quality Assurance Person Qualification (QAPQ) Form	Page 37
4.	Glossary	Page 39
5.	References	Page 46
6.	Appendices	
	I: Correspondence with NHPD during the processing of your submission	Page 48
	II: Application for Alternate Sample Retention Form	Page 54
	III: Recommended Qualifications for Quality Assurance Person(s)	Page 55
	IV: Case Study with completed forms	Page 56
	V: Site Licence Submission Checklist	Page 60

Our mission is to help the people of Canada maintain and improve their health. *Health Canada*

> Également offert en français sous le titre : Licence d'exploitation – Un guide étape par étape

This publication is also available on the Internet at the following address: www.healthcanada.ca/nhpd

This publication can also be made available in alternate format(s) upon request.

© Her Majesty the Queen in Right of Canada, represented by the Minister of Health, 2004.

Cat. H44-78/2004E ISBN 0-662-38528-4

1. Introduction

All natural health products for sale in Canada are subject to the *Food and Drugs Act and the Natural Health Product Regulations.*

The *Natural Health Product Regulations*, which came into force on January 1, 2004, define the specific regulatory requirements for the manufacture, packaging, labelling, storing, importing, distributing, and sale of natural health products in Canada to ensure that all Canadians have access to natural health products that are safe, effective, and of good quality.

This workbook is intended to provide information to the natural health product manufacturers, packagers, labellers, importers, about site licence applications, the requirements for licensing, and the Good Manufacturing Practices (GMPs) as they apply to the Quality Assurance Report (QAR).

Site Licensing: A Step-by-Step Guide provides guidance and advice on the process of site licensing for natural health products in accordance with the *Natural Health Products Regulations.*

2. General Overview of Site Licensing

Site Licence

A site licence is an authorization given to an applicant by the Natural Health Products Directorate to perform activities related to the manufacturing, packaging, labelling, or importing of natural health products.

[Natural Health Products Regulations]

Who Needs a Site Licence?

A site licence gives the licensee authorization to manufacture, package, label, or import natural health products. These activities must be carried out according to the good manufacturing practices outlined in Part 3 of the *Natural Health Products Regulations*.

All businesses in Canada who wish to manufacture, package, label, or import a natural health product for sale must hold a current site licence.

A business involved in manufacturing, packaging, labelling, or importing a natural health product may choose to apply for one site licence for all business operations, i.e., at multiple buildings or locations, or for individual site licences for the respective buildings or locations.

Licensee Obligations

- As the applicant, you are required to provide a valid and complete application.
- The following are examples where NHPD has deemed the information submitted to be insufficient—requiring Level 1, Submissions Management Division to send out processing deficiency letters:
 - Sections/fields on the Site Licence Application (SLA) form have not been completed.
 - The name of the Quality Assurance Person(s) for Parts 3 and 4 (when applicable) is not complete.
 - If the activity type indicates Homeopathic Medicines, a completed Quality Assurance Report (QAR) and Supplementary Quality SQAR have not been submitted.
 - The sites that hold an Establishment Licence (EL) have not submitted a valid copy of their current EL with a completed SLA form.
 - The activity type(s) listed on the SLA form do not match the activity type(s) listed on the EL, and a QAR was not submitted for this new activity.
 - The building address(es) listed on the SLA form does not match the building address(es) on the EL, and a QAR was not submitted for the new site(s) not listed on the current EL.

- Licensees must meet renewal obligations to maintain their site licence. A site licence expires on the first anniversary of the day on which it was issued unless it is renewed.
- Licensees must also notify NHPD of:
 - changes to the information in their Site Licence Application;
 - changes to buildings or processes.

Establishment Licence Holders

Establishment licence holders may also hold a Site Licence and would need to renew their licence according to Section 36 of the *Natural Health Products Regulations*.

In place of the Quality Assurance Report Form, establishment licence holders may submit a copy of their current **Establishment Licence** (EL) with the application for renewal. The Establishment Licence lists the last date of inspection and all buildings where activities such as manufacturing, packaging, labelling, importing, and distributing are authorized for drug products under the *Food and Drug Regulations*. When the activities and buildings match up exactly with those mentioned in the Site Licence Application Form for which a licence is requested, no further evidence of compliance relating to the good manufacturing practices is required.

Establishment licence holders must submit a separate Quality Assurance Report Form for those additional activities and buildings that are not listed in the establishment licence dealing exclusively with natural health products.

Amendments to Site Licence

- A licence amendment is required for one or more of the following changes to a site licence:
 - adding a new activity;
 - adding a new building;
 - changing from manufacturing, packaging, labelling, or importing a non-sterile dosage form to sterile dosage form.
- The licensee, when amending a site licence, has to provide an amendment submission including the site licence application form containing the following information:
 - the licence number;
 - the amendment being requested, i.e., each new building or new activity that the licensee is proposing to conduct; and
 - a detailed Quality Assurance Report Form indicating that the buildings, equipment, practices, and procedures used in each new activity comply with the requirements set out in Part 3 of the *Natural Health Products Regulations*.

- NHPD only issues or amends a site licence according to Section 29 when the applicant has submitted a complete application with all the required supporting data (as per Sections 28 and 32(2)) and has also provided NHPD with all additional information under Section 37, when requested, to assess whether the applicant is fully compliant with the *Natural Health Products Regulations*. The applicant must also ensure that there is no false or misleading information in the application form.
- NHPD may refuse to issue or amend a site licence when it finds the application to be deficient, when the applicant does not provide additional information on request, or when the information submitted is false or misleading. Sections 30 and 31 of the Regulations specify the process by which NHPD may refuse to issue or amend a site licence.
- When a site licence application is refused, NHPD sends the applicant a notice stating the reasons for refusal.
- When the applicant would like NHPD to reconsider this refusal, the applicant may make such a request within 30 days after the day on which the notice is sent. In this case, NHPD will give the applicant an opportunity to be heard regarding the refusal, after which NHPD will reconsider the initial refusal and decide whether to issue or amend a site licence.
- When the decision is made to uphold the refusal to issue or amend a site licence, NHPD sends the applicant a final notice stating the reasons for refusal. Applicants have the right to appeal decisions relating to the issuance of a licence.

Request for Licence Renewal

- Licensees must submit a request for renewal **no later than 30 days before the day on which their licence expires**. For example, if a site licence is issued on January 1, 2005 which is valid until January 1, 2006, the licensee must submit a request for renewal to NHPD *before December 1, 2005*.
- The renewed site licence expires on the day on which the renewal period ends, unless the licence is renewed again.
- The site licence must be renewed as follows:
 - every year, when the licensee has held the licence less than three years from the date of issuance;
 - every two years, when the licensee has held the licence for a period of at least three years from the date of issuance but less than nine years;
 - every three years, when the licensee has held the licence for nine years from the date of issuance or more.

Example

A company applies for a site licence for the first time and Natural Health Products Directorate issues the licence on January 1, 2004.

The issued licence bears this information:

Site Licence No.	: 000001 A			
Issued to: QRS	Living			
To perform the	following activi	ities at :	authorized building	gs:
 Manufacturir Packaging Labelling Importing 	ıg		□ Sterile dosa	ge
Issued on: January 1, 2004	An	nended		Expires on: January 1, 2005
This company mu Date of issuance	ast renew its licer Date of renewal first three ye	for the	follows. Date of renewal for years four to nine	• Date of renewal after nine years
January 1, 2004	January 1, 2005 January 1, 2006		January 1, 2009	January 1, 2016 January 1, 2019,

(i.e., every second year)

(i.e., every three years)

Note:

• When a company has been renewing a licence for three years or more and then adds a building or activity, it may continue renewing according to the renewal process, i.e., without starting again from the beginning of the renewal cycle.

(i.e., every year)

- Licensees may renew their licence by the method described here or may submit a complete application form with all required supporting data. In either case, licensees must submit a new Quality Assurance Report Form with the renewal summary report.
- NHPD sends the licensee an expiry notice 60 days prior to the expiry. This notice includes the Renewal Summary Report and Record of Change Form. The Renewal Summary Report includes all the information in the most recent application for which a licence was issued. The licensee must sign the renewal summary report indicating that there have been no changes to the information since then.

Notification

• Section 33 specifies the situations under which licensees must notify NHPD within 60 days of a change in the information contained in their original application.

These changes include:

- a change in the name, address, telephone number, fax number or email address;
- any substantial change that alters any building, equipment, practice, or procedure that was previously referred to in the Quality Assurance Report Form submitted to NHPD.

Examples of such changes include:

- adding another wing or an extension to an authorized building;
- changing the production flow in a significant way;
- changing from conventional methods to advanced processes; and
- changing from general cleaning to other practices such as fumigation and dry heat cleaning.
- The licensee, when notifying NHPD of changes related to a site licence, has to provide the following:
 - Site Licence application form
 - Licence number
 - Notification Description form, if applicable. This form can be found in the *Site Licence Guidance Document*.

Note: a notification form is not required if changing only the contact information.

- Changes related to operational information, i.e., a substantial change that alters any building, equipment, practice, or procedure, must be accompanied by an Attestation from the Quality Assurance Person stating that the activities and buildings authorized by the site licence will remain in compliance with the good manufacturing practices set out in Part 3 of the *Natural Health Products Regulations*.
- NHPD manages submissions for notification as described in the *Site Licence Guidance Document, Section* 3. Licensees are issued a written acknowledgment letter indicating that NHPD received the notification and is reviewing it. When necessary, NHPD will ask for information relating to the floor plan or flow diagram, or for an updated Quality Assurance Report Form. A site assessment may also be conducted when NHPD deems it necessary.

Suspension of Site Licence

- NHPD may **suspend** a site licence under the following circumstances:
 - the licensee is found to have contravened the Natural Health Product Regulations or any provision of the Food and Drugs Act;
 - the licensee is found to have made a false or misleading statement in the site licence application or application to amend the site licence; or
 - NHPD has enough evidence to believe that it is necessary to suspend the licence to prevent injury to the health of purchasers or consumers.
- In the last case, suspension may be immediate. Otherwise, NHPD sends the licensee a notice of the intention to suspend indicating the reason for the suspension. The licensee has 90 days to respond from the date of issuance of the notice and to do the following:
 - submit evidence to NHPD that the situation that led to the intended suspension has been rectified; or
 - provide NHPD with evidence demonstrating that the situation giving rise to the intended suspension does not exist.
- When the licensee does not submit the above information to NHPD within 90 days the licence is **suspended.** The NHPD will **reinstate** the licence if within 90 days of the effective date of suspension, the licensee provides NHPD with evidence demonstrating that the situation giving rise to suspension does not exist or has been corrected.

Cancellation of Site Licence

- The licence is cancelled when, within 90 days of the effective date of suspension, the licensee does not provide NHPD with any information relating to the situation that led to the site licence suspension. If NHPD cancels the site licence, a **notice of cancellation**, setting out the reasons and effective date of cancellation, is sent to the licensee.
- No manufacturer, packager, labeller, or importer may conduct any activity authorized by the site licence while the licence is suspended (under Section 39 or 40) and after it is cancelled (under Section 41(b)).
- Licensees have the right to appeal decisions relating to the suspension or cancellation of a licence. For detailed information on the appeal process, refer to the Dispute Avoidance and Resolution Framework on the NHPD website.

Products Manufactured At Foreign Sites

- Importers must submit the following:
 - Complete Site Licence Application
 - Quality Assurance Report or Establishment Licence
 - Quality Assurance Report or Evidence of GMP Compliance for each Foreign Site listed on their SLA.
- Canadian importers must be licensed and the onus is on them to provide evidence that imported products come from sites that meet Canadian Good Manufacturing Practices (GMPs) under Part 3 of the *Natural Health Products Regulations*, or equivalent standards.
- One of the following types of evidence is required from importers with respect to the foreign sites:
 - A Quality Assurance Report signed and dated by a quality assurance person who has the training, experience, and technical knowledge relating to the activity conducted in order to assess compliance with the GMPs outlined in Part 3 of the *Natural Health Products Regulations*;
 - A Certificate of Compliance (CoC) issued by a Regulatory Authority from any of the countries listed in the *Site Licence Guidance Document* for a Site/Recognized Building located in its jurisdiction for which the date of inspection indicated is no more than 3 years old;
 - The most recent inspection report (including the corrective actions taken) that is no more than 3 years old issued by a Regulatory Authority* from any of the countries listed in the *Site Licence Guidance Document* for a site located outside its jurisdiction as long as the inspection has been conducted based on its GMP standard or the Canadian GMP guidelines;
 - The most recent inspection report (including the corrective actions taken) from a Qualified Authority* for a site located within or outside its jurisdiction.

For up-to-date information, please refer to the Mutual Recognition Agreements (MRA) available at: http://www.hc-sc.gc.ca/hpfb-dgpsa/ inspectorate/international_e.html

* see reference to Health Products and Food Branch Inspectorate Guidance Document in Section 5 of this workbook.

3. Site Licensing

A) Site Licence Submission

A Site Licence is an authorization given to an applicant by the Natural Health Products Directorate to perform activities related to the manufacturing, packaging, labelling, or importing of natural health products. [*Natural Health Products Regulations*]

The site licence information submitted is evaluated to ensure that the natural health products being marketed in Canada are safe, of good quality, and are manufactured, packaged, and labelled at sites that comply with the good manufacturing practices outlined in the *Natural Health Products Regulations*.

There are several different submission requirements depending on the role of the applicant, the type of activity, and the type of product being marketed.

Applicants provide a site licence submission when they:

- want to manufacture, package, label, or import a natural health product for the Canadian market;
- wish to notify NHPD about a change in information relating to the buildings or process;
- wish NHPD to amend the site licence;
- wish to renew the site licence.

Natural Health Product Directorate assigns a submission number and a company file number to each application. Issuance of a site licence occurs when:

- the applicant meets all the regulatory requirements outlined in the *Natural Health Products Regulations*;
- any and all of the additional information requested has been submitted;
- the application contains no false or misleading information.

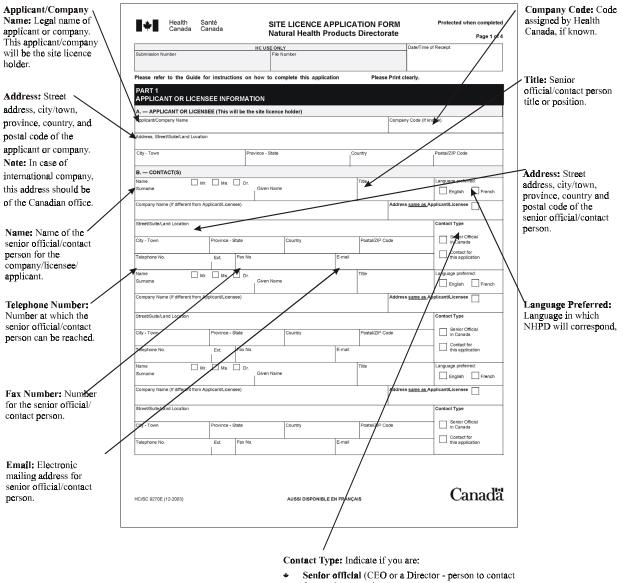
Highlights

A completed site license application submission includes:

- A Site License Application Form
- A Quality Assurance Report Form
- A Supplementary Quality Assurance Report Form for Homeopathic Medicines (where applicable)
- A Quality Assurance Person Qualifications Form
- A Designated Party Authorization Form (where applicable)

PART 1: APPLICANT OR LICENSEE INFORMATION

This information pertains to the applicant or licensee information



- for regulatory notices).
- Contact person (person to contact regarding the submission).

PART 2: SUBMISSION APPLICATION

This information pertains to the type of submission and identifies what the licensee has indicated. (SLA) Site Licence Application Form.

A. Submission Type			
Site licence application: First-time applications	PART 2 - SUBMISSION INFORMATION		Check when there have been changes in
Indicate your establishment licence	A - SUBMISSION TYPE Site Licence Application Establishment Licence Number (If applicable)	Amendment Site Licence No.	building, equipment, practice, or procedure with respect to which a
number (when applicable)	Renewal Site Licence No.	Netification	quality assurance report form was submitted and
When seeking an	Change in contact person information or company's information B – SUBMISSION CONTENT	Consection of the section of the sec	fill out the notification description form (Site
amendment, notification, or renewal, enter the site licence number in the	Type of supporting documents, by volume: check type that is applicable and indicate the volume of Volumes: Volume #	lume in which the document is submitted. Volume # Notification Description Form	Licence Guidance Document, Appendix 5)
space provided.	Ouality Assurance Report Form Ouality Assurance Person Oualification Form	Designated Party Authorization F80m Other	B. Submission Content Number of volumes:
Check when the / changes to be made to the site licence are only	Cupplementary Quality Assurance Report Form for Homeopathic Medicines PART 3 – CANADIAN SITE INFORMATION BUILDING INFORMATION (rosp EditIon(d)) refers to one location at the sam	e stireet	Indicate the number of volumes (binders) included in the
to the company name, address, telephone number, or e-mail address or to contact	BUILDING 4 Dwaling House Yes No Build'ry Nams Asdrass, Number/Stree/Sulw/land Locator		submission.
information.	City - Town Picelince Plastel Ecide Hans of Certact Person fair the Building 147, 176, 127,	County Leasting CANADA krowting	
	Gran 1 Tolophane Nee. Ext Fex No	E-moi	
	Nams of Oua ity Accurations Fersor Attached Quality Accurations Report Form Provide ProvideProvide Provide Pro	Fe& No. Isched Supptemannary Que R. Ass.rance Report Form for prespecthis Westernis in their approaches	
	BUILDING 2 Dwalling House Ver N	Activity Type Acid Dokto Tzen e Univerge Monivapulitic Med nev maretiscuring Dokto maretiscuring Dokto maretiscuring	
	City: Torrin Province Public Cole News of Context Pennon ha the Building Mr. 1974 Mr. Cit.	Country Level in the set ing the set in the set ing	
	Telephone No. Ext. Tex Yo	I-0049	-
	News of Due by Assurance Fersor Anachied Duelty Assurance Report Form	Ref. No. Ischod Supplymantary Qua Ry, Ass.rarce Report Form for rrespetiti: Mesicins river applicate e)	
	HC/SC 8270E (12-2003)	r expenii: Nescenis emeri acpican ey Page 2 of 4	1

PART 3: CANADIAN SITE INFORMATION Building Information

When an applicant carries out activities in more than one building, this part must be completed for each building. Building refers to one location at one address.

Designate each building in numerical order (i.e., 1, 2, 3, 4) and complete the respective sections of the form. When there are more than four buildings, add the required information for the additional building as an attachment. Importers must complete this part for all buildings where imported natural health products are stored within Canada.

Building 1, 2, 3 or 4

	PART 2 - SUBMISSION INFORMATION	Dwelling House:
	A – SUBMISSION TYPE	Indicate whether the
Building Name: Legal name or the name of $$	She Grande Ay-direction Extable transmit Grande (Plagatestella) Arrendmen: She Lear se K-a.	building is a place of
the building	Rimewall She Usence Ho. Next She Liker se is o.	residence
	(2 eres creck file appropriate box(es) with respect to the notification cranges) Change is united server information anonyment/s information Change is united server information anonyment/s information Up united a Quarty Assumes Report from was upgeted	
Address: Street	Change in Some sector into tension or company's minimizer L to which a Duality Assurance Report from was suggested B - SUBMISSION CONTENT	
address, city/town,	Type of supporting documents, by volume, check type that is applicable and indicate the volume in which the document is submitted.	
province, postal code,	Number of Volumes:	
country where the building is located.	Veture # Veture # Veture # Veture # Veture # Veture #	
	Ourly Assertion Report Form	Activity Type: The
Name of Contact	Custy Assume Person Qual Station Form	activity the applicant performs in this
Person for this \	Supplementary Dualty Assurance Report From	building.
building: Contact	Tor Homospath e Madianes	Sterile Dosage:
person responsible for	PART 3 – CANADIAN SITE INFORMATION	Indicate whether the
this building.	BUILDING INFORMATION (e.g. Building(s) refers to one location at the same address) BUILDING 1 Dweiling House Yes No Activity Type	activity is performed in
\	Puilding Name Add Delete Sterie Dosage Homeopathic Medicines	sterile dosage.
Telephone Number:	manufacturing	Homeopathic
Number for the contact	Address, Number/Street/Suite/Land Location	Medicines: Indicate
person.	City - Town Province Postal Code Country Labelling Labelling	whether the activity
\backslash	CANADA importing Name of Contact Person for this Building Mr. Dr.	performed is for homeopathic
Fax Number: Fax	Surname Given Name	medicines.
number for the contact	Telephone No. E-mail	modicines.
person.	Name of Quality Assurance Person Ref. No.	
Name of Quality	Attached Ouality Assurance Report Form Attached Supplementary Quality Assurance Report Form & Homeopathic Medicines (when applicable)	
Assurance Person:	BUILDING 2 Dwelling House Yes No Activity Type Add Delete Serie Dosage Homeonathic	
Person who completed the Quality Assurance	Building Name Add Delete Medicines	
Report Form for this	Address, Number/Street/Suite/Land Location	
building.	City - Town Province Postal Code Country labelling	
/	CANADA	
/	Name of Contact Person for this Building Mr. Ms. Dr. Given Name	
	Telephone No. Ext. Fax No. E-mail	
Attached Quality	Name of Quality Assurance Person Ref. No.	E-mail: Electronic
Assurance Report		mailing address for the
Form: Indicate if a	Attached Quality Assurance Report Form Attached Quality Assurance Report Attached Quality Assurance Attached Quality Assurance R	contact person.
Quality Assurance Report Form is being	HC/SC 9270E (12-2003) Page 2 of 4	
attached.		Reference Number:
		Assigned by Natural
	Attached Supplementary Quality Assurance Report Form for Homeopathic Medicines: Indicate if	Health Products
	a Supplementary Quality Assurance Report Form for Homeopathic Medicines is being attached.	Directorate, if known.

Note: A Supplementary Quality Assurance Report Form for Homeopathic Medicines should be attached by applicant/company dealing with homeopathic medicines.

* Note: Manufacturers, packagers, labellers, importers and distributors must treat all sterile natural health products in the same manner as any other sterile health product. Follow the guidance provided in the guidelines published by Health Canada's Health Products and Food Branch Inspectorate and Therapeutics Products Directorate. The latest version of this document is available at: http://www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/gmp_guidelines_2002_entire_e.html

Site Licensing: A Step-by-Step Guide

PART 4: FOREIGN SITE INFORMATION (FOR IMPORTERS ONLY) The importers are asked to fill out information regarding the foreign site from which they are importing. When there are more than two companies, add the required information for the additional company as an attachment

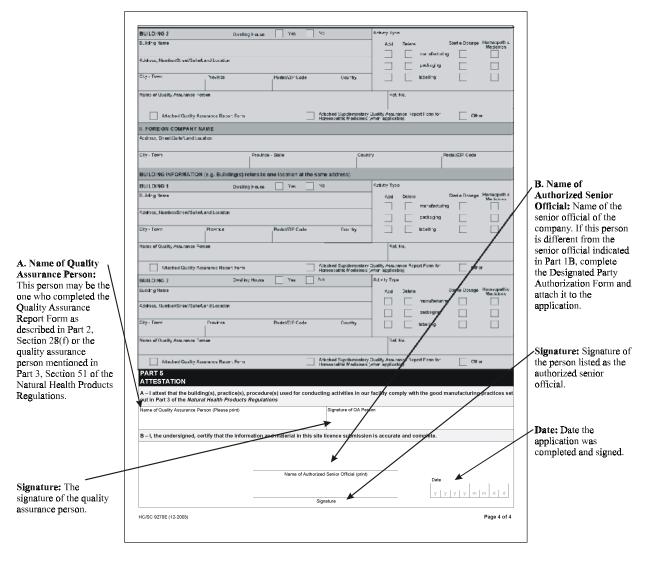
Foreign Company Name: The legal name of the company. Address: The street address, city/town, province/state, country and postal/zip code of the company. This should be the company headquarters.	BUILDING 3 Dwelling House Yes No Activity Type Add Delete Sterie Dosage Metidines Address, Number/Street/Suite/Land Location	Activity Type: The activity the applicant proposes to perform in this building. Sterile Dosage:* Indicate whether the activity is performed in sterile dosage.
Building Information: Building refers to one location at one address. When an applicant carries out activities in more than one building, complete this part for	Attached Quality Assurance Report Form Attached Quality Assurance Report Form Homeopatric Medicines (when applicable) BUILDING 4 Dwelling House Yes No Actively Type Address, Number/Street/Sute/Land Location Add	Indicate whether the activity performed is for homeopathic medicines.
each building. Designate each building in numerical order, i.e. 1, 2, and complete the respective sections of the form. When there are more than two buildings, add the required information for the additional	Sumane Sumane Reveals Mr. Mr. Dr. Given Name Given Name Telephone No. Ext. Fax No. E-mail Name of Quality Assurance Person Attached Supplementary Quality Assurance Report Form Attached Supplementary Quality Assurance Report Form PART 4- FOREION SITE INFORMATION (FOR IMPORTERS ONLY) FOREION COMPANY NAME Address, Streed/SuiteLand Location	
building as an attachment. Building Name: Legal	City - Town Province - State Country Postal/ZIP Code BUILDING INFORMATION (e.g. Building(s) refers to one location at the same address)	Reference Number : Assigned by Natural Health Products Directorate, if known.
Address: Street address, city/town, province/state, postal/zip code, country where the building is located	City - Town Province Postal/ZIP Code Country Labeling .	Indicate if a Supplementary Quality Assurance Report Form for Homeopathic Medicines is being attached.
Name of Quality Assurance Person: The name of the quality assurance person who completed the Quality Assurance Report Form for this building Dwelling House: Indicate whether the building in question is a place of residence.	Indicate if a Quality Assurance Report Form is being attached. * Note: Manufacturers, packagers, labellers, importers and distributors must treat all sterile natural health products in the same manner as any other sterile health product. Follow the guidance provided in the guidelines published by Health Canada's Health Products and Food Branch Inspectorate and Therapeutics Products Directorate. The latest version of this document is available at :	Other: Indicate if any other document is attached.

http://www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/gmp_guidelines_2002_entire_e.html

The QA Person, as per section 51 of the *Natural Health Product Regulations*, is attesting that the building(s), procedure(s) used for conducting activities in the referenced facility complies with the GMP set out in Part 3 of the Regulations.

PART 5: ATTESTATION

The Quality Assurance Person (QAP) and the Authorized Senior Official are asked to complete this part.



The QA Person, as per section 51 of the *Natural Health Product Regulations*, is attesting that the building(s), procedure(s) used for conducting activities in the referenced facility complies with the GMP set out in Part 3 of the Regulations.

3. Site Licence Submission Process Flow

NHPD accepts submissions for site licence application, renewal of site licence, and changes to site licence. This section outlines how NHPD manages the information that the site licence applicants/licensees submit.

Level 1: Verification

- NHPD screens the submission for the company information and gives each submission a file number (for new applications) and submission number. **Note:** Applicant/Licensee should use the file number assigned on all subsequent correspondence about the submission including renewal, amendment, and notification submissions. If for some reason, an applicant/licensee does not know the file number, he or she should mention his or her name or the company's name, the address, and the activity being performed.
- NHPD sends out an acknowledgment notice to the applicant confirming receipt of the submission. The letter lists the file number and submission number, and notes the date of receipt. If NHPD notices deficiencies in the submission information, these will be outlined in the acknowledgement notice. (See sample acknowledgement letter in Appendix I.) Applicants must respond to this notice within 15 calendar days of the date of issue.
- If no response is received, NHPD considers the application to be withdrawn and sends a notice of withdrawal to the applicant. Applicants may re-submit withdrawn applications at a later date.

