DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER 10 Waterview Boulevard, 3 rd Floor Parsippany, NJ 07054 (973) 331-4900	DATE(S) OF INSPECTION 11/5/2024-11/8/2024; 11/12- 11/15/2024; 11/18/2024		
	FEI NUMBER 3033132864		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED	*		
Michael Curry, Vice President of Operations	27		
FIRM NAME	STREET ADDRESS		
npower Clinic Services New Jersey, LLC 203 Windsor Center Drive, Suite A16			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
East Windsor, NJ 08520-1410	Contract Testing Laboratory and Human Drug Compound- ing Outsourcing Facility		

This document lists observations made by the FDA representative(s) during the inspection of your facility. They are inspectional observations, and do not represent a final Agency determination regarding your compliance. If you have an objection regarding an observation, or have implemented, or plan to implement, corrective action in response to an observation, you may discuss the objection or action with the FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

OBSERVATION 1

Written procedures are not reviewed and approved by the quality control unit.

Specifically,

Your firm failed to review and approve numerous SOPs which were drafted, reviewed, and approved by another firm prior to your firm's establishment in April 2024. Your firm has adopted these procedures, and they are being used for CGMP activities. The following are some examples of these SOPs written and approved by another firm, which you are currently using without review or approval by your firm:

Standard Operating Pro	ocedure Name	Effective Date	
EU-QA-GEN-043.00	Responsibilities of Quality Unit	02/29/2024	
EU-QA-GEN-003.00	Reporting and Monitoring of Process Non-Conformance (Deviations)	01/10/2024	
EU-QA-GEN-022.00	Corrective And Preventive Actions (CAPA)	01/23/2024	
EU-QC-GEN-080.00	Handling of Out of Trend Results in the Quality Control Laboratory	01/16/2024	
EU-VA-GEN-004.00	Qualification Procedure	05/23/2023	
EU-QC-GEN-079.00	Handling of Lab Events In Quality Control Laboratory	05/23/2023	
EU-QC-GEN-076.01	Handling and Qualification of Reference Standards	06/11/2024	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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10 Waterview Boulevard, 3 rd Floor	11/5/2024-11/8/2024; 11/12-			
Parsippany, NJ 07054	11/15/2024; 11/18/2024			
(973) 331-4900	FEI NUMBER			
	3033132864			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Michael Curry, Vice President of Operations				
FIRM NAME	STREET ADDRESS			
Empower Clinic Services New Jersey, LLC	203 Windsor Center Drive, Suite A16			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
East Windsor, NJ 08520-1410	Contract Testing Laboratory and Human Drug Compound- ing Outsourcing Facility			
OBSERVATION 2				
Your firm failed to establish adequate written procedu	ires for production and process controls designed to			
assure that the drug products have the identity, stren				
represented to possess.	and such that a set of the set of			
Specifically,				
Your firm utilizes your (b) (4) system and the (b) (4) system to produce (b) (4) that is used			
	to produce sterile injectable and parenteral drug products.			
The (b) (4) system feeds the (b) (4) it produces				
	the (b) (4) system qualifications			
transpired between 10/2020-05/2024 and 02/2021 to				
"Summary Report of Performance Qualification (Phase				
Distribution System" PQ- ^{(b) (4)} U3-002.20.02, dated 09/2	7/2024 and "Summary Report of Performance			
Qualification of $^{(b)}(4)$ Phase $^{(b)}(4)$ (Line(b) (4))" PQ- $^{(b)}$	⁽⁴⁾ U3-003.20.00, dated 06/17/2024; however, the (b) (4)			
systems were qualified without performing documented investigations into the following OOS that occurred				
during the qualification:				
 OOS Investigation # M/NJ/OOS/02/01- this inv 	vestigation was initiated following an OOS for TAMC of $^{(b)}$ (4)			
cfu/100 mL (specification: ^{(b) (4)} fu/100mL) on ((4) sample $\#(b)(4)$ collected from the (b) (4)			