Level 2: Processing

- NHPD checks the Site Licence Application Form and the appropriate supporting data for completeness.
- This supporting data includes:
 - the Quality Assurance Report Form
 - the Supplementary Quality Assurance Report Form for Homeopathic Medicines when applicable
 - the Quality Assurance Person Qualification Form
 - the **Designated Party Authorization Form** when applicable
- When deficiencies are identified, NHPD issues a processing deficiency notice (PDN), requesting the missing information or clarification related to the completeness of the application form and supporting data. NHPD only sends this notice once for a particular piece of information. (See Appendix I for a sample PDN letter.)
- When there is no response within 30 days from the date the notice is issued, or inadequate response, NHPD withdraws the application and sends a notice of withdrawal to the applicant.

Level 3: Assessment

When the submission reaches this level, the application form and supporting data are then assessed for compliance with the *Natural Health Products Regulations*.

When NHPD needs additional information to assess the application, it may send an additional information request to the applicant in accordance with Section 37 of the *Natural Health Product Regulations*.

Level 4: Decision

When NHPD deems a site licence submission fully compliant with the *Natural Health Products Regulations*, it issues a site licence. When NHPD refuses a site licence application, the applicant receives a notice stating the reason for refusal.

Where to Submit an Application

Completed submissions including site licence applications, amendments, notifications, and renewals with their respective attachments should be submitted to the Natural Health Products Directorate at:

Mail:

Submission Management Division Bureau of Product Review and Assessment Natural Health Products Directorate Health Products and Food Branch Qualicum, Tower A 2936 Baseline Rd. AL 3300B Ottawa, ON K1A 0K9 **Couriers:** K2H 1B3

How to Submit a General Submission Inquiry

Any inquiries relating to submission process and/or requirements, can be submitted either by mail above, email, or fax:

Email: submission_info@hc-sc.gc.ca

Fax: 613-954-2877

Highlights: A Complete Submission

Applicants are required to provide a valid and complete application.

In order to be seen as a complete submission, applicants must ensure that:

- all fields on the Site Licence Application (SLA) form are complete;
- name of the Quality Assurance Person(s) for Parts 3 and 4, if applicable, are complete;
- if activity type for Homeopathic Medicines has been checked off, a completed Quality Assurance Report (QAR) and Supplementary Quality SQAR is included;
- sites holding an Establishment Licence (EL) submit a valid copy of their current EL with a completed SLA form;
- the activity type(s) listed on the SLA form matches the activity type(s) listed on the EL; however, for any new activity for which they do not hold an EL, a QAR must be submitted;
- the building address(es) listed on the SLA form should match the building address (es) on the EL, however, for any new site for which they do not hold an EL, a QAR must be submitted;
- all activity types listed on the SLA are accounted for in the Quality Assurance Report (QAR) form;
- all completed answers, not including N/A, have a list of relevant SOPs;
- at least one sample record is attached per SOP listed in the QAR;
- information provided in Part A of the QAR and Part A of the SLA form do not conflict;
- any references to attachments (such as SOPs, records, resumes, certificates, floor plans, etc.) are in fact included with the submission.

See also Appendix V: Site Licence Submission Checklist

3B) The Quality Assurance Report (QAR)

Part 3 of the *Natural Health Products Regulations*, Sections 43 to 62, divides the good manufacturing practices into the following four categories: **Places**, **People**, **Processes**, and **Products**.

Manufacturers, packagers, labellers and importers must demonstrate that they are adhering to Good Manufacturing Practices by self-assessing their operation against the requirements and completing a Quality Assurance Report (QAR). Applicants must complete the Quality Assurance Report Form (QARF) to self-assess their operations against the requirements.

The Quality Assurance Report is divided into the following three sections:

- General Information
- Detailed Quality Assurance Report
- Attestation

Applicants are encouraged to use the *Good Manufacturing Practices Guidance Document* (see References) while they complete the QAR, since the GMPs set the appropriate standards and practices for product testing, manufacturing, storage, handling, and distribution.

Applicants must complete one report per building or location at the same address, and the report must be completed by a person who has the necessary qualifications to assess the operations of the facility.

Instructions

Detailed Quality Assurance Report

Part 3 (Sections 43 to 62) of the *Natural Health Products Regulations* sets out the good manufacturing practices (GMPs) that manufacturers, packagers, labellers and importers must meet before a site licence for each location will be issued in order to allow the sale of natural health products in Canada.

The Risk Classification system of GMP Observations (Chapter 4 of the *Good Manufacturing Guidance Document*), assists the Quality Assurance Person to identify potential risks and take the necessary action.

- Risk 1: Immediate corrective action required
- Risk 2 and Risk 3: Corrective action required

Statements/Questions: Yes/No

The statements/questions in this report are divided into four sections in accordance with the *Good Manufacturing Practices Guidance Document*:

- Places (premises and equipment),
- People (personnel and quality assurance),
- **Processes** (sanitation program and operations),
- **Products** (specifications, stability, samples, records, recall reporting, and sterile products).

Check off the response to the statement/question as either YES that the statement/question is correct or NO that the statement/question is not correct. If the statement/question is unclear, refer to the appropriate section(s) in the *GMP Guidance Document* for assistance.

If yes is answered to the statement/question, in the space provided clearly describe how the site complies with the referenced section of *Natural Health Products Regulations*.

If no is answered, in the space provided provide a clear rationale as to why the statement/question is not applicable to the activities conducted at the site.

Note: Additional pages may be attached if the space provided is not sufficient. Identify in the "list of attachments" under the Supporting Documentation the additional pages that have been attached.

Standard Operating Procedures (SOPs)

An SOP is an <u>authorized</u> written procedure giving instructions for performing operations, and are not necessarily specific to a given product or material but of a more general nature. SOPs can be defined as established methods to be followed routinely for the performance of designated operations or in designated situations. These are concise and specific step-by-step instructions that allow an individual with limited knowledge or experience on the procedure to successfully reproduce the activities. Certain SOPs may be used to supplement product-specific master production documents.

For each statement/question, the applicant is required to list the title(s) and the number(s) of the relevant standard operating procedure(s) that are in place at the site.

Example: FACIL-001 - Pest Control

Note: The actual SOP(s) does not need to be attached, unless the applicant feels that the SOP(s) will help in the assessment of the site licence application.

For each SOP listed, a copy of any record/log/checklist should be attached as supporting documentation to show that the SOPs that are listed are being followed on a daily/monthly/annual basis.

Records should be completed (not blank templates) and the records must have been or are currently in use within a six-month time period from the inspection date.

Examples:

The SOP listed is FACIL–001 Pest Control; supporting documentation is required to show that the Pest Control program is in place and is used at the site. If the SOP states that a pest inspection should be conducted every month, the records are required to show that the inspection(s) has been done.

The SOP listed is PERS–011 Employee Training; complete job descriptions and ongoing training records for employees at the site. Photocopies of selected job descriptions and training records can be used as supporting documentation.

Note: Any personal employee information may be blacked out.

Deviations and Corrective Actions

For each statement/question, the applicant is required to list any deviations to the Natural Health Products GMPs that were observed during the site inspection.

If the applicant indicates a deviation(s), they must describe in the space provided a description of the deviation(s) and rationale for the deviation(s) where applicable, and the details of the corrective action(s) that were taken or to be taken.

For action to be taken, a corrective action plan with time line should be attached. The deviation(s) listed could be for minor correction(s) within the site (such as screening and trapping floor drains, or the removal of temporary repairs on equipment) or could be the plans for more major correction(s) (such as the installation of an air filtration system, or the development of SOPs for this section of the Regulations).

Supporting Documentation

List all supporting documentation as described above (SOP record(s), and corrective action plan(s)), and attach the document(s) directly behind the statement/question page.

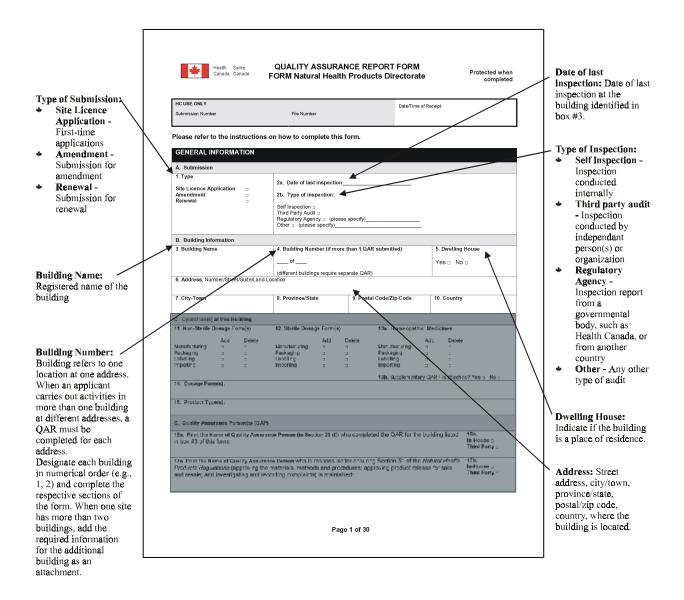
ATTESTATION

The Quality Assurance Person that completed the Quality Assurance Report (QAR) needs to print and sign his/her name and date this part of the QARF.

Note: This Quality Assurance Person is identified in box # 16a of the QARF - General Information.

ATTESTATION		
I attest that the building(s), practice(s), pro manufacturing practices set out in Part 3 (
Name of Quality Assurance Person (Please print)	Signature of QA Person	Date yyyy-mm-dd

3.B. Annotated Quality Assurance Report Form (QAR)



Annotated Quality Assurance Report Form (QAR)

Non-Sterile Dosage Form(s): Activity being performed or will be performed in this building.

Dosage Form(s): Final physical form of the natural health product that may be used by the consumer without any further processing.

Product Types:

- Plant, alga, or fungus
- Non-human animal material
- Bacterium (nonliving, e.g. tyndallized, spirulina)
- ✤ Extracts
- Isolates
- Enzymes
- Vitamins
- Minerals
- Amino acids
- Essential fatty acidsSynthetic duplicates
- Synthetic auprication
 Probiotics
- Probiotics
 Uomoonothic
- Homeopathic medicines

Refers to Section 28 (f) of the Natural Health Products Regulations. The name of the Quality Assurance Person (QAP) who completed the QAR for the building listed in box #3 of this form.

The name of **Quality**

Assurance Person(QAP) responsible for ensuring Section 51 of the NHP Regulations (approving the materials, methods, and procedures; approving product release for sale and resale; and investigating and recording complaints) is maintained. Note: the person identified box #17a could be the same person as identified box #16a.

| Chini incident Number File them are Count in the Proceeding Hences refer to the instructions on how to complete this form. GENERAL INFORMATION Subcrission Type Structures Application Data in Proceeding Data in
 | bit is data families File them as bit is data families <th>Submitted File them are Count in the United in the Un</th> <th>bit is data families File them as bit is data families<th>Submitted Fieldum as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission Type (Type wald) Submission Type (Type wald) Submission Submission Submission Submission Submission Submission Submission Submissisinterse <</th><th>Submitted Fieldum.as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission Submission</th><th>the social formulae Fib formulae ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection 3d 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Data Code: 2b. Type of inspector: 2c. Operation: 2c. Operation: 12. Strift Dosage Form(s)</th><th>the social Number Fib Number ease refer to the instructions on how to complete this form. SEMERAL INFORMATION Submission Type at Licence Application at Licence Application</th><th>the scalar Number Fieldum as cases refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection. 2b. Type of inspection: 2contracturing and and Locator 2 Operation(a) at this Building 11. Non-SterinDosage Form(s):</th><th>And is skelar. Namba File Hum as ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type As Date of lact inspection. Date of lact inspection. <</th><th>bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin</th><th>bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin</th><th>ar ideals fundar Field in an Parage refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licency Application Date of last inspection. <</th><th>ar ideals fluinter PE blum ar Parse refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licence Application Data of last inspection Data of last inspection<!--</th--><th>State inducts File them and Please refer to the instructions on how to complete this form. GENERAL INFORMATION State indication State indication Type State indication State inding indicating State i</th></th></th> | Submitted File them are Count in the United in the Un
 | bit is data families File them as bit is data families <th>Submitted Fieldum as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission Type (Type wald) Submission Type (Type wald) Submission Submission Submission Submission Submission Submission Submission Submissisinterse <</th> <th>Submitted Fieldum.as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission Submission</th> <th>the social formulae Fib formulae ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection 3d 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Data Code: 2b. Type of inspector: 2c. Operation: 2c. Operation: 12. Strift Dosage Form(s)</th> <th>the social Number Fib Number ease refer to the instructions on how to complete this form. SEMERAL INFORMATION Submission Type at Licence Application at Licence Application</th> <th>the scalar Number Fieldum as cases refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection. 2b. Type of inspection: 2contracturing and and Locator 2 Operation(a) at this Building 11. Non-SterinDosage Form(s):</th> <th>And is skelar. Namba File Hum as ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type As Date of lact inspection. Date of lact inspection. <</th> <th>bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin</th> <th>bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin</th> <th>ar ideals fundar Field in an Parage refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licency Application Date of last inspection. <</th> <th>ar ideals fluinter PE blum ar Parse refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licence Application Data of last inspection Data of last inspection<!--</th--><th>State inducts File them and Please refer to the instructions on how to complete this form. GENERAL INFORMATION State indication State indication Type State indication State inding indicating State i</th></th> | Submitted Fieldum as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission Type (Type wald) Submission Type (Type wald) Submission Submission Submission Submission Submission Submission Submission Submissisinterse <
 | Submitted Fieldum.as Elease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type Submission | the social formulae Fib formulae ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection 3d 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspectors: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Type of inspector: 2b. Data Code: 2b. Type of inspector: 2c. Operation: 2c. Operation: 12. Strift Dosage Form(s)
 | the social Number Fib Number ease refer to the instructions on how to complete this form. SEMERAL INFORMATION Submission Type at Licence Application
 | the scalar Number Fieldum as cases refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type 2a. Date of last inspection. 2b. Type of inspection: 2contracturing and and Locator 2 Operation(a) at this Building 11. Non-SterinDosage Form(s): | And is skelar. Namba File Hum as ease refer to the instructions on how to complete this form. SENERAL INFORMATION Submission Type As Date of lact inspection. Date of lact inspection. < | bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin | bit is data function File them as Data in the Vincedue bit is data function File them as Data in the Vincedue bit is data function Data of last inspection Data of last inspection Submission Data of last inspection Data of last inspection Data of last inspectin Data of last inspectin
 | ar ideals fundar Field in an Parage refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licency Application Date of last inspection. < | ar ideals fluinter PE blum ar Parse refer to the instructions on how to complete this form. ENERAL INFORMATION Submission Type Licence Application Data of last inspection Data of last inspection </th <th>State inducts File them and Please refer to the instructions on how to complete this form. GENERAL INFORMATION State indication State indication Type State indication State inding indicating State i</th> | State inducts File them and Please refer to the instructions on how to complete this form. GENERAL INFORMATION State indication State indication Type State indication State inding indicating State i |

--
--
--
--

--
--
--
---|---|--|---
--|---
--|---|---|
| GENERAL INFORMATION Submission IV/re- Submission Submission IV/re- Submission Submission <
 | SENERAL INFORMATION Submission Ygre 2a. Date of last inspection Delta inspection 2b. Type of inspection: Set inspection: Set i
 | GENERAL INFORMATION Submission Systemssion Systemssion Systemssion Systemssion Systemssion Systemssion Systemssion Systemssion Statution Statutin Statutin<
 | SENERAL INFORMATION Submission Ygre 2a. Date of last inspection Delta inspection 2b. Type of inspection: Set inspection: Set i
 | SENERAL INFORMATION Submission Yape 2a. Date of lact inspection 2b. Type 2a. Date of lact inspection 2b. Type of inspection: Soft i
 | SEENERAL INFORMATION Sebmission Type Set Levence Application Set Mission Type 2a. Date of lact inspection Set Mission The Application Set Mission The Application Set Inspection Control Application Control Province/State Add Delete Manufacturing Add Delete Manufacturing Setting The Application Add Delete | Sebmission 2a. Date of last inspection Type 2a. Date of last inspection Building information 3 Building information 3 Building information 4. Building Plansker (if more than dAk submitter) Building information 4. Building Plansker (if more than dAk submitter) Building information 4. Building Plansker (if more than dAk submitter) Clay Town 9. Provincel State Add Delete Add Delete Manufacturing 3 Packaging 3 Packaging 3 Packaging 3 Packaging 3 Packaging 3 Packaging 3 Importing 3 Packaging 3 Packaging 3 Packaging 3 Importing 3 Packaging 3 <th>SENERAL INFORMATION Submission Type 2a. Date of last inspection 4. Description 2a. Date of last inspection 2b. Type of inspection: Set inspection: Set inspection: 2b. Type of inspection: 2b. Type of inspection: Set inspection: 2b. Type of inspection: 2c</th> <th>SEENERAL INFORMATION Submission Type a. Date of last inspection and Livency Application a. Date of last inspection b. Lyps of inspection c. Country c. Class of Man Backgroup c. Class of Man Backgrop c. Class of Man Back</th> <th>SEENERAL INFORMATION Submission Type a. Date of lact inspection a. Date of lact inspection b. Lowack Application a. Date of lact inspection b. Lowack Application c. Set inspection Three flams, Augil b. Lowack Application Three flams, Augil b. Lowack Application Three flams, Augil b. Country (information) c. Building Information c. Building Name d. Building Number (if more than (dAk) c. Operation(b) at this Building 11. Non-Storik Dosage Form(s) 12. Storik Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Packaging c. Operation(c) at this Building 11. Non-Storik Dosage Form(s) 12. Storik Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing packaging c. Operation(c) at this Building 14. Dosage Form(s): 15. Product Type(s): 2. Quality Assurance Person(n) (QAP)</th> <th>SENERAL INFORMATION Submission Yape 2a. Date of last inspection 2b. Type 2a. Date of last inspection 2b. Type 2b. Type of inspection: 3c. The fact and 4b. Under the fact and 4b. Under the fact and 5b. The fact and 5b</th> <th>SENERAL INFORMATION Submission Yape 2a. Date of last inspection 2b. Type 2a. Date of last inspection 2b. Type 2b. Type of inspection: 3c. The fact and 4b. Under the fact and 4b. Under the fact and 5b. The fact and 5b</th> <th>Submission Vire 2a. Date of last inspection Livency Application 3 Indiration 3 Indiration 3 Indiration 3
 Indiration 3 Indiration 3 Interpret Application 4 Interecolon 4</th> <th>ENERAL INFORMATION Submission Type Licence Application Licence App</th> <th>GENERAL INFORMATION Submission Type Side Licence, Application and admant and admant</th> | SENERAL INFORMATION Submission Type 2a. Date of last inspection 4. Description 2a. Date of last inspection 2b. Type of inspection: Set inspection: Set inspection: 2b. Type of inspection: 2b. Type of inspection: Set inspection: 2b. Type of inspection: 2c | SEENERAL INFORMATION Submission Type a. Date of last inspection and Livency Application a. Date of last inspection b. Lyps of inspection c. Country c. Class of Man Backgroup c. Class of Man Backgrop c. Class of Man Back | SEENERAL INFORMATION Submission Type a. Date of lact inspection a. Date of lact inspection b. Lowack Application a. Date of lact inspection b. Lowack Application c. Set inspection Three flams, Augil b. Lowack Application Three flams, Augil b. Lowack Application Three flams, Augil b. Country (information) c. Building Information c. Building Name d. Building Number (if more than (dAk) c. Operation(b) at this Building 11. Non-Storik Dosage Form(s) 12. Storik Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Packaging c. Operation(c) at this Building 11. Non-Storik Dosage Form(s) 12. Storik Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing packaging c. Operation(c) at this Building 14. Dosage Form(s): 15. Product Type(s): 2. Quality Assurance Person(n) (QAP) | SENERAL INFORMATION Submission Yape 2a. Date of last inspection 2b. Type 2a. Date of last inspection 2b. Type 2b. Type of inspection: 3c. The fact and 4b. Under the fact and 4b. Under the fact and 5b. The fact and 5b | SENERAL INFORMATION Submission Yape 2a. Date of last inspection 2b. Type 2a. Date of last inspection 2b. Type 2b. Type of inspection: 3c. The fact and 4b. Under the fact and 4b. Under the fact and 5b. The fact and 5b | Submission Vire 2a. Date of last inspection Livency Application 3 Indiration 3 Indiration 3 Indiration 3 Indiration 3 Indiration 3
 Interpret Application 4 Interecolon 4 | ENERAL INFORMATION Submission Type Licence Application Licence App | GENERAL INFORMATION Submission Type Side Licence, Application and admant |
| Submission Submission Submission Submission Submission 2a. Date of last inspection 2b. Type of inspection: Submission 2b. Type of inspection: Submission 2b. Type of inspection: Submission 2b. Type of inspection: Submission 2b. Type of inspection: Submission 2b. Type of inspection: Submission 4 Building Number (If more than toAR submitter) 5 Davailing House 4 Building Number (If more than toAR submitter) 5 Davailing House 4 Building Number (If more than toAR submitter) 5 Davailing House 4 Building Number (If more than toAR submitter) 5 Develop of the Building 11. Non-StarterDosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines 4 Building 11. Non-StarterDosage Form(s) 13b. Supplementary OARF is attached? Yes a No 14. Dosage Form(s): 15. Produet Type(s): 16. Produet Type(s): 16. Produet Type(s): 16. Produet Type(s): 16. Produet Type(s): 17. Produet Type(s): 17. Produet Type(s): 17. Produet Type(s): 18. Produet Type(s): 19. Province Starte Developmentary OARF is attached? Yes a No 10. Country 10. Data for the form: 10. Produet Type(s): 10. Produet Type(s): 11. Produet Type(s): 12. Produet Type(s): 13. Produet Type(s): 15. Produet Type(s): 15. Produet Type(s): 16. Produet Type(s): 17. Produet Type(s): 17. Produet Type(s): 17. Produet Type(s): 17. Produet Type(s): 18. Produet Type(s): 19. Produet Type(s): 10. Produet Type(s): 10. Pr
 | Submission Type Submission Type Submission Submission 2b. Type of inspection: 2b. Type of inspection: Submission
 | Submission Type 2a. Date of last inspection 2b. Type of inspection: 2c. Optimizer of the submitten 3 Submission 3 Submission 4 Submission 9 Postal Code/Zip Code 10 Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 7. City-Torm 9. Province/Sizt 9. Postal Code/Zip Code 10. Country 11. Non-Storibulosage Form(s) 12. Storib Dosage Form(s) 13a. Homeopathic
Medicines 14. Dosage Form(s): 15. Product Type(s): 15. Product Type(s): 16. Product Type(s): 17. Product Type | Submission Type Submission Type Submission Submission 2b. Type of inspection: 2b. Type of inspection: Submission
 | Submission Type Submission Type Submission Statistics St
 | Submission Type 2a. Date of lact inspection Type 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 2b. Type of inspection 3. Bundling information 4. Building Name 4. Building Name (If more than takk submitted) 4. Developed to the take of | Submission Yye Submission Yye Ca. Date of last inspection A. Dispection: Submission Ye Submission Ye Submission A. Dispection: Submission:
 | Submission Yye Submission Yye Submission Yye Submission Ye Submission Ye Submission Ye Submission Submissi | Submission Type Submission Type Submission Type Submission Type Submission Type Submission Subm | Submission Type a. Date of lact inspection Type a. Date of lact inspection Bit Type of the post of the po | Subminission Type Subminission Type Subminission 2b. Type of inspection: 2b. Type of inspection: 2b. Type of inspection: 2b. Type of inspection: 3c. Bundling information 1 Bundling information 1 Bundling information 1 Bundling information 2 Bundling information 3. Bundling information 4 Bundling Name - d
 - d - d - d - d - d | Subminission Type Subminission Type Subminission 2b. Type of inspection: 2b. Type of inspection: 2b. Type of inspection: 2b. Type of inspection: 3c. Bundling information 1 Bundling information 1 Bundling information 1 Bundling information 2 Bundling information 3. Bundling information 4 Bundling Name - d | Submission Type Licence Application abditing building abditing City-Town abditing abditing abditing abditing abditing abditing abditing abditing
 | Submission Type Licence Application abditing builting information City: Forma Audorose Nume (Name (State and builting information) City: Town Add Delete Manufacturing Builting House Add Delete Manufacturing Builting House Inporting Builting | Babminission Type Situ Licency: Application Situ Lice |
| Type 2a. Date of lact inspection Sky Licens: Application 2 Anundmant 2 2b. Type of inspection: 2 Barting pactor = 1 Triggt Package 2 Barting pactor = 1 Triggt Package 2 Barting pactor = 1 Triggt Package 2 Barting Information 3 Barting Information 4 Barting Reme 4 Barting Reme <t< td=""><td>Type 2a. Date of ited inspection Second 2b. Type of inspection: Second Second Tegelatory densit: optical specta Second Chief - gplace specta Second - gplace specta <</td><td>Type 2a. Date of lact inspection Sky Licens: Application 2 August and many dimension 2 Serviced 2 Serviced 2 Date of inspection: 3 Date of inspection: 3 Date of insp</td><td>Type 2a. Date of ited inspection Second 2b. Type of inspection: Second Second Tegelatory densit: optical specta Second Chief - gplace specta Second - gplace specta <</td><td>Type 2a. Date of incit inspection </td><td>Type 2a. Date of lact lace period Buy Licens: Application 3 2b. Type of inspector = 3 The Charge Application 3 2b. Type of inspector = 5 The Charge Application 3 2b. Type of inspector = 5 The Charge Application 5 Staff Inspector = 5 The Charge Application 5 Staff Inspector = 7 Staff Inspector = 7 Charge Application 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspectore 9</td><td>Type 2a. Date of last inspection </td><td>Type 2a. Date of fact inspection </td><td>Type 2a. Date of incl inspection </td><td>Type 2a. Date of lact inspection Lipse of inspector =
Tryping the set inspector</td><td>Type 2a. Date of instring period Burned mant 3 Barnadow and 4 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 5 Barnadow and<!--</td--><td>Type 2a. Date of instring period Burned mant 3 Barnadow and 4 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 5 Barnadow and<!--</td--><td>Type 2a. Date of last inspection Livers: Application 2b. Type of inspector = Trad Party Audit := Trad Party Audit := Regulation 3d Party Audit := Regulations (provide a specially) 3d Party (provide a specially) Add point 11 Provide a special specially (provide a specially) City-Town 3d Provide a special speci</td><td>Type 2a. Date of last inspection Livere Application 1 admant 2b. Type of inspector: The Pary Audit : The Pary Audit : Regulatory Apply: Cher : Building Information Ethilding Number (if more than VDAR submitted) Building Information 4 Building Number (if more than VDAR submitted) Citer : (please specify: Control of this Building </td><td>Type 2a. Date of lact inspection Starticence Application 2b. Type of inspection Annodmant 3b. Type of inspection = Trid Pary Avail Self inspection = Trid Pary Avail Charter (ploces specify) Building Information 3b. Type of inspection = Trid Pary Avail = Country Approver (ploces specify) Chart = (ploces specify) Chart = (ploces specify) Chart = 4 Building Name 4 Building Name 4 Building Name - of (ploces specify) (clight refuel) 9. Postal Code/Zip Code 10. Country C. Operation(b) at this Building 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 11. Non-Steptiel/Dosage Form(s) 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 12. Stepti Dosage Form(s) 13b. Supplementary OARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes 3 No No 15. Product Type(s): 15. Product Type(s): 16b. In-House 3 Docage Form(s) 17b. Dosage Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 3 16. Pr</td></td></td></t<> | Type 2a. Date of ited inspection Second 2b. Type of inspection: Second Second Tegelatory densit: optical specta Second Chief - gplace specta Second - gplace specta <

 | Type 2a. Date of lact inspection Sky Licens: Application 2 August and many dimension 2 Serviced 2 Serviced 2 Date of inspection: 3 Date of inspection: 3 Date of insp | Type 2a. Date of ited inspection Second 2b. Type of inspection: Second Second Tegelatory densit: optical specta Second Chief - gplace specta Second - gplace specta <

 | Type 2a. Date of incit inspection
 | Type 2a. Date of lact lace period Buy Licens: Application 3 2b. Type of inspector = 3 The Charge Application 3 2b. Type of inspector = 5 The Charge Application 3 2b. Type of inspector = 5 The Charge Application 5 Staff Inspector = 5 The Charge Application 5 Staff Inspector = 7 Staff Inspector = 7 Charge Application 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspector = 7 Staff Inspectore 9 | Type 2a. Date of last inspection
 | Type 2a. Date of fact inspection | Type 2a. Date of incl inspection | Type 2a. Date of lact inspection Lipse of inspector =
Tryping the set inspector | Type 2a. Date of instring period Burned mant 3 Barnadow and 4 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 5 Barnadow and </td <td>Type 2a. Date of instring period Burned mant 3 Barnadow and 4 Barnadow and 4 Barnadow
and 3 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 5 Barnadow and<!--</td--><td>Type 2a. Date of last inspection Livers: Application 2b. Type of inspector = Trad Party Audit := Trad Party Audit := Regulation 3d Party Audit := Regulations (provide a specially) 3d Party (provide a specially) Add point 11 Provide a special specially (provide a specially) City-Town 3d Provide a special speci</td><td>Type 2a. Date of last inspection Livere Application 1 admant 2b. Type of inspector: The Pary Audit : The Pary Audit : Regulatory Apply: Cher : Building Information Ethilding Number (if more than VDAR submitted) Building Information 4 Building Number (if more than VDAR submitted) Citer : (please specify: Control of this Building </td><td>Type 2a. Date of lact inspection Starticence Application 2b. Type of inspection Annodmant 3b. Type of inspection = Trid Pary Avail Self inspection = Trid Pary Avail Charter (ploces specify) Building Information 3b. Type of inspection = Trid Pary Avail = Country Approver (ploces specify) Chart = (ploces specify) Chart = (ploces specify) Chart = 4 Building Name 4 Building Name 4 Building Name - of (ploces specify) (clight refuel) 9. Postal Code/Zip Code 10. Country C. Operation(b) at this Building 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 11. Non-Steptiel/Dosage Form(s) 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 12. Stepti Dosage Form(s) 13b. Supplementary OARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes 3 No No 15. Product Type(s): 15. Product Type(s): 16b. In-House 3 Docage Form(s) 17b. Dosage Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 3 16. Pr</td></td> | Type 2a. Date of instring period Burned mant 3 Barnadow and 4 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 3 Barnadow and 4 Barnadow and 5 Barnadow and </td <td>Type 2a. Date of last inspection Livers: Application 2b. Type of inspector = Trad Party Audit := Trad Party Audit := Regulation 3d Party Audit := Regulations (provide a specially) 3d Party (provide a specially) Add point 11 Provide a special specially (provide a specially) City-Town 3d Provide a special speci</td> <td>Type 2a. Date of last inspection Livere Application 1 admant 2b. Type of inspector: The Pary Audit : The Pary Audit : Regulatory Apply: Cher : Building Information Ethilding Number (if more than VDAR submitted) Building Information 4 Building Number (if more than VDAR submitted) Citer : (please specify: Control of this Building </td> <td>Type 2a. Date of lact inspection Starticence Application 2b. Type of inspection Annodmant 3b. Type of inspection = Trid Pary Avail Self inspection = Trid Pary Avail Charter (ploces specify) Building Information 3b. Type of inspection = Trid Pary Avail = Country Approver (ploces specify) Chart = (ploces specify) Chart = (ploces specify) Chart = 4 Building Name 4 Building Name 4 Building Name - of (ploces specify) (clight refuel) 9. Postal Code/Zip Code 10. Country C. Operation(b) at this Building 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 11. Non-Steptiel/Dosage Form(s) 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 12. Stepti Dosage Form(s) 13b. Supplementary OARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes 3 No No 15. Product Type(s): 15. Product Type(s): 16b. In-House 3 Docage Form(s) 17b. Dosage Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 3 16. Pr</td> | Type 2a. Date of last inspection Livers: Application 2b. Type of inspector = Trad Party Audit := Trad Party Audit := Regulation 3d Party Audit := Regulations (provide a specially) 3d Party (provide a specially) Add point 11 Provide a special specially (provide a specially) City-Town 3d Provide a special speci | Type 2a. Date of last inspection Livere Application 1 admant 2b. Type of inspector: The Pary Audit : The Pary Audit : Regulatory Apply: Cher : Building Information Ethilding Number (if more than VDAR submitted) Building Information 4 Building Number (if more than VDAR submitted) Citer : (please specify: Control of this Building | Type 2a. Date of lact inspection Starticence Application 2b. Type of inspection Annodmant 3b. Type of inspection = Trid Pary Avail Self inspection = Trid Pary Avail Charter (ploces specify) Building Information 3b. Type of inspection = Trid Pary Avail = Country Approver (ploces specify) Chart = (ploces specify) Chart = (ploces specify) Chart = 4 Building Name 4 Building Name 4 Building Name - of (ploces specify) (clight refuel) 9. Postal Code/Zip Code 10. Country C. Operation(b) at this Building 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 11. Non-Steptiel/Dosage Form(s) 12. Stepti Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 12. Stepti Dosage Form(s) 13b. Supplementary OARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes 3 No No 15. Product Type(s): 15. Product Type(s): 16b. In-House 3 Docage Form(s) 17b. Dosage Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 3 16. Pr
 |
| Ster Licence Application 28. Date of last inspection. Amendmant 28. Typic of inspection: Ster Licence Application 28. Typic of inspection: Ster Licence Application 28. Typic of inspection: Ster Licence Application 35. Typic of inspection: Ster Licence Application 4. Building Number (if more than 'GAR' submitter) Ster Licence Application 4. Building Number (if more than 'GAR': C. Operation(s) at this Building 11. Non-SterileDosage Form(s) 138. Homeopathic Medicines Add Delete Manufacturing 3 3 Add Delete <td>2a. Date of last inspection 2b. Typs of inspection: 3b. Lowner Application 2b. Typs of inspection: Set in spection: Set inspection: Set inspection: <td< td=""><td>Six Licence Application 2 Data of last inspection: Six Licence Application 2 Diff inspection: Six Inspection: Six Inspection: Six Inspect</td><td>2a. Date of last inspection 2b. Typs of inspection: 3b. Lowner Application 2b. Typs of inspection: Set in spection: Set inspection: Set inspection: <td< td=""><td>2a. Date of last inspection. bit Licence Application and individual bit high state 2b. Typis of inspection: Self inspection: Sel</td><td>2a. Date of fact inspection 2a. Date of fact inspection: 2b. Type of inspection: 2b. Type of inspection: 3. Builting information 2b. Type of inspection: 3. Builting information 3b. Type of inspection: 4. Builting information 4 Building Number (if more than GAR submitten) 5. Builting information 4 Building Number (if more than GAR submitten) 6. City-form 9. Province/State 7. City-form 9. Province/State 8. Address Number (if more than GAR) 10. Country 7. City-form 9. Province/State 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building 12. Stepic Dosage Form(s) 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Boolding 2 2 2. Operation(s) at this Building 2 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 15. Product Type(s): 15b. Product Type(s): 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Intery states 11b. Intery states</td></td<><td>2a. Date of flast inspection </td><td>2a. Date of flast inspection </td><td>2a. Date of flast inspection 2a. Date of flast inspection 2b. Lives: Application 2b. Lyps of inspection: 3d fining-finite 2b. Lyps of inspection: 2b. Date of flast inspection: Saff inspection: 3d fining-finite 2b. Lyps of inspection: 3d binding information 3d fining-finite expecting: 4 Huiding Number (if more than 'QAR' submitter) 2 Devaling House </td><td>2a. Date of flast inspection. and Livency Application and main admating bin lyps of inspection: Saff inspection - Trief Bary Audit : Trief Bary Audit :</td><td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td><td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td><td>2a. Date of last inspection. andmast avail avail 2b. Type of inspection: Stiff inspection : avail avail 2b. Type of inspection: Stiff inspection : Third Party Add : Third Party Add : Togeta transformation Building information Building information Building information City: Town 0 constantiation (information) City: Town 0 constantiation (information) City: Town 0 0 constantiation (information) 10. Country Version No. D Add Delete Manufacturing 11 Non-Sternic@cosage Form(s) 12. Strift Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 12. Beakaging 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is a</td><td>2a. Date of nat inspection 2a. Date of nat inspection andmast 2b. Type of inspection: Setting information 2b. Type of inspection: Building information 3b. Type of inspection: Building information 4. Building Number (if more than \$JAAK submetter) Christer Devices set sy. 5. Detailing House Address functions 4. Building Number (if more than \$JAAK submetter) Cig: Town 4. Building Number (if more than \$JAAK submetter) Cig: Town 9. Province/State Cig: Town 9. Province/State Cig: Town 9. Province/State Address Form(s) 12. State Dosage Form(s) Labeling 2 Add Delete Manufacturing Add Delete Manufacturing Destal Code/Sig 2 Packaging 2 Labeling 2 Labeling</td><td>Ske Liceace. Application 28. Date of last inspection. Are administ 28. Typi of mappetion: Ske finispection: 28. Typi of mappetion: Ske finispection: Ske finispection: Ske finispection: Ske</td></td></td<></td> | 2a. Date of last inspection 2b. Typs of inspection: 3b. Lowner Application 2b. Typs of inspection: Set in spection: Set inspection: Set inspection: Set inspection: Set inspection: <td< td=""><td>Six Licence Application 2 Data of last inspection: Six Licence Application 2 Diff inspection: Six Inspection: Six Inspection: Six Inspect</td><td>2a. Date of last inspection 2b. Typs of inspection: 3b. Lowner Application 2b. Typs of inspection: Set in spection: Set inspection: Set inspection: <td< td=""><td>2a. Date of last inspection. bit Licence Application and individual bit high state 2b. Typis of inspection: Self inspection: Sel</td><td>2a. Date of fact inspection 2a. Date of fact inspection: 2b. Type of inspection: 2b. Type of inspection: 3. Builting information 2b. Type of inspection: 3. Builting information 3b. Type of inspection: 4. Builting information 4 Building Number (if more than GAR submitten) 5. Builting information 4 Building Number (if more than GAR submitten) 6. City-form 9. Province/State 7. City-form 9. Province/State 8. Address Number (if more than GAR) 10. Country 7. City-form 9. Province/State 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building 12. Stepic Dosage Form(s) 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Boolding 2 2 2. Operation(s) at this Building 2 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 15. Product Type(s): 15b. Product Type(s): 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Intery states 11b. Intery states</td></td<><td>2a. Date of flast inspection </td><td>2a. Date of flast inspection </td><td>2a. Date of flast inspection 2a. Date of flast inspection 2b. Lives: Application 2b. Lyps of inspection: 3d fining-finite 2b. Lyps of inspection: 2b. Date of flast inspection: Saff inspection: 3d fining-finite 2b. Lyps of inspection: 3d binding information 3d fining-finite expecting: 4 Huiding Number (if more than 'QAR' submitter) 2 Devaling House </td><td>2a. Date of flast inspection. and Livency Application and main admating bin lyps of inspection: Saff inspection - Trief Bary Audit : Trief Bary Audit :</td><td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td><td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td><td>2a. Date of last inspection. andmast avail avail 2b. Type of inspection: Stiff inspection : avail avail 2b. Type of inspection: Stiff inspection : Third Party Add : Third Party Add : Togeta transformation Building information Building information Building information City: Town 0 constantiation (information) City: Town 0 constantiation (information) City: Town 0 0 constantiation (information) 10. Country Version No. D Add Delete Manufacturing 11
Non-Sternic@cosage Form(s) 12. Strift Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 12. Beakaging 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is a</td><td>2a. Date of nat inspection 2a. Date of nat inspection andmast 2b. Type of inspection: Setting information 2b. Type of inspection: Building information 3b. Type of inspection: Building information 4. Building Number (if more than \$JAAK submetter) Christer Devices set sy. 5. Detailing House Address functions 4. Building Number (if more than \$JAAK submetter) Cig: Town 4. Building Number (if more than \$JAAK submetter) Cig: Town 9. Province/State Cig: Town 9. Province/State Cig: Town 9. Province/State Address Form(s) 12. State Dosage Form(s) Labeling 2 Add Delete Manufacturing Add Delete Manufacturing Destal Code/Sig 2 Packaging 2 Labeling 2 Labeling</td><td>Ske Liceace. Application 28. Date of last inspection. Are administ 28. Typi of mappetion: Ske finispection: 28. Typi of mappetion: Ske finispection: Ske finispection: Ske finispection: Ske</td></td></td<> | Six Licence Application 2 Data of last inspection: Six Licence Application 2 Diff inspection: Six Inspection: Six Inspection: Six Inspect
 | 2a. Date of last inspection 2b. Typs of inspection: 3b. Lowner Application 2b. Typs of inspection: Set in spection: Set inspection: Set inspection: Set inspection: Set inspection: <td< td=""><td>2a. Date of last inspection. bit Licence Application and individual bit high state 2b. Typis of inspection: Self inspection: Sel</td><td>2a. Date of fact inspection 2a. Date of fact inspection: 2b. Type of inspection: 2b. Type of inspection: 3. Builting information 2b. Type of inspection: 3. Builting information 3b. Type of inspection: 4. Builting information 4 Building Number (if more than GAR submitten) 5. Builting information 4 Building Number (if more than GAR submitten) 6. City-form 9. Province/State 7. City-form 9. Province/State 8. Address Number (if more than GAR) 10. Country 7. City-form 9. Province/State 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building 12. Stepic Dosage Form(s) 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Boolding 2 2 2. Operation(s) at this Building 2 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 15. Product Type(s): 15b. Product Type(s): 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Intery states 11b. Intery states</td></td<> <td>2a. Date of flast inspection </td> <td>2a. Date of flast inspection </td> <td>2a. Date of flast inspection 2a. Date of flast inspection 2b. Lives: Application 2b. Lyps of inspection: 3d fining-finite 2b. Lyps of inspection: 2b. Date of flast inspection: Saff inspection: 3d fining-finite 2b. Lyps of inspection: 3d binding information 3d fining-finite expecting: 4 Huiding Number (if more than 'QAR' submitter) 2 Devaling House </td> <td>2a. Date of flast inspection. and Livency Application and main admating bin lyps of inspection: Saff inspection - Trief Bary Audit : Trief Bary Audit :</td> <td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td> <td>2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:</td> <td>2a. Date of last inspection. andmast avail avail 2b. Type of inspection: Stiff inspection : avail avail 2b. Type of inspection: Stiff inspection : Third Party Add : Third Party Add : Togeta transformation Building information Building information Building information City: Town 0 constantiation (information) City: Town 0 constantiation (information) City: Town 0 0 constantiation (information) 10. Country Version No. D Add Delete Manufacturing 11 Non-Sternic@cosage Form(s) 12. Strift Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 12. Beakaging 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is a</td> <td>2a. Date of nat inspection 2a. Date of nat inspection andmast 2b. Type of inspection: Setting information 2b. Type of inspection: Building information 3b. Type of inspection: Building information 4. Building Number (if more than \$JAAK submetter) Christer Devices set sy. 5. Detailing House Address functions 4. Building Number (if more than \$JAAK submetter) Cig: Town 4. Building Number (if more than \$JAAK submetter) Cig: Town 9. Province/State Cig: Town 9. Province/State Cig: Town 9. Province/State Address Form(s) 12. State Dosage Form(s) Labeling 2 Add Delete Manufacturing Add Delete Manufacturing Destal Code/Sig 2 Packaging 2 Labeling 2 Labeling</td> <td>Ske Liceace. Application 28. Date of last inspection. Are administ 28. Typi of mappetion: Ske finispection: 28. Typi of mappetion: Ske finispection: Ske finispection: Ske finispection: Ske</td> | 2a. Date of last inspection. bit Licence Application and individual bit high state 2b. Typis of inspection: Self inspection: Sel
 | 2a. Date of fact inspection 2a. Date of fact inspection: 2b. Type of inspection: 2b. Type of inspection: 3. Builting information 2b. Type of inspection: 3. Builting information 3b. Type of inspection: 4. Builting information 4 Building Number (if more than GAR submitten) 5. Builting information 4 Building Number (if more than GAR submitten) 6. City-form 9. Province/State 7. City-form 9. Province/State 8. Address Number (if more than GAR) 10. Country 7. City-form 9. Province/State 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building 12. Stepic Dosage Form(s) 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Boolding 2 2 2. Operation(s) at this Building 2 11. Non-SterileDosage Form(s) 13a. Homeopathic Medicines 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes 3 No 15. Product Type(s): 15b. Product Type(s): 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Intery states 11b. Intery states | 2a. Date of flast inspection

 | 2a. Date of flast inspection | 2a. Date of flast inspection 2a. Date of flast inspection 2b. Lives: Application 2b. Lyps of inspection: 3d fining-finite 2b. Lyps of inspection: 2b. Date of flast inspection: Saff inspection: 3d fining-finite 2b. Lyps of inspection: 3d binding information 3d fining-finite expecting: 4 Huiding Number (if more than 'QAR' submitter) 2 Devaling House | 2a. Date of flast inspection. and Livency Application and main admating bin lyps of inspection: Saff inspection - Trief Bary Audit : | 2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection:
 | 2a. Date of last inspection ampindment ampindment below 2b. Type of inspection: Self inspection: | 2a. Date of last inspection. andmast avail avail 2b. Type of inspection: Stiff inspection : avail avail 2b. Type of inspection: Stiff inspection : Third Party Add : Third Party Add : Togeta transformation Building information Building information Building information City: Town 0 constantiation (information) City: Town 0 constantiation (information) City: Town 0 0 constantiation (information) 10. Country Version No. D Add Delete Manufacturing 11 Non-Sternic@cosage Form(s) 12. Strift Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 12. Beakaging 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is attached? Yes 3 No 13b. Supplementary QARF is a | 2a. Date of nat inspection 2a. Date of nat inspection andmast 2b. Type of inspection: Setting information 2b. Type of inspection: Building information 3b. Type of inspection: Building information 4. Building Number (if more than \$JAAK submetter) Christer Devices set sy. 5. Detailing House Address functions 4. Building Number (if more than \$JAAK submetter) Cig: Town 4. Building Number (if more than \$JAAK submetter) Cig: Town 9. Province/State Cig: Town 9. Province/State Cig: Town 9. Province/State Address Form(s) 12. State Dosage Form(s) Labeling 2 Add Delete Manufacturing Add Delete Manufacturing Destal Code/Sig 2 Packaging 2 Labeling
 | Ske Liceace. Application 28. Date of last inspection. Are administ 28. Typi of mappetion: Ske finispection: 28. Typi of mappetion: Ske finispection: Ske finispection: Ske finispection: Ske |
| Anderdominity D D D/Spic dl impoction: Saff in type cline in the formation Saff in type cline in the formation Saff in type cline in the formation B. Boutling information Saff in type cline in type clines specify: Saff in type cline in type clines specify: B. Boutling information Saff in type cline in type clines specify: Saff in type cline in type clines specify: B. Boutling information Saff in type clines specify: Saff in type clines specify: Saff in type clines specify: B. Boutling information Saff in type clines specify: Saff in type clines specify: Saff in type clines specify: B. Boutling information Saff in type clines specify: Saff in type clines specify: Saff in type clines specify: Saff in type clines Saff in type clines specify: Saff in type clines specify: Saff in type clines specify: Saff in type clines Saff in type clines specify: Saff in type clines specify: Saff in type clines specify: C. Operation clines Saff in type clines Saff in type clines Saff in type clines C. Operation clines Saff in type clines Saff in type clines Saff in type clines Saff in type clines Saff in type clines Saff in type clines Saff in type
 | Set trapection: Set trapectin: Set trapectin: </td <td>Andre dramation D 20. Type of inspection: Set if inspection: Set if inspection: Device if inspection: Set if inspection: Device if inspection: Set if inspection: Set if inspection: Set if inspection:</td> <td>Set trapection: Set trapectin: Set trapectin:<!--</td--><td>Set Type of inspection: Set Tripe for any Audit : Set Tripe for any Audit : <!--</td--><td>Starting of inspection: Set inspection: Set inspection: Set inspection: Trief Bary Audit: Set inspection: Starting Information I Building Information I Building Name 4 Building Name </td><td>Add Delete Manufacturing D Provincel State 13a. Homeopathic Medicines Address Form(s) 12. Starife Dosage Form(s) 13a. Homeopathic Medicines 13b. Country Address Form(s): 2. Provincel State 2. Starife Dosage Form(s) 13b. Boundary and the start and the start</td><td></td><td></td><td>Add Delete Add Delete Anufacturing a province/State 9. Postal Code/Zip Code 10. Country Yes in NoStoriko State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country</td><td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td><td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td><td>Andmant </td><td>andrasti
evval a 2b. (yob of inspection:
Self inspection:
Third Pary, Audi :
Regulatory Agange : (p)(zep scoot))</td><td>Andradianti
Renewal Image of inspection:
Self inspection:
Tride Pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) Building Name Image of the pury Add :
Regulatory Agency : (pices specify) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency :
Regulatory :
Regulatory Agency :
Regulatory :
Regu</td></td></td>
 | Andre dramation D 20. Type of inspection: Set if inspection: Set if inspection: Device if inspection: Set if inspection: Device if inspection: Set if inspection: Set if inspection: Set if inspection: | Set trapection: Set trapectin: Set trapectin: </td <td>Set Type of inspection: Set Tripe for any Audit : Set Tripe for any Audit : <!--</td--><td>Starting of inspection: Set inspection: Set inspection: Set inspection: Trief Bary Audit: Set inspection: Starting Information I Building Information I Building Name 4 Building Name </td><td>Add Delete Manufacturing D Provincel State 13a. Homeopathic Medicines Address Form(s) 12. Starife Dosage Form(s) 13a. Homeopathic Medicines 13b. Country Address Form(s): 2. Provincel State 2. Starife Dosage Form(s) 13b. Boundary and the start and the start</td><td></td><td></td><td>Add Delete Add Delete Anufacturing a province/State 9. Postal Code/Zip Code 10. Country Yes in NoStoriko State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9.
Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country</td><td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td><td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td><td>Andmant </td><td>andrasti
evval a 2b. (yob of inspection:
Self inspection:
Third Pary, Audi :
Regulatory Agange : (p)(zep scoot))</td><td>Andradianti
Renewal Image of inspection:
Self inspection:
Tride Pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) Building Name Image of the pury Add :
Regulatory Agency : (pices specify) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency :
Regulatory :
Regulatory Agency :
Regulatory :
Regu</td></td> | Set Type of inspection: Set Tripe for any Audit : Set Tripe for any Audit : </td <td>Starting of inspection: Set inspection: Set inspection: Set inspection: Trief Bary Audit: Set inspection: Starting Information I Building Information I Building Name 4 Building Name </td> <td>Add Delete Manufacturing D Provincel State 13a. Homeopathic Medicines Address Form(s) 12. Starife Dosage Form(s) 13a. Homeopathic Medicines 13b. Country Address Form(s): 2. Provincel State 2. Starife Dosage Form(s) 13b. Boundary and the start and the start</td> <td></td> <td></td> <td>Add Delete Add Delete Anufacturing a province/State 9. Postal Code/Zip Code 10. Country Yes in NoStoriko State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country</td> <td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td> <td>Set Type of inspection: Set Tripe for any Audit Set Tripe for any Audit</td> <td>Andmant </td> <td>andrasti
evval a 2b. (yob of inspection:
Self inspection:
Third Pary, Audi :
Regulatory Agange : (p)(zep scoot))</td> <td>Andradianti
Renewal Image of inspection:
Self inspection:
Tride Pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) Building Name Image of the pury Add :
Regulatory Agency : (pices specify) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency :
Regulatory :
Regulatory Agency :
Regulatory :
Regu</td> | Starting of inspection: Set inspection: Set inspection: Set inspection: Trief Bary Audit: Set inspection: Starting Information I Building Information I Building Name 4 Building Name | Add Delete Manufacturing D Provincel State 13a. Homeopathic Medicines Address Form(s) 12. Starife Dosage Form(s) 13a. Homeopathic Medicines 13b. Country Address Form(s): 2. Provincel State 2. Starife Dosage Form(s) 13b. Boundary and the start