	d from the colonies of growth was Herbaspirillum hut-			
tiense (gram negative, pathogenic).				
	investigation was initiated following an OOS for TAMC of			
TNTC (too numerous to count) (specification:				
	ies identified from the colonies of growth was <i>Ralstonia in</i> -			
sidiosa (gram negative, pathogenic).				
 OOS Investigation # M/03/00S/04/22/01- this investigation was initiated following an OOS for TAMC of 				
TNTC (too numerous to count) (specification:				
	. The bacterial species identified from the colonies of			
growth was Burkholderia cepacia (gram negative, pathogenic).				
 OOS Investigation # M/NJ/OOS/07/23/01- (07/18/2023) this investigation was initiated following an 				
OOS for TAMC of TNTC (too numerous to count) (specification: $^{(b)}(4)$ cfu/mL) on (b) (4) samples #(b) (4)				
(b) (4) collected from the (b) (4				
	(gram negative, pathogenic) and <i>Ralstonia insidiosa</i> (gram			
negative, pathogenic).				
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
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(973) 331-4900	J+		11/13/2024, 11/10/2024	
(F	FEI NUMBER	
			3033132864	
	TO WHOM REPORT ISSUED			
FIRM NAME	e President of Operations	STREET ADDRESS		
Empower Clinic Ser	rvices New Jersey, LLC	203 Windsor Cen	ter Drive, Suite A16	
CITY, STATE, ZIP CODE, CO East Windsor, NJ 08		TYPE ESTABLISHMENT I	NSPECTED Laboratory and Human Drug	Compound
Last Willusor, its of	5520-1410	ing Outsourcing F		compound-
 OOS Investigation # M/NJ/OOS/08/23/03- (08/16/2023) this investigation was initiated following an OOS for TAMC of TNTC (too numerous to count) (specification: ^{(b)(4)} (cfu/mL) on ((b)(4)) samples # ((b)(4)) ((b)(4)) collected from the ((b)(4)) system. The bacterial species identified from the colonies of growth were <i>Burkholderia cepacia</i> (gram negative, pathogenic). OOS Investigation # M/NJ/OOS/08/23/05- (08/21/2023) this investigation was initiated following an OOS for TAMC of TNTC (too numerous to count) (specification: ^{(b)(4)} (cfu/mL) on ((b)(4)) samples # ((b)(4)) ((b)(4)) collected from the ((b)(4)) system. The bacterial species identified from the colonies of growth were <i>Burkholderia cepacia</i> (gram negative, pathogenic). OOS Investigation # M/NJ/OOS/08/23/06- (08/22/2023) this investigation was initiated following an OOS for TAMC of TNTC (too numerous to count) (specification: ^{(b)(4)} (cfu/mL) on ((b)(4)) samples # ((b)(4)) ((b)(4)) collected from the ((b)(4)) system. The bacterial species identified from the colonies of growth was <i>Burkholderia cepacia</i> (gram negative, pathogenic). OOS Investigation # M/NJ/OOS/08/23/06- (08/22/2023) this investigation was initiated following an OOS for TAMC of TNTC (too numerous to count) (specification: ^{(b)(4)} (cfu/mL) on ((b)(4)) samples # ((b)(4)) ((b)(4)) collected from the ((b)(4)) system. The bacterial species identified from the colonies of growth was <i>Burkholderia cepacia</i> (gram negative, pathogenic). Succeeding the qualification of the ((b)(4)) system OOS Investigation # M/NJ/OOS/07/24/02 (07/29/24) was initiated following an OOS for TAMC of the ((b)(4)) system. The bacterial sections to help mitigate the ongoing gram negative bacterial contamination within the ((b)(4)) system: Additionally, since 01/01/2024 the following microbial identification of colony isolates from ((b)(4)) samples were not investigated: a) There was a total of 49 pathogenic bacteria colonies that were isolated				
collected from the (b) (4) system (Equipment ID: $MF(b)$ (4)-016) between 01/01/2014-				
11/15/2024, which includes Burkholderia anthina, Burkholderia cenocepacia, Burkholderia cepacia,				
Burkholderia lata, Burkholderia metallica, Burkholderia vietnamiensis, Herbaspirillum huttiense,				
Paenibacillus glucanolyticus, and Ralstonia insidiosa. The Quality Unit did not formally investigate the				
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE	NSPECTIONAL OBS	SERVATIONS	PAGE 3 OF 8 PAGES