 | | | Add Delete Add Delete Anufacturing a province/State 9. Postal Code/Zip Code 10. Country Yes in NoStoriko State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country Cign Town 9. Province/State 9. Postal Code/Zip Code 10. Country | Set Type of inspection: Set Tripe for any Audit
 | Set Type of inspection: Set Tripe for any Audit | Andmant | andrasti
evval a 2b. (yob of inspection:
Self inspection:
Third Pary, Audi :
Regulatory Agange : (p)(zep scoot)) | Andradianti
Renewal Image of inspection:
Self inspection:
Tride Pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) El. Bundling information Image of the pury Add :
Regulatory Agency : (pices specify) Building Name Image of the pury Add :
Regulatory Agency : (pices specify) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency : (pices specify) State submitter) Image of the pury Add :
Regulatory Agency :
Regulatory :
Regulatory Agency
:
Regulatory :
Regu |
| Self ingo clore -
Thred Park Audit -
Thred Par
 | Saff ingestion -
Third Park Audit -
Sculatory Again 2 : (plcass scoot)) - 3. Building information - 3. Building information - 4. Building Name - - - <td>Saff ingoetion -
Third Pary Audit -
Sculatory Again 2 : (picass scooth) - B. Building information - B. Addrose Numcer/Siteet/Suite-Land Location - B. Addrose Numcer/Siteet/Suite-Land Location 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building - - - 11. Non-Static Dosage Form(s) 12. Stepto Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing - - Add Delete Manufacturing - - - Add Delete Manufacturing - - - Add Delete Manufacturing - - - Inporting - - - - - Inporting - - - - - Inporting -<td>Saff ingestion -
Third Park Audit -
Sculatory Again 2 : (plcass scoot)) - 3. Building information - 3. Building information - 4. Building Name - - - <td>Self ingestion - Third Park Audit - Third Park Audit - Third Park Audit - Third Park 2000 2: (p)cass spoot(). Third Park 2000 2: (p)cass spoot(). 3. Building information Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House 4. Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House Yes I: No II 5. Actors on Numcer/Street/SuiteLand Locolon </td><td>Salt inspectors Therd Party Audit Therd Party Audit Therd Party Audit Regulatory Agains 7 : (p)cases specify Add submatter) Substing information Intervention Building Kame Intervention Color - Opicese specify Add submatter) Color - Opicese specify Yes I No II Color - Opicese Specify III Non-Startine Nameter/Street/St</td><td>Saft ingection -
There Fary Audit -
Regulatory Audit -
Construction -
Saft -
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>Saff ingection - Three Far, widd - Regulatory Aug to Y = (p)case specify) Regulatory Aug to Y = (p)case specify) I: Banding information Regulatory Aug to Y = (p)case specify) A Breating House Building Kame 4: Building Namber (it more than VARK submitter) A Deating House I: Gammation (after set to Life ngs require scherate OAR) Yes I: No II Address Numcar/Street/SuiteLand Loadion 9: Postal Code/Zip Code 10: Country Coperation(r) at this Building 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12. Stepic Dosage Form(s) 13b. Homeopathic Medicines Add Delete Manufacturing I I Delete Importing I I Delete Andurfacturing I I Delete Importing I I Delete Importing I I Delete Add Delete Manufacturing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing</td><td>Ball ingestion - Three Pary And I Three Pary And I Regulatory Again 2 : (p)cass spoot) Regulatory Again 2 : (p)cass spoot) Building Information Itelesconderstation Building Information Itelesconderstation Building Name Itelesconderstation Image Name<</td><td>Ball ingestion -
Three Pary And I
Regulatory Again or : (p)cases specify</td><td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td><td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td><td>Saff Inspection = Third Parks, widd = Regulatory Addrey = (piceol spoot(y)</td><td>Saft Inspection =
There Parks and =
Regulatory Addines (places spoot/)</td><td>Bitl fingletion :=
Third Pay Audi :=
Regulatory Againy := (p)Ecce scoot)</td></td></td>
 | Saff ingoetion -
Third Pary Audit -
Sculatory Again 2 : (picass scooth) - B. Building information - B. Addrose Numcer/Siteet/Suite-Land Location - B. Addrose Numcer/Siteet/Suite-Land Location 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building - - - 11. Non-Static Dosage Form(s) 12. Stepto Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing - - Add Delete Manufacturing - - - Add Delete Manufacturing - - - Add Delete Manufacturing - - - Inporting - - - - - Inporting - - - - - Inporting - <td>Saff ingestion -
Third Park Audit -
Sculatory Again 2 : (plcass scoot)) - 3. Building information - 3. Building information - 4. Building Name - - - <td>Self ingestion - Third Park Audit - Third Park Audit - Third Park Audit - Third Park 2000 2: (p)cass spoot(). Third Park 2000 2: (p)cass spoot(). 3. Building information Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House 4. Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House Yes I: No II 5. Actors on Numcer/Street/SuiteLand Locolon </td><td>Salt inspectors Therd Party Audit Therd Party Audit Therd Party Audit Regulatory Agains 7 : (p)cases specify Add submatter) Substing information Intervention Building Kame Intervention Color - Opicese specify Add submatter) Color - Opicese specify Yes I No II Color - Opicese Specify III Non-Startine Nameter/Street/St</td><td>Saft ingection -
There Fary Audit -
Regulatory Audit -
Construction -
Saft -
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td><td>Saff ingection - Three Far, widd - Regulatory Aug to Y = (p)case specify) Regulatory Aug to Y = (p)case specify) I: Banding information
Regulatory Aug to Y = (p)case specify) A Breating House Building Kame 4: Building Namber (it more than VARK submitter) A Deating House I: Gammation (after set to Life ngs require scherate OAR) Yes I: No II Address Numcar/Street/SuiteLand Loadion 9: Postal Code/Zip Code 10: Country Coperation(r) at this Building 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12. Stepic Dosage Form(s) 13b. Homeopathic Medicines Add Delete Manufacturing I I Delete Importing I I Delete Andurfacturing I I Delete Importing I I Delete Importing I I Delete Add Delete Manufacturing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing</td><td>Ball ingestion - Three Pary And I Three Pary And I Regulatory Again 2 : (p)cass spoot) Regulatory Again 2 : (p)cass spoot) Building Information Itelesconderstation Building Information Itelesconderstation Building Name Itelesconderstation Image Name<</td><td>Ball ingestion -
Three Pary And I
Regulatory Again or : (p)cases specify</td><td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td><td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td><td>Saff Inspection = Third Parks, widd = Regulatory Addrey = (piceol spoot(y)</td><td>Saft Inspection =
There Parks and =
Regulatory Addines (places spoot/)</td><td>Bitl fingletion :=
Third Pay Audi :=
Regulatory Againy := (p)Ecce scoot)</td></td> | Saff ingestion -
Third Park Audit -
Sculatory Again 2 : (plcass scoot)) - 3. Building information - 3. Building information - 4. Building Name - - - <td>Self ingestion - Third Park Audit - Third Park Audit - Third Park Audit - Third Park 2000 2: (p)cass spoot(). Third Park 2000 2: (p)cass spoot(). 3. Building information Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House 4. Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House Yes I: No II 5. Actors on Numcer/Street/SuiteLand Locolon </td> <td>Salt inspectors Therd Party Audit Therd Party Audit Therd Party Audit Regulatory Agains 7 : (p)cases specify Add submatter) Substing information Intervention Building Kame Intervention Color - Opicese specify Add submatter) Color - Opicese specify Yes I No II Color - Opicese Specify III Non-Startine Nameter/Street/St</td> <td>Saft ingection -
There Fary Audit -
Regulatory Audit -
Construction -
Saft -
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-</td> <td>Saff ingection - Three Far, widd - Regulatory Aug to Y = (p)case specify) Regulatory Aug to Y = (p)case specify) I: Banding information Regulatory Aug to Y = (p)case specify) A Breating House Building Kame 4: Building Namber (it more than VARK submitter) A Deating House I: Gammation (after set to Life ngs require scherate OAR) Yes I: No II Address Numcar/Street/SuiteLand Loadion 9: Postal Code/Zip Code 10: Country Coperation(r) at this Building 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12. Stepic Dosage Form(s) 13b. Homeopathic Medicines Add Delete Manufacturing I I Delete Importing I I Delete Andurfacturing I I Delete Importing I I Delete Importing I I Delete Add Delete Manufacturing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing</td> <td>Ball ingestion - Three Pary And I Three Pary And I Regulatory Again 2 : (p)cass spoot) Regulatory Again 2 : (p)cass spoot) Building Information Itelesconderstation Building Information Itelesconderstation Building Name Itelesconderstation Image Name<</td> <td>Ball ingestion -
Three Pary And I
Regulatory Again or : (p)cases specify</td> <td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td> <td>Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy</td> <td>Saff Inspection = Third Parks, widd = Regulatory Addrey = (piceol spoot(y)</td> <td>Saft Inspection =
There Parks and =
Regulatory Addines (places spoot/)</td> <td>Bitl fingletion :=
Third Pay Audi :=
Regulatory Againy := (p)Ecce scoot)</td>
 | Self ingestion - Third Park Audit - Third Park Audit - Third Park Audit - Third Park 2000 2: (p)cass spoot(). Third Park 2000 2: (p)cass spoot(). 3. Building information Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House 4. Building Name 4 Huilding Namber (if more than CAN submitter.) 2 Deatling House Yes I: No II 5. Actors on Numcer/Street/SuiteLand Locolon
 | Salt inspectors Therd Party Audit Therd Party Audit Therd Party Audit Regulatory Agains 7 : (p)cases specify Add submatter) Substing information Intervention Building Kame Intervention Color - Opicese specify Add submatter) Color - Opicese specify Yes I No II Color - Opicese Specify III Non-Startine Nameter/Street/St | Saft ingection -
There Fary Audit -
Regulatory Audit -
Construction -
Saft -
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
-
 | Saff ingection - Three Far, widd - Regulatory Aug to Y = (p)case specify) Regulatory Aug to Y = (p)case specify) I: Banding information Regulatory Aug to Y = (p)case specify) A Breating House Building Kame 4: Building Namber (it more than VARK submitter) A Deating House I: Gammation (after set to Life ngs require scherate OAR) Yes I: No II Address Numcar/Street/SuiteLand Loadion 9: Postal Code/Zip Code 10: Country Coperation(r) at this Building 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12: Stepic Dosage Form(s) 13a. Homeopathic Medicines Address Form(s) 12. Stepic Dosage Form(s) 13b. Homeopathic Medicines Add Delete Manufacturing I I Delete Importing I I Delete Andurfacturing I I Delete Importing I I Delete Importing I I Delete Add Delete Manufacturing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing I I Delete Importing I I Delete Add Delete Importing | Ball ingestion - Three Pary And I Three Pary And I Regulatory Again 2 : (p)cass spoot) Regulatory Again 2 : (p)cass spoot) Building
Information Itelesconderstation Building Information Itelesconderstation Building Name Itelesconderstation Image Name< | Ball ingestion -
Three Pary And I
Regulatory Again or : (p)cases specify | Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy | Saff ingestion -
Third Park Audit -
Sculatory Agains : Opcass scoothy
 | Saff Inspection = Third Parks, widd = Regulatory Addrey = (piceol spoot(y) | Saft Inspection =
There Parks and =
Regulatory Addines (places spoot/) | Bitl fingletion :=
Third Pay Audi :=
Regulatory Againy := (p)Ecce scoot) |
| Clicital try Agains y = (picase scort/y) Clice - (picase scort/y) E. Bauding information F. Clive - (picase scort/y) C. Clive - (picase scort/y) C. Operation(s) at this Building 1. Non-SterileDosage Form(s) 7. Clive - (picase scort/y) C. Operation(s) at this Building 1. Non-SterileDosage Form(s) 1. Sterile Dosage Form(s) 1. Dosage Form
 |
 |
 |
 |
 | Addresse
Numcer/Street/Stre | Regulatory Againsy := (p)case specify: It Building Information Building Information Building Name 4 Houding Number (it more than VAR submitter) G Dealing House Image: Specify: 0 Yes I No I Image: Specify: 0 Powerse Specify: Image: Specify: 0 Powerse Specify: Image: Specify: 0 Powerse Specify: Image: Specify: Specify: 0 Powerse Specify: Image: Specify: Sp
 | | |
 | |
 | Reculatory Agency := (p)/box3 spoot(s) | Regulatory Agency := (p)/coor spooth) | |
| B. Booting information B. Booting information B. Booting information C. City-Town C. Operation(s) at this Building 12. Stepte Dosage Form(s) 13. Horeopathic Medicines Add Delete Manufacturing C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 12. Stepte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Deckaging Dec
 |
 | B. Bundling information B. Adderse Distributed and Executes secures secures CAR; C. Operation(s) at this Building 11. Non-Sterife Dosage Form(s) C. Operation(s) at this Building 11. Non-Sterife Dosage Form(s) Add Delete Manufacturing Beckgring Beckgri
 |
 | 3. Burgting information 3. Burgting information 3. Burgting information 4. Building Name 4. Building Name 4. Building Name 5. Addreset Number (if more than 'GAR' submitted) 5. Addreset Number Street/SL ReLand Location 7. City-Town 8. Province/State 9. Province/State 9. Province/State 9. Postal Code#Zip Code 10. Common 7. City-Town 9. Province/State 9. Postal Code#Zip Code 10. Country C. Operation(s) at this Building 11. Non-SterileDosage Form(s) 12. Sterile Dosage Form(s) 13. Homeopathic Medicines Manufacturing 9. Packaging 9. Packaging 9. Packaging 9. Decide Manufacturing 9. Backaging
 | 3. Burgting information 3. Burgting information 1. Burgting information 2. Burgting information 4. Burgting information 4. Burgting information 4. Burgting information 5. Dividing Hause 4. Burgting information 5. Address Number StreetSL ReLand Location 7. City-Town 8. Province/State 9. Postal Code#Zip Code 10. Country 2. Operation(s) at this Building 11. Non-Startic Dosage Form(s) 12. Starte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing 2. Operating 3. Browing 3. Burgting 3. Burgting 3. Burgting 3. Burgting 4. Dosage Form(s) 13. Homeopathic Medicines Manufacturing 9. Packaging 11. Boasger Form(s): 13. Dosage Form(s): 13. Supplementary OARF is attached? Yes 3. No 14. Dosage Form(s): 15. Product Type(s): 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for |

 | | | Building Information Building Information Building Information Building Information Building Information City Town B. Province/State Comparison City Town B. Province/State Postal Code/Zip Code I. Country Comparison City Town B. Province/State Postal Code/Zip Code I. Country Code/Zip Code I. Country Constant Code/Zip Code I. Country Country Constant Code/Zip Code I. Country Code/Zip Code I. Country Code/Zip Code I. Country Country Country Constant Code/Zip Code I. Country Country Constant Code/Zip Code I. Country Country Constant Code/Zip Code I. Country Constant Code/Zip Code I. Country Code/Zip Code I. Country Country Constant Code/Zip Code I. Country Country Code/Zip Code I. Country Country Country Country Country I. Country Country Country I. Country Country I. Country I. Country I. Country Country I. Country Information Country Information Information Country Information Information I. Country I. | 3. Burgting information 3. Burgting information 1. Burgting information 2. Burgting information 4. Burgting information 5. Address Numser/Street/SLReLand Locolton 5. Address Numser/Street/SLReLand Locolton 7. City-Town 9. Province/State 9. Position 9. Position 9. Province/State 9. Position 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 12. Sterile Manufacturing 9. Packaging 9. Booking 9. Booking 9. Booking 9. Booking 11. Honex 12. Steriffo <td>3. Burgting information 3. Burgting information 1. Burgting information 2. Burgting information 4. Burgting information 5. Address Numser/Street/SLReLand Locolton 5. Address Numser/Street/SLReLand Locolton 7. City-Town 9. Province/State 9. Position 9. Position 9. Province/State 9. Position 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 12. Sterile Manufacturing 9. Packaging 9. Booking 9. Booking 9. Booking 9. Booking 11. Honex 12. Steriffo<td>Building Information Building Information Building Information Building Number (If more than 5 JAR submitted) 5 Deciling House </td><td>Builting Information Builting Information Builting Information Builting Information Builting Information City Torres Attorse Information City Torres Builting Information City Torres Information Operation(s) at this Building In on-Stenice/Size Information Add Delete Manufacturing Add Delete<</td><td>B. Bundling information B. Province/State B. Postal Code/Zip Code B. Country C. Operation(s) at this Building 11. Non-SteriteDosage Form(s) Add Delete Add Add Add Add Add Add Add Add Add Ad</td></td> | 3. Burgting information 3. Burgting information 1. Burgting information 2. Burgting information 4. Burgting information 5. Address Numser/Street/SLReLand Locolton 5. Address Numser/Street/SLReLand Locolton 7. City-Town 9.
Province/State 9. Position 9. Position 9. Province/State 9. Position 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 11. Non-SterileDosage Form(s) 12. Sterile Manufacturing 9. Packaging 9. Booking 9. Booking 9. Booking 9. Booking 11. Honex 12. Steriffo <td>Building Information Building Information Building Information Building Number (If more than 5 JAR submitted) 5 Deciling House </td> <td>Builting Information Builting Information Builting Information Builting Information Builting Information City Torres Attorse Information City Torres Builting Information City Torres Information Operation(s) at this Building In on-Stenice/Size Information Add Delete Manufacturing Add Delete<</td> <td>B. Bundling information B. Province/State B. Postal Code/Zip Code B. Country C. Operation(s) at this Building 11. Non-SteriteDosage Form(s) Add Delete Add Add Add Add Add Add Add Add Add Ad</td> | Building Information Building Information Building Information Building Number (If more than 5 JAR submitted) 5 Deciling House | Builting Information Builting Information Builting Information Builting Information Builting Information City Torres Attorse Information City Torres Builting Information City Torres Information Operation(s) at this Building In on-Stenice/Size Information Add Delete Manufacturing Add Delete< | B. Bundling information B. Province/State B. Postal Code/Zip Code B. Country C. Operation(s) at this Building 11. Non-SteriteDosage Form(s) Add Delete Add Add Add Add Add Add Add Add Add Ad |
| 3 Building Name 4 Building Namber (if more than JAK submitter) 4 Devaling House 0
 | Excluding Name 4 Building Number (if more than VAR submitter) G Dealing House Ves D No D
 | 3 Building Name 4 Building Number (if more than VAR submitter.) 2 Dealing House 0
 | Excluding Name 4 Building Number (if more than VAR submitter) G Dealing House Ves D No D
 | 1 Building Name 4 Building Number (if more than YGAR submitter.) 2 Desting House Image: State of the submitter. Image: State of the submitter.) 2 Desting House Yes Image: No method submitter.) 3 Desting House Image: State of the submitter. Image: State of the submitter.) 3 Desting House Yes Image: No method submitter.) Yes Image: No method submitter.) Yes Image: No method submitter.) State of the submitter. 3 Province/State 9. Postal Code/Zp Code 16. Country C. Operation(s) at this Building 12. StepP Dosage Form(s) 13a. Homeopathic Medicines Add Delete Andracturing Image: Deckaging Image: Deckagi
 | | Building Name 4 Huilding Number (it more than 'GAR submitten) 2 Dealing House

 | Building Name 4 Holding Number (it more than 'GAR submitted) 2 Dealing House | Eliuliding Name Altoring Rumsher (if more than YGAR submitter) G Dealing House Ves I No I Comparison of the submitter of | Eliuliding Name Add Delete Add Delete Manufacturing Add Delete Manufacturing | Excluding Name 4 Huiding Number (if more than VAR submitter) G Dealing House Ves D No D V | Excluding Name 4 Huiding Number (if more than VAR submitter) G Dealing House Ves D No D V
 | Building Name 4 Building Humber (if more than 4 Ak submitted) 2 Dealing House | Building Name 4 Building Number (if more than \$2AK submitted) 5 Divising House | 3: Building Name 4: Building Number (If more than 'JAR submitter) 5: Dawning House 4: Building Number (If more than 'JAR submitter) 5: Dawning House 6: Addresse Num: SoStreet'SuiteLand Location (differentials in tings require searchs CAR); 6: Addresse Num: SoStreet'SuiteLand Location 9: Postal Code/Zip Code 10: Country 7: City-Town 9: Province/Stats 9: Postal Code/Zip Code 10: Country 7: City-Town 9: Province/Stats 9: Postal Code/Zip Code 10: Country 7: City-Town 9: Province/Stats 9: Postal Code/Zip Code 10: Country 7: City-Town 12: Stepte Dosage Form(s) 13a. Homeopathic Medicines 11: Non-SteriteDosage Form(s) 12: Stepte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 0 0 Independing 0 1 Lebeling 0 0 14: Dosage Form(s): 13b. Supplementary OARF is attached? Yes 0 No 15: Product Type(s): 13b. Supplementary OARF for the building listed 16b. Im-House 0 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. Im-House 0 17a. Print the Name of Quality Ass |
| Add Delete Add Delete Manufacturing Add Delete Manufa
 | Add Delete Add Delete Manufacturing Add Delete Manufacturing A
 | Add Dreide Munit dryStreet/Sk.terLand Location Add Dreide Munit dryStreet/Sk.terLand Add Dreide Munit dr
 | Add Delete Add Delete Manufacturing Add Delete Manufacturing A
 | Importing Impor
 | Addreset Num Sr/Street/Suite1 and Location (diferent buildings require scharate (3A6) Addreset Num Sr/Street/Suite1 and Location (diferent buildings require scharate (3A6) Addreset Num Sr/Street/Suite1 and Location (diferent buildings require scharate (3A6) (City-Town |

 | Addresel Nim:ex/Siteet/Site4.and Location Add Delete Manufacturing Add Delete Manufactu | Addresof Num ex Sifeet SLitet and Location Add Delete Manufacturing | Addreset Name Sr/Street/Suite1 and Location Addreset Name Sr/Street/Suite1 and Name Sr/Street/Suite1 and Suite1 Addreset Name Sr/Street/Suite1 and Name Sr/Street/Suite1 and Suite1 and Street/Suite1 and Suite1 and Street/Suite1 and Suite1 | Add Delete Add Delete Add Delete Manufacturing Delete | Add Delete Add Delete Add Delete Manufacturing Delete | Address Rium:er/Street/SLitetLand Location Address Rium:er/Street/SLitetLand Location City-Town 3. Province/Statz 9. Postal Code/Zip Code 10. Country Cognation(t) at this Building 12. Starife Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add | definition of the set of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed definition of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed fibration of the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for
ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health The Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health | Add Delete Add Delete Add Delete Add Delete Manufacturing Add Delete M |
|
 | S. Actors on Num envStreet/SLite/Land Location S. Actors on Num envStreet/SL
 | S. Address Numcer/Street/Suite/Land Location S. Address Numcer/Street/Suite/Land Location S. City-Town S. City-Town S. City-Town S. City-Town S. Coperation(s) at this Building 11. Non-Sterrite/Dosage Form(s) C. Operation(s) at this Building 12. Sterrite Dosage Form(s) Add Delete Manufacturing Add Delete Manufacturing B. Add B. Delete Manufacturing B. Delete Manufacturing B. Delete Manufacturing B. Add B. Delete Manufacturing B. Delete Manufacturi
 | S. Actors on Num envStreet/SLite/Land Location S. Actors on Num envStreet/SL
 | Addrosoft Number/Street/Suite/Land Location 5. Addrosoft Number/Street/Suite/Land Location 6. City-Town 3. Province/State 7. City-Town 3. Province/State 8. Province/State 9. Postal Code/Zip Code 10. Country 7. City-Town 3. Province/State 9. Postal Code/Zip Code 10. Country 7. City-Town 3. Province/State 9. Postal Code/Zip Code 10. Country 7. Coperation(s) at this Building 11. Non-Sterrit/Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing 3 Packaging 3 Labeling 3 Labeling 3 Labeling 3 Importing 3 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes 3 No No 15. Product Type(s): 15. Product Type(s): 16b. Imodify Assurance Person(in Section 28 (f)) who completed the QAR for the building listed 11b. 11. House 3 Third Party 3: 11b. 11b. Third Party 3:
 | Addreset Numter/Street/Suite1.and Location 2. Addreset Numter/Street/Suite1.and Location 3. Addreset Numter/Street/Suite1.and Location 4. Addreset Numter/Street/Suite1.and Location 5. Operation(s) 13. Province/State 4. Addreset Numter/Street/Suite1.and Location 4. Addreset Numter/Street/Suite1.and Location 5. Operation(s) 13. Homeopathic Medicines Add Delete Add Delete Manufacturing 3 Add Delete Manufacturing 3 Delete Manufacturing 13. Homeopathic Medicines Add Delete Manufacturing 3 14. Dosage Form(s): 15. Product Type(s): 15. Product Type(s): 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 11. House 3 11. Nows #3 of this form: | . Addresel Num:sr/Street/SLite1.ad Loc2bo . Addresel Num:sr/Street/SLite1.ad Loc2bo . City-Town 3. Province/State . City-Town 3. Province/State . Operation(s) at this Building 12. Strife Dosage Form(s) 11. Non-Steric/Dosage Form(s) 13. Homeopathic Medicines Add Delete Anutacturing □ □ Packaging □ Packaging □ Packaging □ Itabeling
 | . Address Num:sr/Street/SLiteLand Location . Address Num:sr/Street/SLiteLand Location . Objection(s) . Objection(s) . Operation(s) at this Building 1. Non-Steril@Dosage Form(s) . Add Delete Manufacturing
 | Addreset Number/Street/Suite/Land Location City-Town 3. Province/State 2. Operation(s) at this Building 11. Non-Sterie/Dosage Form(s) Add Add Delete Manufacturing add Del | Addreset Number/Street/Suite1.and Location Addreset Number/Street/Suite1.and Location City-Town 3. Province/State 9. Postal Code/Zip Code 16. Country 2. Operation(s) at this Building 12. Sterife Dosage Form(s) 11. Non-Sterife/Dosage Form(s) 13a. Homeopathic Medicines Add Delete Andd Delete Andd Delete Manufacturing 3 Delete Manufacturing 13b. Burgementary CARF is attached? Yes 3 14. Dosage Form(s): 15. Product Type(s): 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18b. Interview 116a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18b. Interview | S. Actors on Num and Street's LiteL and Location S. Actors on Num and Street's LiteL and Location S. City-Town S. City-Town S. City-Town S. City-Town S. Coperation(s) at this Building T1. Non-Steric Toosage Form(s) Add Delete Add Delete Add Delete Add Delete Manufacturing Add Add Add Add Add Add Add Add Add Ad
 | S. Actors on Num and Street's LiteL and Location S. Actors on Num and Street's LiteL and Location S. City-Town S. City-Town S. City-Town S. City-Town S. Coperation(s) at this Building T1. Non-Steric Toosage Form(s) Add Delete Add Delete Add Delete Add Delete Manufacturing Add Add Add Add Add Add Add Add Add Ad | (atternet ba. Ld rigs require sharate OA6) Addrose fulm: ar/SifeetSJ. LetLand Loadion City-Town 3. Province/Sites 0. Operation(t) at this Building 1. Non-SteriteDosage Form(s) Add Delete Packaging Delete Importing Delete Importing Delete Importing Delete Add Delete Packaging Delete Importing Delete Importing Delete Importing Delete Importing Delete Importing Delete No Startific Supplementary QARF is attached? Yes Delete Importing Delete Add Supplementary QARF is attached? Yes Delete Instruct Type(s): Cuality Assurance Person(s) (QAP) Sa. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health Inthouse Delete Third Par | (attracet is, is ing require grants (346) Address fulling ar/StreetSLiteLand Loadion City-Town 3. Province/Statz 9. Postal Code/Zgp Code 10. Country . Operation(1) at this Building 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines . Non-SteniceDosage Form(s) 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines . Add Delete Add Delete anufacturing - - - . Add Delete Add Delete Aurufacturing - - - . Descipe Form(s) - - - . Add Delete Add Delete Manufacturing - . Descipe Form(s) - - - - - . Add Delete Add Delete Manufacturing - - . abeling - - - - - - . Abeling - - - - - - . Dosage Form(s): - - - - - - . Duality Assurance P | c. Operation(s) at this Building 12. Stope Dosage Form(s) 13a. Homeopathic Medicines 11. Non-StartiaDosage Form(s) 12. Stope Dosage Form(s) 13a. Homeopathic Medicines 11. Non-StartiaDosage Form(s) 12. Stope Dosage Form(s) 13a. Homeopathic Medicines 12. Non-StartiaDosage Form(s) 12. Stope Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 12. Labeling 13b. Delete 15. Product Type(s): 13b. Supplementary OARF is attached? Yes □ Nc 15. Product Type(s): 15. Product Type(s): 16. Product Type(s): 16b. Fin-House 0 17a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. Third Party 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. Third Party 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. Third Party |
| 6. Addrosel Numcar/Street/SuiteLand Location 7. City-Town 7. City-Town 9. Postal Code/Zip Code 10. Country C. Operation(s) at this Building 11. Non-Starik Dosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 3 3 Labeling 1 Labeling 3 3 Labeling 1 Label
 |
 |
 |
 | Add Delete
And Delete
And Delete
And Delete
And Delete
And Delete
And Delete
And Delete
And Delete
Add Delete
Packaging □ □
Labeling □
 | Addrosof Num av/Street/Suited_and Location Add Delete | Address Namesväret/Suitet_Suitet_and Location . City-Town 3. Province/Sizts 9. Postal Code/Zip Code 10. Country 2. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 13a. Homeopathic Medicines 4. Non-Steric Dosage Form(s) 12. Strife Dosage Form(s) 13a. Homeopathic Medicines anufacturing □ Packaging □ abeling □ Packaging □ tabeling □ Importing □ 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes □ No 5. Product Type(s): 13b. Supplementary GARF for the building listed 16b. Im-Outes □ 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. Im-Outes □ 11. House □ Third Party : 16b. Im-Outes □

 | Address Name sr Street/SuiteLand Location . City-Town 3. Province/State . Operation(s) at this Building 11. Non-Sterila Dosage Form(s) . Add . Add . Operation(s) at this Building 12. Strifte Dosage Form(s) . Manufacturing . Add . Delete Manufacturing . Add . Delete Manufacturing | A ddoresel Num servStreet/SuiteLand Location City-Town | Address Numsex/Street/Suited.and Location City-Town 3. Province/State 2. Operation(s) at this Building 11. Non-Steric Dosage Form(s) Add Delete Andd Delete Anufacturing 3 3. Province/State 9. Postal Code/Zip Code 10. Country Add Delete Add Delete Manufacturing 3 3 Add Delete Manufacturing 3 Delete Manufacturing Jabeling 3 Labeling 3 Importing 3 Importing 3 Its. Supplementary CARF is attached? Yes 3 No 14. Dosage Form(s): 15. Product Type(s): 164. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 116. Incluse 3 In-Bourse Third Party : | S. Addresof, Numcer/Street/Suited_and Location S. Crig-Town S. Crig-Town S. Crig-Town S. Crig-Town S. Crig-Town S. Construction of the strength of the | S. Addresof, Numcer/Street/Suited_and Location S. Crig-Town S. Crig-Town S. Crig-Town S. Crig-Town S. Crig-Town S. Construction of the strength of the
 | Addrosed future.ex/Street/SL tetLand Loadion City-Town 3. Province/Sizts 9. Postal Code/Zgp Code 10. Country . Operation(x) at this Building 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines anufacturing | Addrosed future.ex/Street/Suite4.and Location City-Town 3. Province/Statz 9. Postal Code/Zip Code 10. Country . Operation(x) at this Building 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines anufacturing | Add Delete Add Delete |
| C. Operation(s) at this Building 11. Non-Stankbosage Form(s) 12. Store Dosage Form(s) 13a. Homeopathic Medicines Vanufacturing
 | C. Operation(s) at this Building 11. Non-Sterik Dosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Packaging Packagi
 | C. Operation(s) at this Building 11. Non-Starih Dosage Form(s) 12. Starie Dosage Form(s) 13a. Homeopathic Medicines Add Delete Anufacturing Packaging Packagin
 | C. Operation(s) at this Building 11. Non-Sterik Dosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Packaging Packagi
 | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing C Composition Compositio
 | C. Operation(*) at this Building 11. Non-Steric Dosage Form(s) 12. Sterife Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 3 3 Peckaging 4 Peckaging 4 Peckaging 4 Peckaging 4 Peckaging | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Add Delete Manufacturing Backaging Backa
 | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) Add Delete Anufacturing Packaging Packagi | 2. Operation(*) at this Building 11. Non-Steric Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Packaging Pa | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) 13. Homeopathic Medicines 14. Non-Steriel Dosage Form(s) 13. Homeopathic Medicines 15. Product Type(s): 15. Product Type(s): 15. Product Type(s): 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. Dosage Form: 17. House a Intervention of the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print Party : 19. Product Type(s): 19. Product Type(s): 10. Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 11. Print Party : 10. Print Party : 11. Print Party : 12. Print Party : 13. Print Party : 13. Print Party : 13. Print Party : 14. Print Party : 15. Product Type(s): 15. Product Type(s): 16. Print Party : 16. Print Party : 17. Print Party : 18. Print Party : 18.
Print Party : 18. Print Party : 19. Pr | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 12. Starte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Inducting Inducting Homeopathic Medicines Inducting Inducting Inducting Induction Induction Inducting Induction Inducting Induction Inducting Inducting Inducting Inducting Induction Inducting Inducting Inducting Inducting Inducting Inducting Inducting Induction Inducting Inducting In | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 12. Starte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Inducting Inducting Homeopathic Medicines Inducting Inducting Inducting Induction Induction Inducting Induction Inducting Induction Inducting Inducting Inducting Inducting Induction Inducting Inducting Inducting Inducting Inducting Inducting Inducting Induction Inducting Inducting In | Operation() at this Building Non-Steric Opsage Form(s) Add Delete Manufacturing Add Packaging Inporting Itabeling Itabe | Coperation() at this Building Constant of the Section () Constant of the Section () Constant of C | C. Operation(s) at this Building 11. Non-Sterikloosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 15. Product Type(s): 15. Product Type(s): 15. Product Type(s): 16. Product Type(s): 17. Print the Name of Quality Assurance Person (in Section 28 (ft)) who completed the QAR for the building listed 16. Product Type(s): 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Product Type(s): 18. Product Type(s): 19. Product Type(s): 19. Product Type(s): 10. Quality Assurance Person (in Section 28 (ft)) who completed the QAR for the building listed 16. Product Type(s): 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring
Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print Person 20000000000000000 |
| C. Operation(s) at this Building 11. Non-Stankbosage Form(s) 12. Store Dosage Form(s) 13a. Homeopathic Medicines Vanufacturing
 | C. Operation(s) at this Building 11. Non-Sterik Dosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Packaging Packagi
 | C. Operation(s) at this Building 11. Non-Starih Dosage Form(s) 12. Starie Dosage Form(s) 13a. Homeopathic Medicines Add Delete Anufacturing Packaging Packagin
 | C. Operation(s) at this Building 11. Non-Sterik Dosage Form(s) 12. Starte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Packaging Packagi
 | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing C Composition Compositio
 | C. Operation(*) at this Building 11. Non-Steric Dosage Form(s) 12. Sterife Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing 3 3 Peckaging 4 Peckaging 4 Peckaging 4 Peckaging 4 Peckaging | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing Add Delete Manufacturing Backaging Backa
 | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) Add Delete Anufacturing Packaging | 2. Operation(*) at this Building 11. Non-Steric Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Packaging Pa | 2. Operation(*) at this Building 1. Non-Steriel Dosage Form(s) 13. Homeopathic Medicines 14. Non-Steriel Dosage Form(s) 13. Homeopathic Medicines 15. Product Type(s): 15. Product Type(s): 15. Product Type(s): 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. Dosage Form: 17. House a Intervention of the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 18. Print Party : 19. Product Type(s): 19. Product Type(s): 10. Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 11. Print Party : 10. Print Party : 11. Print Party : 12. Print Party : 13. Print Party : 13. Print Party : 13. Print Party : 14. Print Party : 15. Product
Type(s): 15. Product Type(s): 16. Print Party : 16. Print Party : 17. Print Party : 18. Print Party : 18. Print Party : 18. Print Party : 19. Pr | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 12. Starte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Inducting Inducting Homeopathic Medicines Inducting Inducting Inducting Induction Induction Inducting Induction Inducting Induction Inducting Inducting Inducting Inducting Induction Inducting Inducting Inducting Inducting Inducting Inducting Inducting Induction Inducting Inducting In | C. Operation(s) at this Building 11. Non-Steric Dosage Form(s) 12. Starte Dosage Form(s) 13. Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Add Delete Manufacturing Homeopathic Medicines Inducting Inducting Homeopathic Medicines Inducting Inducting Inducting Induction Induction Inducting Induction Inducting Induction Inducting Inducting Inducting Inducting Induction Inducting Inducting Inducting Inducting Inducting Inducting Inducting Induction Inducting Inducting In | Operation() at this Building Non-Steric Opsage Form(s) Add Delete Manufacturing Add Packaging Inporting Itabeling Itabe | Coperation() at this Building Constant of the Section () Constant of the Section () Constant of C | C. Operation(s) at this Building 11. Non-Sterikloosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines 14. Dosage Form(s) 15. Product Type(s): 15. Product Type(s): 15. Product Type(s): 16. Product Type(s): 17. Print the Name of Quality Assurance Person (in Section 28 (ft)) who completed the QAR for the building listed 16. Product Type(s): 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Product Type(s): 18. Product Type(s): 19. Product Type(s): 19. Product Type(s): 10. Quality Assurance Person (in Section 28 (ft)) who completed the QAR for the building listed 16. Product Type(s): 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section
51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print Person 20000000000000000 |
| 11. Non-StarlieDosage Form(s) 12. Starlie Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing
 | 11. Non-Sterik Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing

 | 11. Non-StarilaDosage Form(s) 12. Starb Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing | 11. Non-Sterik Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing

 | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yenufacturing □ Packaging □ Delete Manufacturing □ Packaging □ Theorem □ Importing □ □ Importing □ □ Importing □ □ 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes □ No No 15. Product Type(s): □ □ 13b. Supplementary QARF for the building listed 16b. In-House □ In-House □ In-House □ In-House □ In-House □ In-House □ In box #3 of this form: In-House □ Third Party : In-House □ In-House □
 | 11. Non-Sterild Dosage Form(s) 12. Sterid Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing | 11. Non-Starile Dosage Form(s) 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing
 | 11. Non-Starile Dosage Form(s) 12. Starile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing | 11. Non-Sterile Dosage Form(s) 12. Sterile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing | 11. Non-Sterile Dosage Form(s) 12. Sterile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing □ Add Delete Sterile Dosage Form(s) 13b. Sterile Dosage Form(s) 13b. Sterile Dosage Form(s) Sterile Dosage Form(s) □ Add Delete Add Dolete
 Manufacturing □ Packaging □ Deleting □ Labeling □ Packaging □ Aborning □ Importing □ Importing □ 4. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF for the building listed no box #3 of this form: 16b. Im-House □ | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing □ Hanufacturing □ Packaging □ Labeling □ Delete Manufacturing □ Packaging □ Inporting □ Labeling □ Importing □ 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF is attached? Yes □ No No 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-Notase □ 16b. Jin-Box #3 of this form: 16b. Jin-Box #3 Jin-Box #3 | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing □ Hanufacturing □ Packaging □ Labeling □ Delete Manufacturing □ Packaging □ Inporting □ Labeling □ Importing □ 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF is attached? Yes □ No No 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-Notase □ 16b. Jin-Box #3 of this form: 16b. Jin-Box #3 Jin-Box #3
 | 1. Non-Sterita Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines anufacturing | 1. Non-Sterita Dosage Form(s) 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines anufacturing | 11. Non-SteritiQosage Form(s) 12. Stepte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing |
| 11. Non-StarlieDosage Form(s) 12. Starlie Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing
 | 11. Non-Sterik Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing

 | 11. Non-StarilaDosage Form(s) 12. Starb Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing | 11. Non-Sterik Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing

 | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yenufacturing □ Packaging □ Delete Manufacturing □ Packaging □ Theorem □ Importing □ □ Importing □ □ Importing □ □ 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes □ No No 15. Product Type(s): □ □ 13b. Supplementary QARF for the building listed 16b. In-House □ In-House □ In-House □ In-House □ In-House □ In-House □ In box #3 of this form: In-House □ Third Party : In-House □ In-House □
 | 11. Non-Sterild Dosage Form(s) 12. Sterid Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing | 11. Non-Starile Dosage Form(s) 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing
 | 11. Non-Starile Dosage Form(s) 12. Starile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing | 11. Non-Sterile Dosage Form(s) 12. Sterile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing | 11. Non-Sterile Dosage Form(s) 12. Sterile Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Anufacturing □ Add Delete Sterile Dosage Form(s) 13b. Sterile Dosage Form(s) 13b. Sterile Dosage Form(s) Sterile Dosage Form(s) □ Add Delete Add Dolete
 Manufacturing □ Packaging □ Deleting □ Labeling □ Packaging □ Aborning □ Importing □ Importing □ 4. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF for the building listed no box #3 of this form: 16b. Im-House □ | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing □ Hanufacturing □ Packaging □ Labeling □ Delete Manufacturing □ Packaging □ Inporting □ Labeling □ Importing □ 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF is attached? Yes □ No No 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-Notase □ 16b. Jin-Box #3 of this form: 16b. Jin-Box #3 Jin-Box #3 | 11. Non-Sterik@Dosage Form(s) 12. Sterik@Dosage Form(s) 13a. Homeopathic Medicines Add Delete Add Delete Yanufacturing □ Hanufacturing □ Packaging □ Labeling □ Delete Manufacturing □ Packaging □ Inporting □ Labeling □ Importing □ 14. Dosage Form(s): 13b. Supplementary OARF is attached? Yes □ No No 15. Product Type(s): 13b. Supplementary OARF is attached? Yes □ No No 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-Notase □ 16b. Jin-Box #3 of this form: 16b. Jin-Box #3 Jin-Box #3
 | 1. Non-Sterita Dosage Form(s) 12. Sterik Dosage Form(s) 13a. Homeopathic Medicines anufacturing | 1. Non-Sterita Dosage Form(s) 12. Stepic Dosage Form(s) 13a. Homeopathic Medicines anufacturing | 11. Non-SteritiQosage Form(s) 12. Stepte Dosage Form(s) 13a. Homeopathic Medicines Add Delete Manufacturing |
| Kenufacturing
 | Kenufacturing

 | Kanufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing | Kenufacturing

 | Vienufacturing
 | Kanufacturing Manufacturing Stelling Packaging belling Labelling browning Importing 14. Dosage Form(s): 13b. Supplementary QARF is attached? Yes No 15. Product Type(s): | Aarufacturing Manufacturing Manufacturing Manufacturing
 | Alarufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Labelling Labelling Labelling Importing Manufacturing Manufacturing Importing Manufacturing Importing Manufacturing Importing Manufacturing Importing Manufacturing Importing Imp | Aanufacturing Manufacturing Manufacturing Manufacturing | Aanufacturing Manufacturing Manufacturing Manufacturing
 | Venufacturing | Venufacturing
 | anufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing Manufacturing | anufacturing Manufacturing Manufacturing Manufacturing Packaging Packaging Packaging | Venufacturing |
| Mackaging
 | Backaging

 | Backaging | Backaging

 | Backaging
 | Beckaging | ackaging
 | tackaging | sakkaging | Sackaging
 | Backaging Importing Packaging Importing | Backaging Importing Packaging Importing | ackaging
 | ackaging Packaging Packaging | Rackaging |
|
 | hporting Importing Importing

 | | hporting Importing Importing

 | Importing Importing Importing
 | mporting | porting
 | theorem of the the form: the ording and the form: theorem of the duality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the DAR for the building listed the duality assurance Person (in Section 28 (f)) who completed the duality assuran | the orting Importing Importing the Dosage Form(s): 13b. Supplementary QARF is attached? Yes No 13b. Supplementary QARF is attached? Yes No 15b. Product Type(s): 20. Quality Assurance Person(s) (QAP) 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 16b. Print the Name of | porting
 | Importing | Importing | porting Importing Importing Importing
13b. Supplementary QARF is attached? Yes _ No
4. Dosage Form(s):
5. Product Type(s):
6. Quality Assurance Person (s) (QAP)
5a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
In. House
 | porting Importing Importing Importing Importing Importing Importing Isb. Supplementary QARF is attached? Yes No.
4. Dosage Form(s):
5. Product Type(s):
6. Quality Assurance Person(s) (QAP)
5a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In House | |
| 13b. Supplementary QARF is attached? Yes No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print Amme of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House
 | 13b. Supplementary QARF is attached? Yes No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 16b. Prove 3 = 10 box 473 of the form:

 | 13b. Supplementary QARF is attached? Yes 3 No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 3 16b. Product Type(s): | 13b. Supplementary QARF is attached? Yes No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 16b. Prove 3 = 10 box 473 of the form:

 | 13b. Supplementary QARF is attached? Yes ⇒ No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 11b. Third Party :: 16b. Third Party ::
 | 13b. Supplementary QARF is attached? Yes > No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 11b. Third Party :: Third Party :: | 4. Dosage Form(s): 13b. Supplementary QARF is attached? Yes ∋ No 15. Product Type(s):
 | 13b. Supplementary QARF is attached? Yes 3 No 4. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 10b. Incharge 2 11b. Dury 61 (d) is form: | 13b. Supplementary QARF is attached? Yes No 14. Dosage Form(s): 15. Product Type(s): .0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 16b. Prove field this form: | 13b. Supplementary QARF is attached? Yes ⊇ No 14. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of
Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. In:House ⊇ Third Party : 16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. The Party : | 13b. Supplementary QARF is attached? Yes ⊇ No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. Third Party : 16b. Third Party : | 13b. Supplementary QARF is attached? Yes ⊇ No 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. Third Party : 16b. Third Party :
 | | | 13b. Supplementary QARF is attached? Yes Not 14. Dosage Form(s): 15. Product Type(s): 16. Drint the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in h-House |
| 14. Dosage Form(s):
15. Product Type(s):
D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. Product Type(s):
16b. Product Type(s):
17b. Produ
 | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. 16b. In House 1
 | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. In-House 1 11b. Down 10
 | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. 16b. In House 1
 | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House a Third Party :: 16b. Third Party ::
 | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 10-10-10-10-10-10-10-10-10-10-10-10-10-1
 | 44. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. In:House a how #3 of this form:
 | 44. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 10-1048 = 1 | 14. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b 10b 10b 10b 10b 10b 10b 10b 10b 10b 10 | 14. Dosage Form(s): 15. Product Type(s): 0. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. In:House □ 16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. The Name of The Name of Complete Person (in Section 28 (f)) who complete Person (in Section 28 (f)) | 14. Dosage
Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □
Third Party : | 14. Dosage Form(s): 15. Product Type(s): D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □
Third Party : | 4. Dosage Form(s): 5. Product Type(s): 6. Quality Assurance Person(s) (QAP) 5a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed box #3 of this form: 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 11. House ⊃ 7a. Print the Name of Quality Assurance Person who is responsible for ensuring
Section 51 of the Natural Health | 4. Dosage Form(s): 5. Product Type(s): 6. Quality Assurance Person(s) (QAP) 5a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed how #3 of this form: 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health | 14. Dosage Form(s): 15. Product Type(s): 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 17. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health |
| D. Quality Assurance Person(s) (QAP)
16a. Print Afte Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of QAR for the Name of QAR for the
 | D. Quality Assurance Person(s) (QAP)
16a. Print Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b In-House = 1
In-House = 1
 | D. Quality Assurance Person(s)
(QAP)
16a. Print dhe Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b.
10b. Unit of the form: | D. Quality Assurance Person(s) (QAP)
16a. Print Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b In-House = 1
In-House = 1

 | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Unit of this form:
16b. The Unit of this form: | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building
listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Perso | D. Quality Assurance Person(s) (QAP) Gea. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in-House a how x3 of this form:
 | O. Quality Assurance Person(s) (QAP) Ga. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Inthouse = Inthouse = | D. Quality Assurance Person(s) (QAP)
ISa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
In-House = 1
In-House = 1 | D. Quality Assurance Person(s) (QAP) IG6a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in hox #3 of this form:
 | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b In-House
Third Party : | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b In-House
Third Party :
 | Quality Assurance Person(s) (QAP) Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □ Third Party = | Quality Assurance Person(s) (QAP) Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □ Third Party □ | D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. ThirdParty 17b. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. Products Rearry and the materials methods and recordures. any one of the section 28 (f) who for the section 28 (f) who for the section 28 (f) who completed the QAR for the building listed 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Natural Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the section 51 of the Material Health 17b. Products Rearry and the section 51 of the Material Health 17b. Products Rearry and the section 52 of the section 52 of the section 51 of the Material Health 17b. Products Rearry and the section 51 of the Section 52 of |
| D. Quality Assurance Person(s) (QAP)
16a. Print Afte Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b Part of QAR for the Name of QAR for the
 | D. Quality Assurance Person(s) (QAP)
16a. Print Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b In-House = 1
In-House = 1
 | D. Quality Assurance Person(s)
(QAP)
16a. Print dhe Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b.
10b. Unit of the form: | D. Quality Assurance Person(s) (QAP)
16a. Print Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
16b In-House = 1
In-House = 1

 | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Unit of this form:
16b. The Unit of this form: | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building
listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b. The Name of Quality Assurance Perso | D. Quality Assurance Person(s) (QAP) Gea. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in-House a how x3 of this form:
 | O. Quality Assurance Person(s) (QAP) Ga. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed Inthouse = Inthouse = | D. Quality Assurance Person(s) (QAP)
ISa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
In-House = 1
In-House = 1 | D. Quality Assurance Person(s) (QAP) IG6a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in hox #3 of this form:
 | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b In-House
Third Party : | D. Quality Assurance Person(s) (QAP)
16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed
16b In-House
Third Party :
 | Quality Assurance Person(s) (QAP) Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □ Third Party = | Quality Assurance Person(s) (QAP) Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □ Third Party □ | D. Quality Assurance Person(s) (QAP) 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b. ThirdParty 17b. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. Products Rearry and the materials methods and recordures. any one of the section 28 (f) who for the section 28 (f) who for the section 28 (f) who completed the QAR for the building listed 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Natural Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the materials methods and recordures. Any other section 51 of the Material Health 17b. Products Rearry and the section 51 of the Material Health 17b. Products Rearry and the section 51 of the Material Health 17b. Products Rearry and the section 52 of the section 52 of the section 51 of the Material Health 17b. Products Rearry and the section 51 of the Section 52 of |
| 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b
 | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b

 | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed 16b

 | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in box #3 of this form: 16b. In House 3 In House 3 Third Party :
 | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House Third Party : 16b. In-House Third Party : | IGa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House □
In House □
Third Party :
 | 6a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed | I6a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House ⊐ | IGa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House Third Party : Third Party :
 | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House Third Party : | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House Third Party :
 | Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House Third Party 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health Third Party Thord Party | Sa. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed In-House = Third Party = Third Party = Transport of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health Third Party = Transport of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health Third Party = Th | 16a. Print the Name of Quality Assurance Person (in Section 28 (f)) who completed the QAR for the building listed in box #3 of this form: 16b. 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health Print Party Print Party in Print Party Pr |
| in how #3 of this form:
 | in how #3 of this form:

 | in box #3 of this form: | in how #3 of this form:

 | in box #3 of this form:
Third Party:
 | n box #3 of this form:
Third Party: | n box #3 of this form:
Third Party :
 | n box #3 of this form | n box #3 of this form | n box #3 of this form: In-House ⊐
Third Party :
 | In-House ⊐
Third Party: | In-House ⊐
Third Party:
 | box #3 of this form: In-House | box #3 of this form: In-House | in box #3 of this form:
17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Products Resultations (anorcyling the materials, methods and procedures, anorcyling nord/ut telease for sale
In-House □
Third Party |
| in box #3 of this form: In-House □
Third Party:
 | in box #3 of this form: In-House ⊐ Third Party:

 | in box #3 of this form: In-House ⊐
Third Party : | in box #3 of this form: In-House ⊐
Third Party:

 | Third Party :
 | Third Party : | Third Party :
 | n box #3 of this form: In-House a Third Party : | n box #3 of this form: In-House □
Third Party : | Third Party :
 | Third Party : | Third Party :
 | Third Party =
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | Third Party =
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | Third Party
Tra. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Products Reamptions Campanying the materials methods and proceedings, approxima product release for sale. |
|
 |

 | |

 |
 | |
 | | |
 | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Taroducts Regulations (approving the materials, methods and procedures; approving product release for cale
In-House |
| 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 |

 | 17a Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b | 17a Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.

 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | I7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | 1/a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. |
 | | | Products Regulations (approving the materials, methods and procedures; approving product release for sale |
| Denducto Denducto de construir
 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 |
 |
 | ,
 | ,
 |
 | | | , the second s | Products Degulations (approxima the materials methods and preseduces approxima predict places for reli-
 | | nu resare, anu invesugaung anu recording complaints) is maintained:
 | nu resare, anu invesugaung anu recoroing complaints) is maintaineo: | |
|
 |

 | |

 |
 | |
 | | |
 | | and secolar and investigating and recording complaints) is maintained.
 | | | and resale, and investigating and recording complaints) is maintained: |
| products regulations (approving the materials, methods and procedures, approving product release for safe and resale; and investigating and recording complaints) is maintained:
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
| 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
 |

 | 17a Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b | 17a Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.

 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b
 | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | I7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b. | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | 1/a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b |
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | |
 | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | Ta. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
2roducts Regulations (approximate materials, mathods and procedures, approximation product release for sale |
| Third Party :
 | Third Party

 | Third Party : | Third Party

 | Third Party :
 | Third Party : | Third Party :
 | Third Party : | Third Party : | Third Party :
 | Third Party : | Third Party :
 | Third Party :
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | Third Party :
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | Third Party
Tra. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Products Remulatices (anoroving the materials, methods and procedures, anoroving product release for sale. |
| Third Party :
 | Third Party

 | Third Party : | Third Party :

 | Third Party :
 | Third Party : | Third Party :
 | Third Party : | Third Party | Third Party :
 | Third Party : | Third Party :
 | Third Party :
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT buil | Third Party :
7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT built for a section 51 of the Natural Health
IT buil | Third Party Third Par |
| Third Party
 | Third Party

 | Third Party : | Third Party :

 |
 | |
 | Third Party : | Third Party : |
 | |
 | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | 7a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
roducts Regulations (approving the materials, methods and procedures; approving product release for sale | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
The Print of Barulations (approximate the materials, methods and recordings; approximation product release for sale
In House 1 |
|
 |

 | |

 |
 | |
 | | |
 | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Tenducts Regulations (approving the materials methods and procedures: approving product release for sale
In-Horse |
|
 |

 | |

 |
 | |
 | | |
 | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
 | | | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health
Products Regulations (approving the materials, methods and procedures; approving product release for sale |
| 17a Drint the Name of Quality Accurance Darson who is responsible for ansuring Section 51 of the Matural Hawkin 17b -
 |

 | 17a Drint the Name of Quality Accurance Barcon who is responsible for ansuring Section 51 of the Matural Haatth 17b - | 17a Drint the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Hoeffel 17b.

 | 17a Brint the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Hooff 17b -
 | 17a Brint the Name of Quality Accurance Person who is responsible for ensuring Section 51 of the Network Hoolth 17b - | 7a Brint the Name of Quality Assurance Barson who is responsible for ensuring Section 51 of the Natural Health 17b -
 | 17a Drint the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Network Health 17b | 17a. Print the Name of Quality Accurates Barren who is responsible for ansuring Section 51 of the Network Hanth 17b. | 7a Brint the Name of Quality Accurance Person who is responsible for ensuring Section 51 of the Natural Hooffs 17b -
 | |
 | | | Products Regulations (approving the materials, methods and procedures; approving product release for sale In-House |
|
 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.

 | Consistent De malefrere (consistent ender interior ende |
 |
 |
 |
 | Developed Developed and the methods and an in the second s | Desidents Desidentials and the methods and as a second sec | Descharte Deschaftene (engeneration the sectoriale sector and exactly and exactly a sector to the sector and exactly a sector and e |
 | | | |
 |
| products Regulations (approving the materials, methods and procedures, approving product release for sale
 | 17a. Print the Name of Quality Assurance Person who is responsible for ensuring Section 51 of the Natural Health 17b.
Products Regulations (approving the materials, methods and procedures; approving product release for sale In-Husse =

 | Products Regulations (approving the materials, methods and procedures; approving product release for sale | Products Regulations (approving the materials, methods and procedures; approving product release for sale

 | Products Regulations (approving the materials, methods and procedures; approving product release for sale In-House -
 | Products Regulations (approving the materials, methods and procedures; approving product release for sale 🔰 In-House 🗉 | Products Regulations (approving the materials, methods and procedures; approving product release for sale In-House 🗉
 | Products Regulations (approving the materials, methods and procedures; approving product release for sale | Products Regulations (approving the materials, methods and procedures; approving product release for sale | Products Regulations (approving the materials, methods and procedures; approving product release for sale
 | provide a negarational tapproving the materials, methods and procedures, approving product release for sale |
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | Third Darty
 | | | and resale; and investigating and recording complaints) is maintained: |
|
 |

 | |

 |
 | |
 | | |
 | | and resale: and investigating and recording complaints) is maintained.
 | | | and result, and in congening and recording complements is meintained. |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale, and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale, and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | | | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale; and investigating and recording complaints) is maintained:
 | Page 1 of 30 | Page 1 of 30 | |
|
 |

 | |

 |
 | |
 | | |
 | | and resale, and investigating and recording complaints) is maintained:
 | Page 1 of 30 | Page 1 of 30 | |

Sterile Desage Form(s): Activity that is being performed or will be performed in this particular building: manufacturing, packaging, labelling and/or importing sterile natural health products. Note: A sterile dosage form is free from microbial contamination.