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DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
10 Waterview Boulevard, 3 rd Floor	11/5/2024-11/8/2024; 11/12-			
Parsippany, NJ 07054 (973) 331-4900	11/15/2024; 11/18/2024			
(575) 551 4500	FEI NUMBER			
	3033132864			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Michael Curry, Vice President of Operations				
FIRM NAME	STREET ADDRESS			
Empower Clinic Services New Jersey, LLC CITY, STATE, ZIP CODE, COUNTRY	203 Windsor Center Drive, Suite A16 TYPE ESTABLISHMENT INSPECTED			
East Windsor, NJ 08520-1410	Contract Testing Laboratory and Human Drug Compound-			
	ing Outsourcing Facility			
source of the contaminates that persisted in the (b preventative actions to address the issue.) (4) system, and/or institute corrective and			
OBSERVATION 3				
The responsibilities and procedures applicable to the qu	uality control unit are not fully followed.			
Specifically, your quality unit failed to follow SOP EU-VA-GEN-004.00, Qualification Procedure, Effective Date: 23-MAY-2023, in that, you failed to perform performance qualification (PQ) for any of your High-Performance Liquid Chromatography (UPLC), and Ultraviolet (UV) Spectrophotometer instruments used for release and stability testing (assay and impurity testing) for drug products such as(b) (4) Injection in (b) (4) $mg/^{(0)}(4) mg/^{(0)}(4) mg/^{(b)}(4) mg/mL)$; (b) (4) Injection $^{(b)}(4) mg/^{(b)}(4) mg/^{(b)}(4) mg/mL)$; and (b) (4) Injection $^{(b)}(4) mg/^{(b)}(4)$				
OBSERVATION 4 Laboratory controls do not include the establishment of scientifically sound and appropriate test procedures designed to assure that drug products conform to appropriate standards of identity, strength, quality, and purity.				
Specifically,				
A. Your firm has not performed a method suitability for the compendial (USP) method <71> "Sterility Tests" and has not performed a method verification study for the compendial method <788> "Particulate Matter in Injections" (Method 1 Light Obscuration Particle Count Test), which are tests utilized in the stability testing of the drug product (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/mL), as indicated in the standard test procedure titled "Standard Test Procedure: Product Name: (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/mL), lots # (b) (4) (b) (4) were tested in 05/2024, 06/2024, and 09/2024.				
B. Your firm has not completed method transfer studies for the transferred stability study test procedure titled "Standard Test Procedure: Product Name: (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/mL)" STP-DP-003.02, which is utilized for the stability testing of the ^{(b) (4)} drug product (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mg/mL). (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/mL), lots # (b) (4) (b) (4) were tested in 05/2024, 06/2024, and 09/2024.				
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FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE	NSPECTIONAL OBSERVATIONS PAGE 4 OF 8 PAGES			