Homeopathic Medicines: Activity that is being performed or will be performed in this particular building: manufacturing, packaging, labelling and/or importing homeopathic medicines.

The OAP identified in box #16a is an inhouse QAP or third party (auditor) who is independent of the company he/she is auditing and who is qualified by education, training, and technical knowledge to conduct a natural health product good manufacturing practices site audit. The person identified in box #16a is the individual who is required to sign the Attestation of the QAR.

The QAP identified in box #17a is an inhouse QAP or is a third-party quality assurance person who is independent of the company he/she is conducting the QA activities for and who is qualified by education, training, and technical knowledge.

Company Name: ABC Ltd.

Activities: Manufacturing; Packaging, Labelling, and Importing

Dosage Form: Powders, Capsules, Tablets (importing only)

Product Types: Vitamins, Minerals

Staff #: 25 (1 President/Production Manager, 1 Quality Assurance Manager, 3 office staff, 2 warehouse operators, 5 manufacturing operators, 3 packaging operators, 3 Quality Assurance staff, 2 lab staff, 2 Facilities staff, 3 Sanitation Operators)

Site: Two-story concrete structure, 3000 sq. m., divided into the following: production areas (Blending Room, Encapsulation Room, Packaging Room, Sampling Room); Testing Lab, Warehouse; and non-production areas (change room / restroom, office area & kitchen).

Mr. Smith is the President and Production Manager at ABC Ltd. with a B.Sc. in Chemistry from University of XYZ in Canada with three years' experience in production, two years as a supervisor and one year as a manager. Mr. Smith is attending ongoing courses of GMPs in Herbal Manufacturing from a local institution and has taken other courses such as Good Documentation Practices and Sanitation programs from trade organizations.

The Quality Assurance Person at the site, Ms. Best, works inhouse and has a three-yeardegree in science, B.Sc. from the University of TUV in Canada with three years' experience in quality assurance and control, including approval of raw materials, finished product testing and development of standard operating procedures. Ms. Best has taken courses in ISO audits, product safety assessment and pharmaceutical GMPs, and is enrolled in a Good Manufacturing Practices audit course.

The company operates in accordance with their Standard Operating Procedures, written by the QA department and approved by Ms. Best. These outline the details of the following programs at their site: Sanitation; Maintenance & Calibration; Pest Control; Stability; Sample Retention; Training; Quality Assurance; Audit and Document Control. Each SOP details the appropriate steps to follow regarding each activity and the appropriate documentation (records) to be completed. All ABC employees undergo GMP training specific to their job functions and are required to read and keep up to date with their SOPs. Mr. Smith and Ms. Best are responsible for ensuring that all employees document their training.

PLACES Premises [Section 45]							
Premises [Section 45]							
 Building is designed to prevent cross-contamination and mix-up of the natural health product(s) by way of: (a) appropriate space to carry out the operations of the facility; 	Yes X	No 🗆					
(b) separated production and non-production areas; and	Yes X						
(c) sealed building surfaces (e.g. windows, floors, ceilings and production surfaces)	Yes X	No 🗆					
made of materials that facilitate maintenance and sanitation.							
If yes, describe for (a), (b) and (c) how the premises design complies with NHP GMPs. If no, provide a rationale (e.g. Not applicable because)							
(a) Our building is 3,000 sq. m. in total size with xxx dedicated for the manufacturing areas, xxx for the packaging areas, xxx for the storage areas. We also have xxx for the non production areas with 2 washrooms/change rooms for the employees. Production employees access the change rooms and lunchroom areas through a separate entrance (from the office/main entrance), leading directly to the production area. Materials and finished products are delivered and shipped through the warehouse door in the back of the building. A door separates the warehouse and production areas. A corridor in the production areas allows entry to the different manufacturing and packaging rooms. The wash-up room and maintenance room have their own doors and are separated from the production areas by another set of doors to prevent cross-contamination.							
(b) Physical areas have been clearly marked for quarantine and released materials and warehouse. Areas for manufacturing, packaging, testing and storage warehouse hav identified and segregated. A SOP is in place to ensure employees working in the ma packaging areas are restricted from accessing other non-production areas, including and office areas, except in the case of an emergency.	ve been cl nufacturir	early ng and					
(c) All floors, walls and ceilings are made of materials that do not shed particles. Surface sealed to prevent contamination from extraneous materials and permit effective clear drains are screened and trapped. All doors, windows, walls, ceilings and floors conta- gaps, except those that are part of the design.	ning. All fl	loor					
Standard Operating Procedures							
Relevant standard operating procedures are established.YeListall standard operating procedures (SOPs) (titles and numbers) for this section.	sX No⊡						
Building, Facilities, Utilities and Operations, SOP PREM 010							
Handling of Materials and Goods in the Quarantine and Released areas in the Warehouse,	SOP WH	SE					
002							
Personnel flow in the manufacturing and packaging areas, SOP PROD 005 Sanitation and maintenance of the building, SOP MAIN 022							
Preventative Maintenance of Production and Non-Production areas, SOP PM 003							
Preventative Maintenance of Building exterior, SOP PM 002							
Weekly Checks of Ventilation System, SOP PM 008							
Deviations and corrective actions							
Identify and describe any noted GMP deviation(s) and the rationale for the deviation, where any the corrective action(s) taken and/or to be taken.	plicable. I	Detail					
Deviation noted: Two entries were missed in the maintenance logs for production room num October 10 and 12, 2004. The employee involved was identified. Maintenance was perform were missed. The entries were put back in on October 15, 2004 with the appropriate GMP n and initialled with a brief explanation). Supervisor initialled the entries and employee went the training again (October 22, 2004) on the importance of record keeping and the appropriate of documenting corrections.	ed but ent iotations (irough GN	dated					

Supporting documentation <u>Attach</u> a minimum of one photocopy of a completed record(s)/log(s) as outlined in the see instructions for more details). <u>Attach</u> supporting documentation such as action plans with timelines for each correc 	.,	
above. List of attachments:	live action file	ntineu
Preventative Maintenance schedule: Annual, quarterly, weekly checks		
Preventative maintenance Logs, Daily records for the week of October 10, 2004		
Neekly Inspection record by supervisor		
Records for changing materials from quarantine to released		
Records for the repair of door and ceiling to production room number 2		
Premises [Section 45]		
(2) Building is designed to prevent cross-contamination and adulteration of the natura	al	
health product(s) by way of:		
(a) adequate ventilation, filtration and airflow; (b) appropriate plumbing; and	Yes □ Yes □	
(c) appropriate water supply for the intended purposes (e.g. production, cleaning utility functions).		No
Premises [Section 45]		
(3) Raw material(s) and finished product(s) are stored under conditions that maintain		
quality and safety (such as temperature, humidity and light controls).	Yes 🗆	No 🛛
Premises [Section 45]		
(4) Building is designed and maintained to prevent the entry and harbouring of insect and other animals.	s Yes 🗆	No
Equipment [Section 46]		
(5) Equipment is		
 (a) designed and constructed to prevent contamination of the natural health product(s). 	Yes X	No
(b) maintained to prevent contamination of the natural health product(s).	Yes X	No E
f yes, describe for (a) and (b) how the equipment complies with NHP GMPs. f no, provide a rationale (e.g. Not applicable because)		
Production equipment and utensils having direct contact with materials and products are smooth, non-reactive and non-toxic materials, and are designed to withstand repeated o also designed to minimize the possibility of lubricant or other maintenance materials con products by ensuring proper equipment design (e.g. tanks, chain drives and transmissio enclosed or properly covered).	cleaning. The ntaminating th	y are ie
	and testing) are avoided	

Yes 🗆	No 🛛
Yes 🗆	No d
Yes X	No c
activities	, types
rs in prod	uction
nd other o	ourse
Yes 🗆	No 🛛
Yes X	No 🗆
	to
ld	
nt Quality	
	Yes D Yes X activities rs in prod nd other c

Quality Assurance [Section 51]	_	
 (11) Does this site have a Quality Assurance Person(s) responsible for: (a) approving the materials, methods and procedures; (b) approving product release for sale and resale; and (c) investigating and recording complaints 	Yes X Yes X Yes X	No No No
f yes, describe for (a), (b) and (c) how the quality assurance person complies with NHP GMPs f no, provide a rationale (e.g. Not applicable because)	5.	
Ns. Best, our QA Person on site, is responsible to:		
Establish and follow procedures to ensure that products conform to specifications and regul requirements.	atory	
Establish and follow written procedures for sampling, inspecting and testing raw and packag n-process and finished products.	ging mater	ials,
Approve or reject all raw materials, packaging materials and finished products, including pro nanufactured by contractors, based upon conformance to respective specifications. (Please Quality Release Procedures SOP QA 005)		ched
Ensure that completed batch records are reviewed and maintained and a decision is made reject the product prior to distribution.	to approve) or
Access all areas necessary to perform his or her duties.		
Approve product reprocessing.		
Attest to all his or her decisions by signing and dating all reports.		
Destroy returned products unless he or she determines, by assessment or other investigation nay be released for resale.	on, that the	эу
Permit reprocessing of returned products provided that the subsequent product meets spec	ifications.	
Maintain records pertaining to returned, reprocessed and redistributed products and include description of the product, lot number, reason for return, quantity returned, date and means disposition.		and
Ensure that laboratories are capable of performing all of the tasks and responsibilities assig	ned to the	m.
Maintain laboratory records of tests and investigations.		
Set up and follow written procedures for handling product complaints. These procedures ind determination of whether further investigations and corrective actions are required.	clude the	
Document all complaints with the following information: the name and description of the pro number, the source and nature of the complaint, and any response. When an investigation indings and any follow-up actions are documented in a written record.		
ROCESSES Sanitation Program [Section 48] (12) A sanitation program has been established at the site.	Yes X	No
f yes, describe f no, provide a rationale (e.g. Not applicable because)	1	
 A written Facility Sanitation Program is in place with the following elements: cleaning procedures for facilities and processing equipment; 		
 a list of cleaning and sanitizing agents appropriate for their intended use; 		

- cleaning frequencies;
- provisions for storing cleaned equipment to avoid recontamination;
- procedures for the destruction and disposal of waste materials and debris;
- procedures for cleaning lines between the production of different products.
- preventing contamination of other areas by containing or ventilating dusty operations.
- written pest control program outlining effective measures for preventing pest infestations of the building. e.g. an outside contractor has been hired with a monthly program in place.

Sanitation Program [Section 48] (13) An employee health and hygiene program has been established at the site to protect Yes 🗆 No n the natural health product(s) against adulteration and contamination. **Operations** [Section 49] (14) Material control procedures are in place from the receipt to the release of raw, in-Yes 🗆 No 🗆 process, packaging, labelling, and reprocessed material(s). Operations [Section 49] (15) Critical process controls are in place, where applicable, at the site for: (a) manufacturing activities; Yes X No 🗆 (b) packaging activities; Yes X No 🗆 (c) labelling activities; Yes X No 🗆 (d) importing activities. Yes X No 🗆 If yes, describe for (a), (b), (c) and (d) where applicable, the critical process controls. If no, provide a rationale (e.g. Not applicable because...) For our a) manufacturing, b) packaging, c) labelling and d) importing activities the following process controls are in place: Products are formulated to ensure that they adhere to regulatory requirements and claims stated on the label. Master production, packaging and labelling documents are created and revised as necessary for each product manufactured at our site. The quality assurance person reviews and approves all master production documents prior to use. Batch records are prepared and followed for each batch of product manufactured, packaged and labelled at our site. They are prepared by photocopying the original master production document, identified with the appropriate lot number and contain all records used during each significant step of the manufacturing process of the product. Each batch of product manufactured, packaged and labelled is assigned and tracked by an individual lot number. We have a change control procedure that allows us to record and evaluate any deviations from written and approved manufacturing, packaging and labelling processes, standards and test methods, with final approval by the person in charge of production and the quality assurance person. QA in-process checks are in place through out the manufacturing, packaging and labelling processes and associated documentation is included in the batch record. All materials, products, sample, containers, processing lines and major equipment are identified using appropriate labelling and signage at all times to indicate their contents and/or status. (e.g..: Clean; Quarantine; Sampled; Release) All rejected materials are stored in a separate section of the warehouse identified with "Reject" . labels. Written procedures are in place to dispose of any rejected materials.

- Written procedures are established for reprocessing batches that do not conform to finished product specifications. The Quality Assurance person is responsible for authorizing the reprocessing of any batch of product.
- All labels are securely stored to prevent mix-ups in our label storage room where only authorized personnel can enter. Labels can only be withdrawn against a packaging order.
- Labelling activities are conducted immediately after filling and sealing to ensure that no mix-ups or mislabelling occurs.
- All bulk products, printed packaging materials and labels are reconciled prior to release of batch.
- Written line clearance procedures are in place for removing all raw, packaging materials and finished products from previous runs.
- Written procedures are in place to ensure that the correct labels and packaging materials are issued and used.
- Each package is identified with a lot number and expiry date that permits determination of the history of the manufacture and control of the lot.
- Production premises are restricted only to authorized personnel who have the appropriate GMP training.
- Imported products are stored properly according to their specified storage requirements.

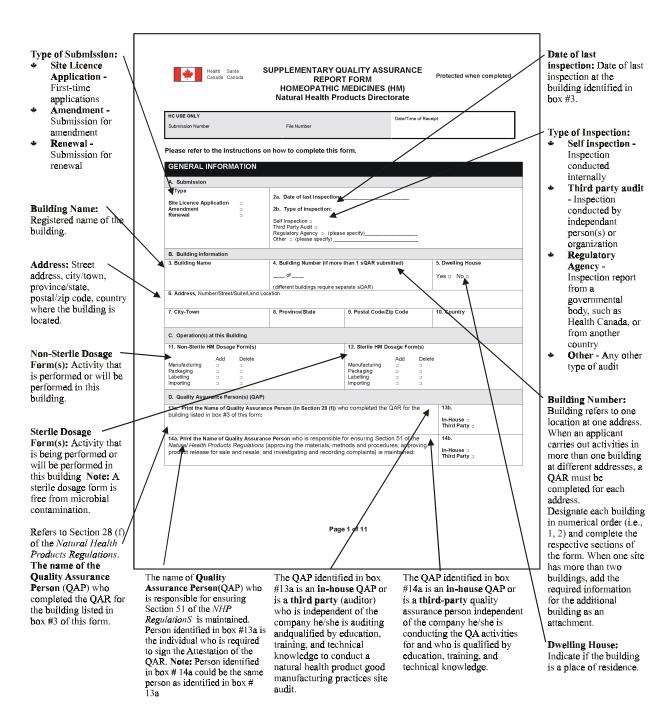
Operations [Section 49]									
(16)	A self inspection program has been established at the site.	Yes □	No 🗆						
Opera	tions [Section 49]								
Opera									
(17)	Inspection program(s) for contractors, (e.g. contract testing laboratories, domestic suppliers, foreign suppliers, etc.) have been established.	Yes □	No 🗆						
Opera	Operations [Section 50]								
(18)	Procedures are in place at the site to ensure the effective recall of a product.	Yes X	No 🗆						
(-)									
lf no, p	describe provide a rationale (e.g. Not applicable because) is a written SOP for recall outlining the following:								
•	key personnel responsible for initiating and coordinating recall activities;								
•	notification to Health Canada.								
•	Steps to ensure that the recall procedure can be put into operation at any time, duri normal working hours;	ng and ou	tside						
•	steps for implementing a recall (e.g. determining extent of the recall, and means of parties);	notifying a	ffected						
•	maintenance of distribution records to enable tracing of each lot;								
•	identifying and storing recalled products separately in a secure area until further act determined;	ion is							
•	assessing and recording the progress and efficacy of the recall, and issuing a final r a final reconciliation;	report, incl	uding						
•	notification of foreign customers that have imported the lot that is being recalled.								

PRODUCT Specifications [Section 44]				
(19) Written procedures are in place to assess <i>raw and/or packaging materials</i> against written specifications.	Yes 🗆	No 🗆		
Specifications [Section 44]				
(20) Written procedures are in place to assess <i>finished natural health products</i> against written specifications.	Yes X	No 🗆		
If yes, describe If no, provide a rationale (e.g. Not applicable because)	4			
Written specifications for all finished products are established.				
Written procedures that describe tests to be conducted to ensure the identity, purity and quantity of finishe products are available. (When applicable, these procedures should include potency testing.)				
We have confirmed that all test methods provide accurate and consistent results.				
We have SOPs requiring that each lot of finished products are assessed for compliance w prior to release.	ith specific	ations		
 (21) Procedures are in place to ensure that any change(s) in specifications are reflected in the operations and that every change is approved by the quality assurance person. (Note: any changes to product specifications require a product licence notification and/or amendment) 	Yes 🗆	No 🗆		
Stability [Section 52]				
(22) Data from accelerated or real-time stability studies or from similar product formulations are used in the initial determination of the expiration date.	Yes □	No 🗆		
Stability [Section 52]				
(23) An on-going stability program is in place at the site.	Yes X	No 🗆		
If yes, describe If no, provide a rationale (e.g. Not applicable because)				
 We have an on-going stability program in place at the site which would: Provide data and rationale to reasonably ensure that each finished product meets the expiry date. 	ts label cla	ims at		
Confirm and adjust the expiry date, when required, on the basis of real-time studies on pro conditions noted on the label, for the period of time indicated by the expiry date.	duct store	d in th		
Display the lot expiry date on the label of each finished product.				
Display the for expiry date on the laber of each mished product.	om contan	ninatio		
Ensure that all packaging and labelling requirements are met, and keep the product free fr	on contan			
Ensure that all packaging and labelling requirements are met, and keep the product free fr until the expiry date (e.g. deterioration of packaging material and labelling). Re-evaluate the product shelf life when significant changes are made to the formulation, p package that may affect the product's stability.				
Ensure that all packaging and labelling requirements are met, and keep the product free fr until the expiry date (e.g. deterioration of packaging material and labelling). Re-evaluate the product shelf life when significant changes are made to the formulation, p				

ation of retention, envi			No □
se)	onmental condition	s, final trac	le
es:			
t.			
n containers of the san	ne material and con	struction.	
	earding to anasifias	tions	
ne Natural Health Produ	icts Regulations.	Yes X	No d
3e)			
urer Packager	Labeller	Impo	rter
urer Packager	Labeller	Impo	
urer Packager	Labeller	-	
urer Packager	Labeller	A	
urer Packager	Labeller	A	
urer Packager	Labeller	A A A	
urer Packager	Labeller	A A A A A A A	
urer Packager	Labeller	A A A A A A A O	
urer Packager	Labeller	A A A A A A A A O O	
urer Packager	Labeller	A A A A A A A A A A A	
urer Packager	Labeller	A A A A A A A A A A A O O	
urer Packager	Labeller	A A A A A A A A A A A O O O	
urer Packager	Labeller	A A A A A A A A A A A O O O O O	
iurer Packager	Labeller	A A A A A A A A A A O O O O O O	
urer Packager	Labeller	A A A A A A A A A A A O O O O O O O	
urer Packager	Labeller	A A A A A A A A A A O O O O O O	
	n containers of the san sted on the label. nit complete testing ac expiry date. Shorter ref ne Natural Health Produ	n containers of the same material and con sted on the label. mit complete testing according to specifica expiry date. Shorter retention times may b ne Natural Health Products Regulations. n the boxes below where each of the following e ' A ' if you have access to the records but the	n containers of the same material and construction. sted on the label. mit complete testing according to specifications. expiry date. Shorter retention times may be approved the Natural Health Products Regulations. Yes X In the boxes below where each of the following records are e ' A ' if you have access to the records but they are kept of

Records [Sections 58]						
(26) Batch and lot records for the natural health product(s) are maintained as per the Natural Health Products Regulations.	Yes 🗆	No 🗆				
Recall Reporting [Section 62]						
(27) Procedures are in place to ensure that the required information is submitted to Health Canada when a recall is initiated.	Yes X	No 🗆				
If yes, describe If no, provide a rationale (e.g. Not applicable because)	-					
Recall SOP requires us to submit product recall information to NHPD or the appropriate Health Canada Authority within three days of initiating the recall.						
The following would be submitted:						
 the proper name and the common name of each medicinal ingredient that it contains; 						
each brand name under which it is sold;						
its product number;						
 the number of each lot or batch recalled; 						
• the name and address of each manufacturer, importer and distributor of the natural health product;						
 the reasons for commencing the recall; 						
 the quantity manufactured or imported into Canada; 						
 the quantity that was distributed in Canada; 						
 the quantity remaining in the possession 						
 a description of any other actions, as the case may be, that have been taken or to be taken in respect of the recall. 						
Sterile Products [Sections 59 and 60]						
 (28) All sterile products are manufactured and packaged: (a) in a separate and enclosed area; (b) under the supervision of personnel trained in microbiology; and (c) using a method scientifically proven to ensure sterility [Sections C.01.064 & C.01.065 of the Food and Drug Regulations apply] 	Yes 🛛	No X				
If yes, describe If no, provide a rationale (e.g. Not applicable because)	_					
This question is not applicable to our site as we are currently not manufacturing, packaging or labelling sterile products.						

3C) Annotated Supplementary Quality Assurance Report (SQAR) Form for Homeopathic Medicines



Instructions for Completing the Supplementary Quality Assurance Report (SQAR) Form for Homeopathic Medicines

When dealing with homeopathic medicines, applicants must complete the Quality Assurance Report Form (QAR) and the Supplementary Quality Assurance Report Form (SQAR) for Homeopathic Medicines. These reports are used for self-assessment of the operation against the requirements of Part 3 (Good Manufacturing Practices) of the *Natural Health Products Regulations* and the Good Manufacturing Practices (GMP) for *Natural Health Products Guidance Document*.

Applicant must complete one report per building or location at the same address, and the report must be completed by a person who has the necessary qualifications to assess the operations of the facility.

Please submit two copies of SQAR, one original and one photocopy.

D) The Quality Assurance Person Qualification Form

Health Santé Canada	UALITY ASSURANCE QUALIFICATION F		Protected when completed
Na	ural Health Products		
QUALITY ASSURANCE PERSON QUALIFIC	ATION FORM (complete o	ne report per person)
Part 1			
A – Contact Information			
Name Mr. Ms. Dr.		Title	Language preferred:
Surname * Given Name			English French
Surname * Given Name Street/Suite/Land Location			
City - Town Province - State	Country		Postal/ZIP Code
Telephone No. Ext. Fax	No.	E-mail	
B – Intended Quality Assurance Activities		l.	
Operations: Manufacturing	Packaging	abelling Ir	nporting
Dosage Forms: * Please refer to the annex 1 of this form for the list of dosage forms			
Product Types:			
* Please refer to the annex 2 of this form for the list of product types			
Part 2			
A – Education			Degree diploma or certificate received
Year educational program completed and duration (yyy)	yyyy) Name of the education	onal institute and country	(attach copies) Indicate area of specialization (when applicable)
B – Training			1
Year training program completed and duration	yyy-yyyy) Name of the orga	anization and country	Diploma or certificate received (attach copies)
C – Experience			
Employment and duration (уууу-уууу)	Name of the organ	ization and country	Roles and responsibilities
Part 3			
A – Consent			
I hereby consent to the collection and use of this info assurance persons outlined in the Good Manufacturir be disclosed without my consent.	mation for the purpose of assess g Practices Guidance Document	sing my qualifications aga . I understand that this inf	inst the requirements for quality ormation is protected and will not
			Date
Name of Quality Assurance Person (Print)	Signature		y y y y m m d d
HC/SC 9275E (03-2004) Draft 4	AUSSI DISPONIBLE EN FRA	NÇAIS	Canada

Complete the form, including the **Contact Information**, **Education**, **Training**, and **Experience** for the Quality Assurance Person. Ensure it is signed by the Quality Assurance Person.

Notes:

4. Glossary

The definitions used here apply to the Good Manufacturing Practices (GMPs) and may have different meanings in other contexts.

Assess

Steps taken by the site licence holder to ensure that the requirements in the *Food and Drugs Act*, the *Natural Health Products Regulations* and in-house standards are met. The steps could include, among others, monitoring and testing of raw and/or packaging materials, tracking of production, maintenance of records, and testing of finished products.

Batch

A quantity of product in the processing stage, homogeneous within specified limits, produced according to a single manufacturing order, and as attested by the signatories to the order. In the case of continuous manufacture, the batch corresponds to a defined fraction of the production, characterized by its intended homogeneity. It may sometimes be necessary to divide a batch into a number of sub-batches, which are later brought together to form a final homogeneous batch.

Batch Number

A distinctive combination of numbers and/or letters that specifically identifies a batch, and appears on documents such as the batch record, certificate of analysis.

Batch Record

Production document that captures the quantity and lot number of all materials used, as well as production steps in the manufacturing of a single batch of a natural health product in dosage form.

Bulk Natural Health Product

Unpackaged dosage form, usually in quantities larger than the largest commercially available package size.

Certificate

A legally authenticated written declaration issued by a recognized institution to a person completing a course of study.

Certificate of Analysis

A document signed by a qualified analyst that includes the product name, ingredient listing, lot number of the product, test conducted, test method and results, conclusion of the test (satisfactory or unsatisfactory), name and position of the analyst, and date of issuance.

Certificate of Compliance (CoC)*

A certificate issued by a Regulatory Authority attesting the GMP compliance of a site in that country. In Canada, the CoC is issued by the Inspectorate under the requirements set out in Part C, Division 2 of the *Food and Drug Regulations*.

Certificate of Manufacture

A document issued by a vendor to a distributor or importer that attests that a specific lot of product has been produced according to its master production document. Such certificates include a summary of the current batch documentation, with reference to respective dates of revision, manufacture, and packaging, and are signed and dated by the vendor's authorized quality assurance person.

* see referenced HPFBI Guidance Document identified in Section 5.

Critical Process

A process that may cause significant variation in the quality of the finished product.

Diploma

A document issued by an educational institution, such as a university, college, or technical institute, vouching that the recipient has earned a degree or successfully completed a particular course of study.

Distributor

A person who sells a natural health product to another person for the purpose of further sale by that other person.

Dosage Form

The final physical form of the natural health product which may be used by the consumer without requiring any further manufacturing.

Education

The act or process of imparting or acquiring knowledge or skills; the learning of information by instruction, training, or study; can be testified to by a degree, certificate, or diploma.

Experience

Active participation in events or activities leading to the acquisition of knowledge or skills; the knowledge or skills retained from personally observing, encountering, or undergoing something.

Finished Product

A product that has undergone all stages of production, including packaging in its final container and labelling.

Formulate

To prepare components and combine raw materials into a bulk natural health product.

Hazard Analysis and Critical Control Points (HACCP)

An internationally recognized system of food safety methods. It is a systematic approach to the identification, evaluation, and control of food safety hazards.

Homeopathic Medicines

Medicines that are manufactured from or contain as medicinal ingredients only those substances or sources referenced in The *Homeopathic Pharmacopoeia of the United States* (HPUS), the *Homöopathische Arzneibuch* (HAB), the *Pharmacopée Française* (PhF) or the *European Pharmacopoeia*, as amended from time to time, and that are prepared in accordance with these pharmacopoeias.

Importer

A person who imports a natural health product into Canada, for the purpose of sale. This would include bulk natural health products.

In-Process Control

Checks performed during production in order to monitor and, if necessary, to adjust the process to ensure that the finished product conforms to its specifications. The control of the production environment or equipment may also be regarded as a part of in-process control.

In-Process Product

Any materials or mixture of materials that must, to become a product in dosage form, undergo further processing.

In-Process Testing

The examination or testing of any materials or mixture of materials during the manufacturing process.

ISO (International Organization for Standardization)

A worldwide organization of national standards bodies; ISO is a non-governmental organization that maintains a group of global standards.

Label (n)

Includes any legend, word or mark attached to, included in, belonging to or accompanying any food, drug, cosmetic, device or package. Natural health products are included.

Label (v)

To affix the inner or outer label of the natural health product.

Lot

A quantity of any natural health product in dosage form, a raw material or a packaging material, homogeneous within specified limits, constituting all or part of a single batch and identified by a distinctive lot number which appears on the label of the finished product.

Lot Number

Any combination of letters, figures, or both, by which any natural health product can be traced in manufacture and identified in distribution.

Manufacture

To fabricate or process a product for the purpose of sale.

Manufacturer

A person who fabricates or processes a natural health product for the purpose of sale, but not a pharmacist or other health care practitioner who, at the request of the patient, compounds a natural health product for the purpose of sale to that patient.

Manufacturing Order

Instructions that outline in detail the materials and procedures required to manufacture, prepare, and preserve a single batch of a natural health product in dosage form.

Marketing Authorization

A legal document issued by the Natural Health Products Directorate authorizing the sale of a natural health product in Canada.

Master Formula

A document or set of documents specifying the raw materials with their quantities and the packaging materials, together with a detailed description of the procedures and precautions required to produce a specified quantity of a finished product.

Master Production Document

A document that includes specifications (raw material, packaging material, packaged dosage form), master formula, sampling procedures, and critical processing related standard operating procedures, whether or not these procedures are specifically referenced in the master formula. It also includes a complete list of raw materials used in the manufacture of the product, designated by names or codes; the amount of each raw material required for the theoretical product formulation; manufacturing and process control instructions, and in-process testing requirements, e.g., checks on materials, pre-treatments, sequence of adding materials, mixing time and temperatures; a statement of the principal equipment to be used; a statement of the theoretical weight or measure of the manufactured product, and the acceptable limits beyond which an investigation is required; a description of the finished product containers, closures, and packaging labels; any special precautions to be observed; and dates and times, if applicable, of commencement and completion of significant intermediate stages, such as blending or heating, and of completion of production.

Natural Health Product

A substance set out in Schedule 1 of the *Natural Health Products Regulations* or a combination of substances in which all the medicinal ingredients are substances set out in Schedule 1, a homeopathic medicine, or a traditional medicine that is manufactured, sold, or represented for use in

- a) the diagnosis, treatment, mitigation, or prevention of a disease, disorder, or abnormal physical state or its symptoms in humans;
- b) restoring or correcting organic functions in humans; or
- c) modifying organic functions in humans, such as modifying those functions in a manner that maintains or promotes health.

However, a natural health product does not include a substance set out in Schedule 2 of the *Natural Health Products Regulations* or any combination of substances that includes a substance set out in Schedule 2. See Appendix 1 of the *Good Manufacturing Practices Guidance Document* for Schedules 1 and 2.

Nosodes

Attenuations of pathological organs or tissues; causative agents such as bacteria, fungi, ova, parasites, virus particles, and yeast; disease products; excretions or secretions.

Observation

A deviation or deficiency of good manufacturing practice noted by an inspector or assessor.

Package (n)

Includes anything in which any food, drug, cosmetic, or device is wholly or partly contained, placed, or packed.

Package (v)

To put a product in its immediate container.

Packaging Material

Labels, printed packaging materials, and those components in direct contact with the dosage form.

Packaging Order

Instructions that outline in detail the materials and special procedures required to package and label a single lot of a product in dosage form.

Potency

The amount per dosage unit of the standardized component(s) which further characterizes the quantity of the ingredient. It is required only when a claim on the potency is to be on the label, or it is required for a specific product, i.e., when literature supports the product with that standardized component. In the Supplementary Good Manufacturing Practices for Homeopathic Medicines, potency refers to the degree of dilution of a homeopathic medicine.

Production

All operations involved in the preparation of a finished product, from receipt of materials, through processing and packaging, to completion of the finished product, including storage.

Purity

The extent to which a raw material or a product in dosage form is free from undesirable or adulterating chemical, biological, or physical entities as defined by specification.

Qualification

To make competent or eligible for an office, position, or task by having the proper or necessary skills, knowledge, credentials, accomplishments, or qualities.

Quality Assurance

All the planned and systematic activities applied within the quality system to provide adequate confidence that the predetermined standards for quality and safety will be met.

Quality Assurance Person

The person who is responsible for assuring the quality of the natural health product before it is made available for sale. This person has the training, experience and technical knowledge relating to the specific activity, i.e., manufacturing, packaging, labelling, and importing.

Quality Assurance Report

A report prepared by either a quality assurance person or a third party auditor who meets the requirements with respect to training, experience and technical knowledge according to section 51(a) (ii) of the *Natural Health Products Regulations*. This report is based on the assessment against the good manufacturing practices regulations and requirements set out in the *Good Manufacturing Practices Guidance Document*. It is considered a self-assessment document and evidence of good manufacturing practices compliance.

Quantity

The amount of medicinal ingredient(s) per dosage unit. It is always required for a product, as it is the amount of medicinal ingredient in the product.

Quarantine

Effective restriction of the availability of material or product for use (physically or by system), until released by the quality assurance person.

Raw Material

Any substance, other than in-process product or packaging material, intended to be used in the manufacture of products, including those that appear in the master formula but that do not appear in the product, such as solvents and processing aids.

Recognized Institution

A Canadian or international educational facility, e.g., a university, college or professional or post-secondary institute, generally approved of or having a secure reputation; credible, reputable, and authoritative.

Reconciliation

A comparison, making due allowance for normal variation, between the amount of product or materials theoretically produced or used and the amount actually produced or used.

Regulatory Authority*

As defined in Section C.01A.001(1) of the *Food and Drug Regulations* (FDR), a government agency or other entity in a Mutual Recognition Agreement (MRA) country that has a legal right to control the use or sale of drugs within that country and that may take enforcement action to ensure that drugs marketed within its jurisdiction comply with legal requirements.

Reprocessing

Subjecting all or part of a batch or lot of an in-process product or finished product to a previous step or alternate manufacturing process due to failure to meet predetermined specifications.

Returned Product

Bulk or finished product sent back to the manufacturer, distributor, or importer.

Risk Classification

GMP Observations (Chapter 4 of the *Good Manufacturing Practices Guidance Document*), that assist the quality assurance person's ability to identify potential risk and take the necessary action.

- Risk 1: Immediate corrective action required
- Risk 2 and Risk 3: Corrective action required

Sampling

Collection of a number of units that comprises representative sample from a designated lot or batch of product.

* see referenced *HPFBI Guidance Document* identified in Section 6.

Sell (Section 2 of the Food and Drugs Act)

"Sell" includes offer for sale, expose for sale, have in possession for sale and distribute, regardless of whether the distribution is made for consideration.

Standard Operating Procedures

An authorized written procedure giving instructions for performing operations not necessarily specific to a given product or material but of a more general nature, e.g., equipment operation, maintenance and cleaning, cleaning of premises and environmental control, sampling and inspection. Certain standard operating procedures may be used to supplement product-specific master production documents.

Third-Party Auditor

An auditor who is independent of the company he or she is auditing and who is qualified by education, training, and experience to conduct a natural health product good manufacturing practices site audit.

Training

To make proficient with specialized instruction and practice.

5. References

The following documents can be found at this site:

Health Canada Website - http://www.healthcanada.ca/nhpd

Natural Health Products Regulations

Site Licence Guidance Document

Good Manufacturing Practices Guidance Document

Natural Health Products Directorate Compliance Policy

Natural Health Products Directorate Compliance Guide

Compliance and Enforcement Policy 001

The Mutual Recognition Agreement (MRA) with Health Product and Food Branch Inspectorate *can be found at the following website:*

http://www.hc-sc.gc.ca/hpfb-dgpsa/inspectorate/international_e.html

Appendices

Appendix I: Correspondence with NHPD During the Processing of your Submission

Natural Health Products Directorate AL: 330, Qualicam Towers, 2396 Raseline Road Otawa, ON KLA OKS August 20, 2004 Mr. Jean Gagnon ABC Limited 11 Herbal Drive Ottawa, ON KEA OF Chimited 11 Herbal Drive Ottawa, ON KEA OF Chimited 11 Herbal Drive Ottawa, ON KEA OF Chimited 11 Herbal Drive Ottawa, ON KEA OF Chimited 11 Herbal Drive Ottawa, ON KEA OF Chimited 10 Herbal 10 Herbal Drive Ottawa, ON KEA OF Chimited 10 Herbal 10 Herbal Drive Ottawa, ON KEA OF Chimited 10 Herbal 10 Herba	Submission Receipt Acknowledgement
Ottawa, ON KIA OK9 August 20, 2004 Mr. Jean Gagnon ABC Limited TH Herbal Drive Ottawa, ON K2H 1B3 Dear Mr. Gagnon: Re: Application Site Licence ABC Limited Date Received by the Natural Health Products Drevorate: Date Accessed by the Natural Health Products Drevorate (JPRA), thanks you for our submission. This correspondence will see e as ack the legement of the act part of your submission. The company information and contact preview with this submit on have ocen evaluated for quality and completeness and were determined to be deficient as per the control Head to be processes tharther, please submit all the following information: The company information only to the Kenner of the time and will be determined during the seesable and only to the Asternal Headth Product are and the email address for Mr. Roborts This HP Case will be informed in the submission on the test below where the missing information included. It is NHPD will relain this submits for the NHPD has not been assessed at this time, and will be considered incomplete the seesable of the test and the missing information included. It is when the the mission on the test below where the missing information included. It is when the the mission on the test has been and head to the address additional data gaps may be dentified during the assessment on the hAIPD has not been assessed at this time, and will be determined during the seesable and the time test assessment in the submission will be considered included. It is when a the the mission in the included please contact the submission processor at the below co-ordinates. Feedsa note that Flex Number and Submission Number (provided at the top right corner of the tile page) must be quoted and all correspondence regarding this submission. Keen the submission processor at the below co-ordinates. Feedsa note that Flex Number (provided at the top right corner of the tile page) must be quoted and all correspondence regarding this submission. Feedsa note that Flex Number (provided at the top right corner of the til	AL: 3301, Qualicum Towers,
August 20, 2004 Mr. Jean Gagnon ABC Limited 11 Herbal Drive Ottawa, ON K2H 1B3 Dear Mr. Gagnon: Ref. Application Site Licence ABC Limited Date Received by the Natural Health Product: for tearate: Date Received by the Satural Health Product: Saturate: The Natural Health Products Directorate (NHF) performed of Product For teary and Assessment (BPRA), thanks you for your submission. This correspondence will ser e as acknowledgement of the re-central address for Mr. Robert Smith. Please considered incomplete. In order for your application to be processes: further, please submit all the following information: The applie tion form is missing the F5 mome number, to your the missing information included. The Applie tion form only to be the HPD has not been assessed at this time, and will be determined during the satessment indication for only to the HPPD has not been assessed at this time and will be determined during the satessment of the adua submits to the NHPD has not been assessed at this time and will be determined during the satessment of the adua submits in the NHPD has not been assessed at this time and will be determined during the satessment of the adua submits in the NHPD has not been assessed at this time and will be determined during the satessment of the adua submits in Number (provided at the top right corner of the tile page) must be quoted or all correspondence regarding this submission Number (provided at the top right corner of the tile page) must be quoted	Ottawa, ON K1A OK9
August 20, 2004 Mr. Jean Gagnon ABC Limited 11 Herbal Drive Ottawa, ON X2H 118 Dear Mr. Gagnon: Ref. C. Limited Date Received by the Natural Health Product: Dir etorate: Date Received by the Natural Health Products Directorate (NHF) is furnish of Product II it or and the second	File #: 100000
ABC Limited 11 Herbal Drive Ottawa, ON K2H 1B3 Dear Mr. Gagnon: Re: Application Site Licence ABC Limited Date Received by the Natural Health Products Dre torate: 2004 - 09 - 15 2.00 PM Natural Health Products Directorate (NHF 2) storator of Product IC storation and Assessment (BPRA), thanks you for your submission. This correspondence will set c as acknowledgement of the recipit of your lobrission. The company information and contact proceed with this submersion have been evaluated for quality and completeness and were determined to be deficient as per the storator ledgement of the recipit of your lobrission. The company information and contact proceed with this submersion have been evaluated for quality and completeness and were determined to be deficient as per the storator ledgement of the recipit of your lobrission. The applie tion form is missing the fet choren number, no murber and the e-mail address for Mr. Robert Smith. Please resubmension submission on the tor ich eases below with the missing information included. It is NHPD will retain this submission on file tore is all address for Mr. Robert Smith. Please resubmension submission by the Astrona number, no murber and the date of this letter, this submission will be considered with the response is not received by the NHPD by man 15 days of the date of this letter, this submission will be considered with the response is not received by the NHPD has not been assessed at this time and will be determined during the assessment of the submission by it assessment; unsequently, further information may be requested by NHPD by means of a processing deficiency notice (DNI) or anti-ormation request notice (RN). If you have any question, concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission. Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly,	
Ottawa, ON K2H 1B3 Dear Mr. Gagnon: Ref. Application Site Licence ABC Limited Date Received by the Natural Health Product: Directorate: 2004 - 09 - 15 2:00 PM Natural Health Products Directorate (NHF by structure of Product Is only and Assessment (BPRA), thanks you for your submission. This correspondence will serve as acknowledgement of the response of your ubmission. The company information and contact proclass with this submission have ocen evaluated for quality and completeness and were determined to be deficient as per the charral Health Product: Regulations. At this time, your application is considered incomplete. In order for your application to be processed: urther, please submit all the following information is considered incomplete. In order for your application to be processed: urther, please submit all the following information: The application form is missing the levent ne number, the number and the e-mail address for Mr. Robert Smith. Please results an inclication form only to 'te the test's below your the missing information included. The application form is missing the levent ne number, the number and the e-mail address for Mr. Robert Smith. Please results an inclication form only to 'te the test's below your the missing information included. The adequacy of the data submits on the levent in the data of this letter, this submission will be considered with trawn. Please romember that the Lieben to be not been assessed at this time and will be determined during the assessment of the submission by in assessment units. As well, a need for data to address additional data gaps may be identified during the assessment, consequently, further information may be requested by NHPD by means of a processing deficiency notice (PDN) or an information request notice (IRN). If you have any question concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission Number (provided at the top right comer of the title page) must be quoted on all c	
Dear Mr. Gagnon: Mr. AgDication Site Lience By Chimited Date Received by the Natural Health Products Directorate: 2004-09-15-2.00 PM Natural Health Products Directorate (NHH) products Directorate (NHH) products Directorate (NHH) products Regulation Section: 2: The Natural Health Products Directorate (NHH) products Directorate of Product Forlow and Assessment (BPRA), thanks you for your submission. This correspondence will ser e as a chemicedgement of the result of your submission. The company information and contact proverse with this suberse ion have ocen evaluated for quality and completeness and were determined to be deficient as per the charal Health Products Cegulations. At this time, your application is considered incomplete. In order for your application to be processed, urther, please submit all the following information: The application form is mixing the text when enumber, the number for and the e-mail address for Mr. Robert Smith. Please results in application for your your text when submission included. WHPD will retain this submission on file by the Jendar days in order for all the deficiencies to be addressed. If a we traven, Please remember that the monors to the list of deficiencies must be submitted in one consolidated package. Why the data submit to the NHPD has not been assessed at this time and will be determined during the assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be deficiency notice VDN) or an information request notice (IRN). If you have any question concerning this notice, please contact the submission processor at the below co-ordinates. Plaese note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted and correspondence regarding this submission. Yours travy, <u>Xxxx Xxxxxx</u> <u>Mymission Processor</u> <u>hence</u> : 13-254-0002	Ottawa, ON
 Re: Application Site Licence ABC Limited Date Received by the Natural Health Product: Directorate: 2044.09-15.200 PM Natural Health Products Regulation Section: 2: The Natural Health Products Directorate (NHF) - strengt of Product Review and Assistance of (BPRA), thanks you for your submission. This correspondence will set cas acknowledgement of uncorrected for quality and completeness and were determined to be deficient as per the shared Health Products (egulations. At this time, your application is considered incomplete. In order for your application to be processe: urther, please submit all the following information: The application for using up to the uncertained with the state of the attract of the attract of the state of the stat	
ABC Limited Date Received by the Natural Health Products Directorate: Diversion 2014.09-15 2.00 PM Natural Health Products Regulation Section: 2: The Natural Health Products Directorate (NHFD) prime to of Product Known and Assessment (BPRA), thanks you for your submission. This correspondence will set e as acknowledgement of the order apt of your submission. The company information and contact protects with this submation have been evaluated for quality and completeness and were determined to be deficient as per the latural Health Products Regulations. At this time, your application is considered incomplete. In order for your application to be processed unter, please submit all the following information: The applie tion form is missing the tell run ne number, in number and the e-mail address for Mr. Robert Smith. Please results an application form only to be the ess below with the missing information included. It is NHPD will retain this submissife on file ret the plane of the date of this letter, this submission will be considered with the response is not received by the NHPD to the 15 days of the date of this letter, this submission will be considered with the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment in orrequest notice (IRN). If you have any question concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000	
2004 - 09 - 15 2.00 PM Natural Health Products Regulation Section: 2: The Natural Health Products Directorate (NHPD) means of Product Network and Assessment (BPRA), thanks you for your submission. This correspondence will ser e as acknowledgement of the receipt of your submission. The company information and contact proceeds with this submission have been evaluated for quality and completeness and were determined to be deficient as per the charter Health Products (equality), your application is considered incomplete. In order for your application to be processed at this time, your application is considered incomplete. In order for your application to be processed at the submit all the following information: The applit for form is missing the termine number, are number and the e-mail address for Mr. Robert Smith. Please resultion is application for analy to be the soleow with the missing information included. It is http://www.please.com/end/end/end/end/end/end/end/end/end/end	ABC Limited
 your submission. This correspondence will ser e as acknowledgement of the coupt of your aubmission. The company information and contact provider with this submission have been evaluated for quality and completeness and were determined to be deficient as per the sharral Health Products (egulations. At this time, your application is considered incomplete. In order for your application to be processed auther, please submit all the following information: The application form is missing the terration enumber, are number and the e-mail address for Mr. Robert Smith. Please resubment an application for only to be chosen below view the missing information included. The NHPD will retain this submission on file receive alendar days in order for all the deficiencies to be addressed. If a view transponse is not received by the NHPD view 15 days of the date of this letter, this submission will be considered with drawn. Please remember that the connose to the list of deficiencies must be submitted in one consolidated package. The adequacy of the data submitted to the NHPD has not been assessed at this time and will be determined during the assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment, onceaning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, 	2004 - 09 -15 2.00 PM
and were determined to be deficient as per the scaural Health Products (egulations. At this time, your application is considered incomplete. In order for your application to be processed, turther, please submit all the following information: The application form is mising the telephone number, terminate and the e-mail address for Mr. Robert Smith. Please resulting an emplication form only to the next less below with the missing information included. The NHPD will retain this submission on file to the alendar days in order for all the deficiencies to be addressed. If a witten response is not received by the NHPD with 15 days of the date of this letter, this submission will be considered with trawn. Please remember that the reponse on the list of deficiencies must be submitted in one consolidated package. The adequacy of the data submitter to the NHPD has not been assessed at this time and will be determined during the assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment, on sequently, further information may be requested by NHPD by means of a processing deficiency notice (PDN) or an i formation request notice (IRN). If you have any question, concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission. Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000	
resubtion application form only to be increases below with the missing information included. The NHPD will retain this submission on file root the alendar days in order for all the deficiencies to be addressed. If a withen response is not received by the NHPD view 15 days of the date of this letter, this submission will be considered with them response to the list of deficiencies must be submitted in one consolidated package. The adequacy of the data submitter to the NHPD has not been assessed at this time and will be determined during the assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment, or onsequently, further information may be requested by NHPD by means of a processing deficiency notice (PDN) or an information request notice (IRN). If you have any question, concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000	and were determined to be deficient as per the Natural Health Products Regulations. At this time, your application is
 v tten response is not received by the NHPD view. 15 days of the date of this letter, this submission will be considered with frawn. Please remember that the response of the list of deficiencies must be submitted in one consolidated package. The adequacy of the data submit of the NHPD has not been assessed at this time and will be determined during the assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment. Consequently, further information may be requested by NHPD by means of a processing deficiency notice (PDN) or an information request notice (IRN). If you have any question concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000 	
 assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be identified during the assessment. To onsequently, further information may be requested by NHPD by means of a processing deficiency notice (PDN) or an information request notice (IRN). If you have any question concerning this notice, please contact the submission processor at the below co-ordinates. Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000 	tten response is not received by the NHPD view 15 days of the date of this letter, this submission will be considered
 Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted on all correspondence regarding this submission. Yours truly, Xxxx Xxxxxxx Submission Processor phone: 613-954-0000 	assessment of the submission by the assessment units. As well, a need for data to address additional data gaps may be dentified during the assessment. If onsequently, further information may be requested by NHPD by means of a processing
Xxxx Xxxxxxx Submission Processor phone: 613-954-0000	Please note that File Number and Submission Number (provided at the top right corner of the title page) must be quoted
Submission Processor phone: 613-954-0000	Yours truly,
Submission Processor phone: 613-954-0000	
phone: 613-954-0000	
	phone: 613-954-0000

Appendix I: Correspondence with NHPD During the Processing of your Submission

Natural Health Products Directorate AL: 3301, Qualicum, 2936 Baseline Road Ottawa, ON K1A 0K9 **Processing Deficiency Notice**

Company Code: 10010 File Number: 100000 Submission Number: 100000

August 26, 2004 Mr. Jean Gagnon 11 Herbal Drive Ottawa, ON K2H 1B3

Dear Mr. Gagnon:

Re: Processing Deficiency Notice Site licence Application

This notice is in respect of your submission # 100000, file # 100000 submitted to NHPD on september 15, 2004.

The application form and attachments provided with the submission have been verified by the Bureau of Product Review and Assessment for completeness and were determined to be deficient. At this time, your application is considered incomplete as per section 28 of the *Natural Heather and Regulation*. In order for the processing of your application to be completed, please submit the following in ormation

 Photocopies of Degrees/Diplomas as referenced in your Quality Assurance Person Qualification form and described in chapter 2 of the Site Licence Guidance Document

• A list of all the SOPs are photopopies of samples of record in use during the last six months

The NIPD ill retain this comission on the for 30 cale. days to enable you to address of the deficiencies. If a written reponse is inadequate or is connected by the HPD within 30 days of the date of this letter, the submission will be thdrawn. Please remember that the response to the leficiencies must be submitted in one consolidated package. Please te that the File Number and Submission Number, provided at the top right corner of the title page) must be quoted on all correspondence remember this submission.

The adequacy of the data submission by the NHPD has not been fully assessed at this time and will be determined during assessment of the submission by the Assessment Division. At this time, further information may be requested as per section 37 of the *Natural Health Poducts Regulations*.

Should you have a v questions oncerning the deficiencies identified in this notice, please contact the submission coordinator, XXXX, at the portinates below.

Yours truly,

Xxx Xxxxxxx Site Licensing Submission Co-ordinator Natural Health Products Directorate phone: 613-900 0000 fax: 613-900 0001

Letter #2

Appendix I: Correspondence with NHPD During the Processing of your Submission

Natural Health Products Directorate	Information Request Notice
AL: 3301, Qualicum Towers,	
2936 Baseline Road,	
Ottawa, ON K1A OK9	
	Company Code: 1xxxxx
	File # : 1xxxxx
September 5, 2004	Sub. No.1xxxxx
September 5, 2004	
Mr. Jean Gagnon	
ABC Ltd.	
11 Herbal Drive	
Ottawa, ON K2H 1B3	
Dear Mr. Gagnon:	
Re: Information Request Notice Site Licence Application	
Site Licence Application	
This is in response to your submission # xxxxx,, file # xxxx	x.
	ion are current wheing assessed for compliance with Natural
Health Products Good Manufacturing Practices and have be	
further information in order to properly assess your sur niss	ion. per [section 3 1] of the Natural Health Products
Regulations, please submit all the following information:	
• Update on the status of the renovations of the premises and	nd equipment ich were to completed by
February 29, 2004	in equipment and on the to the completed by
1 columny 25, 2001	
 Samples of records for the following SOL at were in u 	se during the past six months.
-SOP 25.0 - Prevention of entry finsects a	
-SOP 12.0 + Cleaning the aspirater pump an	id tank
The ATT will act in this statistic of a factorial	
	days in order for all of the deficiencies to be addressed. If a D within 30 days of the date of this letter, the submission will
e withdrawn. Please remember the the response to the list	of deficiencies must be submitted in one consolidated
ackage. In responding to these issues, please more he sub	
	quested for this submission, please contact the submission
co-ordinator at the co-ordinates below,	
Yours truly, 👞	
round nump,	
Xxx Xxxxxx	
Site Licensing Submission Co-ordinator Natural Health Products Directorate	
Phone: (613) 946-2197	
Fax: (613) 954-2877	

Letter #3

Appendix I: Sample Site Licence 3xxxxx

SITE LICENCE

LICENCE D'EXPLOITATION

Licence Number

3xxxxx

Numéro de la licence

This Licence is issued by the Minster of Health under the Authority of section 22 of the Natural Health Products Regulations / Cette licence est délivrée par le ministre de la Santé conformément à l'article 22 du Règlement sur les produits de santé naturels

Issued to/Délivré à :

Name of Licensee /Nom du titulaire: ABC LTD.

Address/ <i>Addresse:</i>	#11 HERBAL DRIVE
	OTTAWA
	ONTARIO
	K2H 1B3

to perform the following activities at authorized buildings listed on the Domestic Site Annex and Foreign Site Annex/ pour exécuter les activités suivantes dans les bâtiments autorisés lister sur Annexe des sites Canadiens et Annexe des sites étrangers :

ACTIVITIES/ACTIVITÉS	AUTHORIZED ACTIVITIES / ACTIVITÉS AUTHORISÉES	SPECIFIC AUTHORIZATION AUTORISATION SPÉCIFIQUE	
		Sterile Dosage Form/ <i>Forme</i> posologique stérile	Homeopathic/ Medicine/ <i>Remède</i> <i>Homéopathique</i>
Manufacturing/Fabrication	Yes	No	No
Packaging/Emballage	Yes	No	No
Labelling/Étiquetage	Yes	No	No
Importing/Importation	Yes	No	No

This licence is renewable pursuant to section 36 of the Natural Health Products Regulations. Any changes to the activities authorized by this licence are subject to sections 32 and 33 of the Regulations / *Cette licence est renouvelable annuellement en vertu de l'article 36 du Règlement sur les produits de santé naturels. Tout changement aux activités autorisées par cette licence est régi par les articles 32 et 33 du Règlement.*

Issued/Délivrée : Sept. 21, 2004	Amended/Modifiée : N/A	Expiry/Expiration : Sept. 21, 2005
----------------------------------	------------------------	------------------------------------

Annex Attached/ Annexes jointes:

Director General, Natural Health Product Directorate/ Directeur général, Direction des produits de santé naturels

.....

Appendix I: Sample Site Licence 3xxxxx

SITE LICENCE

Licence Number

LICENCE D'EXPLOITATION

3xxxxx

Numéro de la licence

Canadian Site Annex/Annexe des sites Canadiens

The following sites are considered to be in compliance with GMP requirements outlined in PART 3 of Natural Health Products Regulations/Les sites suivants sont considérés conforme avec les normes des bonnes pratiques de fabrication tel que stipulé dans la partie 3 du Règlement sur les produits de santé naturels

Building Name/ Nom du bâtiment:	Building 8		
Address/Addresse: 11 Herbal Dri	ve City/Vi	lle: Ottawa	
Province: Ontario	Postal Code/Code postal: K	2H 1B3 Country/Pays: Can	ada
ACTIVITIES/ACTIVITÉS	AUTHORIZED ACTIVITIES / ACTIVITÉS AUTHORISÉES	SPECIFIC AUTHORIZATION/ AUTORISATION SPÉCIFIQUE	
		Sterile Dosage Form/ <i>Forme</i> posologique stérile	Homeopathic Medicine/ <i>Remède</i> <i>Homéopathique</i>
Manufacturing/Fabrication	Yes	No	No
Packaging/Emballage	Yes	No	No
Labelling/Étiquetage	Yes	No	No
Importing/Importation	Yes	No	No

Appendix I: Sample Site Licence 3xxxxx

SITE LICENCE

Licence Number

LICENCE D'EXPLOITATION

3xxxxx

Numéro de la licence

Foreign Site Annex/Annexe des sites étrangers

The following sites are considered to be in compliance with GMP requirements outlined in PART 3 of Natural Health Products Regulations/Les sites suivants sont considérés conforme avec les normes des bonnes pratiques de fabrication tel que stipulé dans la partie 3 du Reglement sur les produits de santé naturels

Foreign Company Name/ Nom de	la compagnie étrangère: CDE Limi	ted (a division of ABC)	
Building Name/Nom du bâtiment:	N/A		
Address/Addresse: 315 Mineral R	oad City/Ville : Chicago	Province/State: Illinois	
Postal/Zip Code/Code postal: 971	12 Coun	try/Pays: USA	
ACTIVITIES/ACTIVITÉS	AUTHORIZED ACTIVITIES / ACTIVITÉS AUTHORISÉES	SPECIFIC AUTHORIZATION/ AUTORISATION SPÉCIFIQUE	
		Sterile Dosage Form/ <i>Forme</i> posologique stérile	Homeopathic Medicine/ <i>Remède</i> <i>Homéopathique</i>
Manufacturing/Fabrication	Yes	No	No
Packaging/Emballage	Yes	No	No
Labelling/Étiquetage	Yes	No	No

Appendix II: Application for Alternate Sample Retention Form

Health Canada File Number (if known)	Company Code (if known)
Name of Applicant	
Address	
Telephone Number	Fax Number
Name of Product	Product Number (if applicable)
Name of Manufacturer	
Address	
Telephone Number	Fax Number
Name of site where samples are to be retained	
Address	
Contact Person	
Telephone Number	Fax Number
	to retain sufficient numbers of samples of lots as per storage container-closure sold in Canada to allow access by all pertinent
\Box Yes \Box No	
We have read and understood Section 61 (1), (2),	, (3) (see below) under Lot or Batch Samples.
natural health product made available for	Minister has reasonable grounds to believe that a lot or batch of a or sale may result in injury to the health of a purchaser or manufacturer, importer or distributor to provide a sample of that
	antity to enable a determination of whether the lot or batch of the specifications for that natural health product.
	ple of a lot or batch referred to in subsection (1) to be provided if e expiry date of that natural health product.

Appendix III: Recommended Qualifications for Quality Assurance Person(s)

Every manufacturer, packager, labeller and importer shall have a quality assurance person who has the training, experience and technical knowledge relating to the activity conducted and the requirements of Part 3 of the *Natu-ral Health Products Regulation*. It is a company's responsibility to evaluate the appropriate level of education, training and/or experience that personnel must have to qualify them for their assigned tasks.

The following table provides guidance on qualifications (e.g. education, training and experience) for quality assurance persons and serves as a guideline for applicants submitting information regarding the Quality Assurance Person Qualifications Form.

Persons*	ommended Qualifications f	or Quality Assurance
Education	Training	Experience
Degree, diploma or certificate from a recognized institution in one of the following: • applied science • biochemistry • biology • chemistry • chemical/food engineering • complementary and alternative medicine • food and drug technology • health science • herbology • homeopathy • naturopathic medicine • pharmaceutical technology • traditional herbal medicine	 Food, natural health product or pharmaceutical good manufacturing practices Food and Drugs Act Natural Health Products Regulations Good manufacturing practices audit ISO audits HACCP** audits Development and review of product specifications Preparation of standard operating procedures Record keeping related to quality assurance operations Product safety assessment Product recall Consumer complaint and investigation Quality assurance and control operations Employee hygiene Sanitation programs Pest management 	 Three years experience in quality assurance and control, including approval of raw materials, finished product testing and development of standard operating procedures ISO audits HACCP** audits Good manufacturing practices audits Product complaint investigation Manufacturing process for foods, drugs and/or natural health products Product recall

** Hazard Analysis and Critical Control Points

	anté Canada	Nat	E LICENCE A tural Health P			-	Protected when complete Page 1 of
Submission Number		HC USE ON	ILY Number			Date/Time o	f Receipt
Please refer to the Guide	for instructi	ons on how to co	omplete this applica	tion	Please Prin	t clearly.	
PART 1 APPLICANT OR LICEN							
APPLICANT OR LICEN			e holder)				
Applicant/Company Name					Com	ipany Code (If kn	own)
Address, Street/Suite/Land Location					Letter and the second sec		
City - Town Ottawa		Province - State		Co	Canada		Rostal/ZIP Code
B. — CONTACT(S)							ļ
Name X M Surname Gagnon	r. 🗌 Ms.	Dr. Given Nam Jeci			^{⊤itte} Director		Language preferred:
Company Name (If different from /	Applicant/Licen						plicant/Licensee
Street/Suite/Land Location							Contact Type
City - Town	Province - S	State	Country		Postal/ZIP Code		Senior Official in Canada
Telephone No. (613) 955-555	5 Ext	Fax No. (613) 95	5-4444	E-mail	n@abclta	hon	Contact for this application
		010)70 Dr.	<u> </u>	1000	Title		Language preferred:
^{Surname} Smith		Given Name			Productic	n Mar.	English French
Company Name (If different from)	Applicant/Licen		<i></i>				plicant/Licensee
Street/Suite/Land Location							Contact Type
encoronaziana Eocatori							Senior Official
City - Town	Province - S	State	Country		Postal/ZIP Code		in Canada
Telephone No.	Ext.	Fax No.		E-mail			Contact for this application
Name M	r. 🗌 Ms.	Dr.			Title		Language preferred:
Surname		Given Nam	e				English French
Company Name (If different from /	Applicant/Licen	see)			Add	ress <u>same as </u> Ap	plicant/Licensee
Street/Suite/Land Location					I		Contact Type
City - Town	Province - S	State	Country		Postal/ZIP Code		Senior Official in Canada
Telephone No.	Ext.	Fax No.		E-mail			Contact for this application
							<u></u>
							Canad

- SUBMISSION TYPE									
X Site Licence Application	Establishment Licence Nu	umber (if applicable)		Amendment	1	Site Licen	ce No.		
Δ	Site Licence No.					Site Licen	NI-		
Renewal	Site Licence No.			Notification		Site Licen	JE NO.		
Please check the appropriate bo	x(es) with respect to the not	ification changes)	I						
Change in contact person i	nformation or company's inf	ormation		Change in buildi to which a Qualit	ng, equipme ty Assurance	nt, practice Report for	or procedure m was submitt	with respect ted	
3 - SUBMISSION CONTENT	г								
ype of supporting documents, by	y volume: check type that is	applicable and indicate	the volume in v	which the docum	nent is submi	tted.			
lumber of Volumes:2		Volume #						Volume #	
X Site Licence application Fo	rm	1		Notification Desc	vintion Form			volume #	
		2		Nouncation Dest					
X Quality Assurance Report F	-orm _	2		Designated Part	y Authorizati	on Form			
Quality Assurance Person (Qualification Form	۷		Other					
Supplementary Quality Ass for Homeopathic Medicines									
▲ for Homeopathic Medicines	\$								
PART 3 - CANADIAN	SITE INFORMATIC	N							
UILDING INFORMATION (e.g. Building(s) refers t	o one location at th	ne same addr	ess)					
UILDING 1	Dwelling Hous	e Yes 🕅	X No		Activity Typ				
uilding Name					Add	Delete		Sterile Dosage	Medicines
Building 8					X		manufacturing		
11 Herbal Drive	nd Location						packaging		
					X				
	e Province	Postal Code		Country	X		labelling		
ottawa	Province	Postal Code K2H 1B	3	Country CANADA			labelling importing		
ity - Town Ottawa Iame of Contact Person for this B	Province	K2H 1B		-	X		-		
ottawa	Province	K2H 1B	3 ^{Given Name} Mary	-	X		-		
ity - Town Ottawa Iame of Contact Person for this B Curname Best ielephone No.	Province On Building Mr. X 1 Ext.	K2H 1B Ms. Dr.	^{Given Name} M ary	-	X		importing		
ity - Town Ottawa Iame of Contact Person for this f urname Best elephone No. (613) 955-555	Province On Building Mr. Mr. T	K2H 1B Ms. Dr.	^{Given Name} M ary	-	E-m	ail Best	-	td.ca	
ity - Town Ottawa Iame of Contact Person for this F Wrname Best ielephone No. (613) 955-555 Iame of Quality Assurance Perso	Province On Building Mr. Mr. T	K2H 1B Ms. Dr.	^{Given Name} M ary	-	X	ail Best	importing	td.ca	
ity - Town Ottawa ame of Contact Person for this B Best elephone No. (613) 955–5555 ame of Quality Assurance Perso Mary Best	Province On Building Mr. X r Ext. 5 on	K2H 1B Ms. Dr.	Given Name Mary -4444	CANADA Supplementary C	E-m Ref.	ail Best No.		td.ca	
ity - Town Ottawa Iame of Contact Person for this f Best elephone No. (613) 955-555 Iame of Quality Assurance Perso Mary Best X Attached Quality Assur	Province On Building Mr. X 1 Ext. 5 5 rance Report Form	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444 Attached S	CANADA	E-m Ref.	ail Best No.		td.ca	
ity - Town Ottawa ame of Contact Person for this F urname Best elephone No. (613) 955-5555 ame of Quality Assurance Perso Mary Best X Attached Quality Assur ULIDING 2	Province On Building Mr. X r Ext. 5 on	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444	CANADA	E-m Ref.	ail Best No.	importing abccl rt Form for	td.ca	Homeopath Medicines
ity - Town Ottawa ame of Contact Person for this F Best elephone No. (613) 955-5555 ame of Quality Assurance Perso Mary Best X Attached Quality Assu	Province On Building Mr. X 1 Ext. 5 5 rance Report Form	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444 Attached S	CANADA	Luality Assurvhen applicat	ail Best No. ance Repo	importing abccl rt Form for	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this B Best elephone No. (613) 955-555 Iame of Quality Assurance Person Mary Best	Province On Building Mr. X 1 Ext. 5 5 rance Report Form Dwelling Hous	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444 Attached S	CANADA	Luality Assurvhen applicat	ail Best No. ance Repo	importing	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa lame of Contact Person for this B Best ielephone No. (613) 955-555 lame of Quality Assurance Person Mary Best X Attached Quality Assur BUILDING 2 huilding Name	Province On Building Mr. X 1 Ext. 5 5 rance Report Form Dwelling Hous nd Location	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444 Attached S	CANADA Supplementary C hic Medicines (w	Luality Assurvhen applicat	ail Best No. ance Repo ble) Delete	importing	Sterile Dosage	Homeopath Medicines
Attached Quality Assurance Parson for this F Aurname Best ielephone No. (613) 955-555 Mary Best Mary Best X Attached Quality Assurance Parson Mary Best Mary Bary Bary Bary Bary Bary Bary Bary B	Province On Building Mr. X 1 Ext. 5 5 rance Report Form Dwelling Hous	K2H 1B Ms. Dr. Fax No. (613) 955	Given Name Mary -4444 Attached S	CANADA	Luality Assurvhen applicat	ail Best No. ance Repo ble) Pelete	a a b c l a	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this E Best Ielephone No. (613) 955-555 Iame of Quality Assurance Perso Mary Best IX Attached Quality Assur SUILDING 2 uilding Name Iddress, Number/Street/Suite/Lat ity - Town Iame of Contact Person for this E	Province On Building Mr. X I Ext. 5 Form rance Report Form Dwelling Hous nd Location Province Duilting model	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name MOTY -4444 - Attached S Homeopat	CANADA Supplementary C hic Medicines (w	Luality Assurvhen applicat	ail Best No. ance Repo ble) Pelete	rt Form for manufacturing packaging labelling	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this B Durname Best ielephone No. (613) 955-555 Iame of Quality Assurance Perso Mary Best [X] Attached Quality Assur SUILDING 2 uilding Name Iddress, Number/Street/Suite/Lau ity - Town	Province On Building Mr. X I Ext. 5 Form rance Report Form Dwelling Hous nd Location Province Duilting model	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name Mary -4444 Attached S	CANADA Supplementary C hic Medicines (w	Luality Assurvhen applicat	ail Best No. ance Repo ble) Pelete	rt Form for manufacturing packaging labelling	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this E Best Ielephone No. (613) 955-555 Iame of Quality Assurance Perso Mary Best IX Attached Quality Assur SUILDING 2 uilding Name Iddress, Number/Street/Suite/Lat ity - Town Iame of Contact Person for this E	Province On Building Mr. X I Ext. 5 Form rance Report Form Dwelling Hous nd Location Province Duilting model	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name MOTY -4444 - Attached S Homeopat	CANADA Supplementary C hic Medicines (w	Luality Assurvhen applicat	ail Besti No. ance Repo ble) e Delete	rt Form for manufacturing packaging labelling	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this B Besst alephone No. (613) 955-5553 Iame of Quality Assurance Perso Mary Best Mary Best Mary Best Milding Name Iddress, Number/Street/Suite/Lag Iddr	Province On Building Mr. X r Ext. 5 on rance Report Form Dwelling Hous nd Location Province Building Mr. r r Ext.	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name MOTY -4444 - Attached S Homeopat	CANADA Supplementary C hic Medicines (w	Luality Assur- then application	ail Best No. ance Repo ble) e Delete	rt Form for manufacturing packaging labelling	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa ame of Contact Person for this I Best eleptone No. (613) 955-5555 ame of Quality Assurance Perso Mary Best X Attached Quality Assu ULDING 2 uilding Name ddress, Number/Street/Suite/Laa ity - Town ame of Contact Person for this I urname elephone No.	Province On Building Mr. X r Ext. 5 on rance Report Form Dwelling Hous nd Location Province Building Mr. r r Ext.	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name MOTY -4444 - Attached S Homeopat	CANADA Supplementary C hic Medicines (w	Luality Assur- then application	ail Best No. ance Repo ble) e Delete	rt Form for manufacturing packaging labelling	Sterile Dosage	Homeopath Medicines
ity - Town Ottawa Iame of Contact Person for this I Best elephone No. (613) 955-5555 Iame of Quality Assurance Perso Mary Best X Attached Quality Assu BULDING 2 uilding Name Iddress, Number/Street/Suite/Lai ity - Town Iame of Contact Person for this I urname	Province On Building Mr. X r Ext. 5 on rance Report Form Dwelling Hous nd Location Province Building Mr. r r Ext. on	K2H 1B Ms. Dr. Fax No. (613) 955 e Yes Postal Code Ms. Dr.	Given Name MCIY -4444 -4444 Homeopat No Given Name	CANADA Supplementary C hic Medicines (w	E-m Ref. Duality Assur- then applical Activity Typ Add	ail Best No. ance Repo ble) Pelete	mporting	Sterile Dosage	Homeopath Medicines

Building Name	Dwelling Hou	se Yes	No		Activity Type Add	Delete		Sterile Dosage	Homeopathi
						_	anufacturin		Medicines
Address, Number/Street/Suite	e/Land Location					ш ра	ackaging		
							belling		
City - Town	Province	Postal Code		Country			porting		
Name of Contact Person for t	this Building Mr.	Ms. Dr.		CANADA					
Surname		M3 D1.	Given Name						
Felephone No.	Ext.	Fax No.			E-mai				
Name of Quality Assurance F	'erson				Ref. N	ο.			
Attached Quality A	Assurance Report Form			Supplementary (thic Medicines (v			Form for		
BUILDING 4	Dwelling Hou	se Yes	No		Activity Type Add	Delete		Sterile Dosage	Homeopath
Building Name							anufacturir		Medicines
Address, Number/Street/Suite	e/Land Location						ackaging		
,						·	belling		
City - Town	Province	Postal Code		Country			porting		
Name of Contact Person for t	this Building Mr.	Ms. Dr.		CANADA			9		
Surname	о <u>М</u> и.	MIS. DI.	Given Name						
elephone No.	Ext.	Fax No.			E-mai				
Name of Quality Assurance F	'erson				Ref. N	ο.			
Attached Quality A	Assurance Report Form		Attached Homeopa	Supplementary C thic Medicines (v	Quality Assuran when applicable	ice Report I e)	Form for		
PART 4 -			i i						
	ORMATION (FOR IM	PORTERS ON	LY)						
	NAME								
. FOREIGN COMPANY I Address, Street/Suite/Land Li	ocation								
Address, Street/Suite/Land Lo 315 Min eral	R d.	ince Otota		0					
FOREIGN COMPANY N Address, Street/Suite/Land Lo 315 Mineral	R d.	rince - State		Countr	, US A		F	Postal/ZIP Code	
Foreign company f address, Street/Suite/Land Li 315 Mineral Sity - Town Chicago	R d.	nois	the same add				F	Postal/ZIP Code	
Address, Street/Suite/Land Li 315 Mineral Dity - Town Chicago BUILDING INFORMATIO	Rd. Prov IIII N (e.g. Building(s) refers	NOIS to one location at					F	Postal/ZIP Code	
Address, Street/Suite/Land Lo SI5 Mineral Sity - Town Chicago BUILDING INFORMATIO BUILDING 1 BUILDING Name	ocation Rd. III Prove (e.g. Building(s) refers Dwelling Hou	NOIS to one location at _{se Yes}	5.71		USA	Delete	F	Postal/ZIP Code	Homeopath
. FOREIGN COMPANY I Address, Street/Suite/Land Li 315 Mineral Chicago BUILDING INFORMATIO BUILDING 1 BUILDING 1 BUILDING LIMITED	Ceation Rd. N (e.g. Building(s) refers Dwelling Hou (A Division of J	NOIS to one location at _{se Yes}			Activity Type		anufacturir	Sterile Dosage	Homeopath Medicines
Address, Street/Suite/Land Li 315 Mineral City - Town Chicago BUILDING INFORMATIO BUILDING 1 BUILDING 1 BUILDING 1 Suilding Name CDE Limited	Prov Rd. Prov IIII PN (e.g. Building(s) refers Dwelling Hou (A Division of A e/Land Location	NOIS to one location at _{se Yes}			USA Activity Type	m		Sterile Dosage	Homeopath Medicines
Address, Street/Suite/Land Li Sito Street/Suite/Land Li Sito Town Chicago BUILDING INFORMATIO BUILDING 1 BUILDING 1 BUILD	Prov Rd. Prov IIII PN (e.g. Building(s) refers Dwelling Hou (A Division of A e/Land Location	NOIS to one location at _{se Yes}	X No		Activity Type Add X	m pa	anufacturir	Sterile Dosage	Homeopathi Medicines
Address, Street/Suite/Land Li Sito Street/Suite/Land Li Sito Town Chicago BUILDING INFORMATIO BUILDING 1 BUILDING 1 BUILD	Ceation Rd. Prov. IIIi NN (e.g. Building(s) refers Dwelling Hou (A Division of A e/Land Location Rd.	nois to one location at _{se} ves ABC)	ke No	iress)	Activity Type Add	m pa	anufacturin	Sterile Dosage	Homeopath Medicines
Address, Street/Suite/Land Li Sity - Town Chicago SUILDING INFORMATIO SUILDING 1 Suilding Name CDE Limited Address, Number/Street/Suit 315 Mineral Sity - Town Chicago	Ceation R.d. Prov. (e.g. Building(s) refers Dwelling Hou (A Division of A (A Division of A Province Province Illinois	nois to one location at se Yes ABC)	No Ne	Country	Activity Type Add X	m pa lat	anufacturin	Sterile Dosage	Homeopath Medicines
Address, Street/Suite/Land Ld 315 Mineral City - Town Chicago BUILDING INFORMATIO BUILDING INFORMATIO BUILDING 1 BUILDING 1 BUILDI	Coation R.d. Prov IIII IN (e.g. Building(s) refers Dwelling Hou CA Division of A e/Land Location R.d. Province IIIInois Person	nois to one location at se Yes ABC)	de 8	Country	Activity Type Add X X Ref. N	lo.	anufacturin ackaging belling	Sterile Dosage	
Address, Street/Suite/Land Li 315 Mineral Dity - Town Chicago BUILDING INFORMATIO BUILDING 1 Building Name CDE Limited Address, Number/Street/Suit 315 Mineral Dity - Town Chicago Name of Quality Assurance F Andy Mac	Coation R.d. Prov IIII IN (e.g. Building(s) refers Dwelling Hou CA Division of A e/Land Location R.d. Province IIIInois Person	nois to one location at se Yes ABC)	de 8	Country JSA Supplementary (Activity Type Add X X Ref. N	lo.	anufacturin ackaging belling	Sterile Dosage	
Address, Street/Suite/Land Li 315 Mineral Dity - Town Chicago BUILDING INFORMATIO BUILDING 1 Building Name CDE Limited Address, Number/Street/Suit 315 Mineral Dity - Town Chicago Name of Quality Assurance F Andy Mac	Coation R.d. Prov IIII IN (e.g. Building(s) refers Dwelling Hou CA Division of A e/Land Location R.d. Province IIIInois Person	nois to one location at se Yes ABC)	de 8	Country JSA Supplementary (Activity Type Add X X Ref. N	lo.	anufacturin ackaging belling	Sterile Dosage	

BUILDING 2	Dwelling House	Yes		No		Activity Type				
Building Name						Add	Delete		Sterile Dosage	Homeopathic Medicines
Address, Number/Street/Suite/Land L	ocation							manufacturing		
								packaging		
City - Town Prov	vince	Postal/ZIP Co	ode	Country				labelling		
Name of Quality Assurance Person				!		Ref. I	۱o.			
Attached Quality Assuranc	e Report Form			Attached Suppleme Homeopathic Medic	entary Q icines (w	uality Assura hen applicabl	nce Rep le)	ort Form for	Othe	ər
II. FOREIGN COMPANY NAME										
Address, Street/Suite/Land Location										
City - Town	Province	- State			Country	,		Pos	tal/ZIP Code	
					· ·					
BUILDING INFORMATION (e.g.	Building(s) refers to o	ne location a	at the s	ame address)						
BUILDING 1	Dwelling House	Yes		No		Activity Type				
Building Name						Add	Delete	5	Sterile Dosage	Homeopathic Medicines
Address, Number/Street/Suite/Land L	ocation							manufacturing		
								packaging		
City - Town Prov	vince	Postal/ZIP Co	ode	Country	r			labelling		
Name of Quality Assurance Person		1				Ref. 1	No.			
Attached Quality Assuranc	e Report Form			Attached Suppleme Homeopathic Medic	entary Q icines (w	uality Assura hen applicabl	nce Rep le)	ort Form for	Othe	ər
BUILDING 2	Dwelling House	Yes		No		Activity Type				
Building Name						Add	Delete		Sterile Dosage	Homeopathic Medicines
Address, Number/Street/Suite/Land L	ocation							manufacturing		
City Town Drop		Destal/7/IR C	- مام	Country				packaging		
City - Town Prov	vince	Postal/ZIP Co	ode	Country	·			labelling		
Name of Quality Assurance Person				I	I	Ref. 1	No.			
Attached Quality Assuranc	e Report Form			Attached Suppleme Homeopathic Medic				ort Form for	Othe	ər
PART 5 ATTESTATION										
A – I attest that the building(s), out in Part 3 of the <i>Natural Hea</i>			condu	cting activities in	n our fa	acility com	bly with	the good ma	nufacturing	practices set
Name of Quality Assurance Person (F	Please print)			Signature of Q/		~				
Mary Best				Ma	ry E	Best				
B – I, the undersigned, certify t	hat the information an	d material in	this si	te licence submi	ission i	s accurate	and co	mplete.		
		Je	ean	G ag non						
				ized Senior Official (p	print)					
		_2	·	Gagnon						<u> </u> בו
				Signature				ζŲŲ	14 y Up	2 15
HC/SC 9270E (12-2003)										Page 4 of 4

Appendix V: Site Licence Submission Checklist

No.	Document	Section	Completed (please check)
1.	Site Licence Application	Applicant or Licensee Information	
		Submission Information	
		Canadian Site Information	
		Foreign Site Information (for importers only)	
		Name of the Quality Assurance Person	
		Attestation	
2.	Establishment Licence (EL)	Photocopy of current EL	
3.	Quality Assurance Report	General Information: (Submission; Building Information; Operation(s) at the building; Quality Assurance Person(s))	
		Detailed Quality Assurance Report: (Places; People; Processes; Products)	
		Attestation	
		Application for Alternate Sample Retention (if applicable)	
		Attachments (supporting documentation)	
4.	Supplementary Quality Assurance Report (if applicable)	General Information: (Submission; Building Information; Operation(s) at the building; Quality Assurance Person(s))	
		Detailed Quality Assurance Report: (Places; People; Processes; Products)	
		Attestation	
		Attachments (supporting documentation)	
5.	Quality Assurance Person Qualification Form	Completed Form (Contact Information; Intended QA Activities; Education; Training; Experience; Consent)	
		Attachments (supporting documentation)	
6.	Designated Party Authorization (if applicable)	Completed Form	
7.	Notification Description Form	Completed Form	