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Parsippany, NJ 070 (973) 331-4900	054		/2024; 11/18/2024	
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NAME AND TITLE OF INDIV	IDUAL TO WHOM REPORT ISSUED	1		
Michael Curry, Vice	e President of Operations	STREET ADDRESS		
Sector Address and the sector	vices New Jersey, LLC	203 Windsor Center Dri	ve. Suite A16	
CITY, STATE, ZIP CODE, CO	UNTRY	TYPE ESTABLISHMENT INSPECTE	D	
East Windsor, NJ 08	3520-1410	Contract Testing Labora ing Outsourcing Facility		Compound-
Tests," which is u method titled "St	not completed a method suitability stu tilized in the stability testing of the dru andard Test Procedure: (b) (4) In .00. (b) (4) Injection lot #(b) (4)	ig product (b) (4) jection in (b) (4)	Injection, per standa	ard test nL ⁽⁹⁾⁽⁴⁾ mg ⁽⁹⁾⁽⁴⁾
"Standard Test Pr	not completed a method transfer stud rocedure: Product Name: (b) (4) ability testing of drug product (b) (4) s (b) (4)	Injection ^{(b) (4)} mg/v Injection ^{(b) (4)} m	nsferred test proced ial" STP-DP-014.02, v ng/vial. (b) (4) ested by this method	which is Injection
E. The stability protocol titled "Stability Study Protocol for Drug Product: Product Name: (b) (4) Injection (b) (4) mg ^{(b) (4)} mL ^{(b) (4)} mg/mL)", STP-QC-0022.00, was used for the stability testing of (b) (4) Injection ng mL ng/mL), lot #'s (b) (4) for the T=12-month timepoint, in 09/2024. The protocol indicates that sterility testing, and bacterial endotoxin are required tests; however, your firm did not perform these tests on the aforementioned drug product stability samples.				
F. The microbiology laboratory is using (b) (4) containers to dilute, test, and collect (b) (4) samples for BET, according to the procedure titled "Sampling and Analysis of (b) (4) EU-MB-GEN-003.00, without appropriate studies to determine that the container composition does not interfere (i.e., absorb) with endotoxin recovery and lead to false negative laboratory test results.				
G. Your firm has not completed a method verification for the compendial method <85> "Bacterial Endotoxins," which is utilized to test the $(b) (4)$ samples that are used in QC analytical, and microbiology testing of drug products. Additionally, the $(b) (4)$ is a component in drug product product production.				
OBSERVATION 5 Appropriate controls are not exercised over computers or related systems to assure that changes in the master production and control records or other records are instituted only by authorized personnel.				
Specifically,				
A. The Quality Unit does not perform periodic audit trail reviews of the electronic data generated in the analyti- cal and microbial testing of drug products. Audit trails are not monitored on the data acquisition software Lab- Solutions UV-Vis" for the UV Spectrophotometer (Equipment ID: QC-UVIS-022) and SamplerSight Pharma for the Particle Measuring System (Equipment ID: QC-PAMS-073). The UV Spectrophotometer is utilized for the stability				
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
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(973) 331-4900					
			FEI NUMBER 3033132864		
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FIRM NAME	e President of Operations	STREET ADDRESS			
Empower Clinic Ser	vices New Jersey, LLC		nter Drive, Suite A16		
CITY, STATE, ZIP CODE, CO East Windsor, NJ 08		TYPE ESTABLISHMENT	INSPECTED Laboratory and Human Drug	Compound	
	5520-1410	ing Outsourcing		compound-	
pharmaceutical co administrator acc	Injection in (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/m r utilized to store drug product testing ompany that has a separate FEI number cess to the drug product raw testing dat ware that is used for HPLC and GC ana	L). ; information is s er. The outside ; ata and audit trai	pharmaceutical company h ils within the Empower Wa	as ters™	
in the QC analytical laboratory. Additionally, the outside pharmaceutical company has access to the data generated on the MALDI Biotyper Sirius, used for microbial colony identification, the Endosafe Nexgen-MCS, which is utilized for bacterial endotoxin testing on drug product samples, and the Scanstation 300 utilized to scan and photograph ^{(b) (4)} plates.					
C. The Waters TM Empower [®] 3 data acquisition software processing methods that are utilized to analyze the drug products (b) (4) Injection in (b) (4) $mg^{(b)(4)}mL^{(b)(4)}mg^{(b)(4)}mL$, (b) (4) Injection (b) (4) Injection (b) (4) $mg^{(b)(4)}mg^{(b)(4)}mL$ (b) (4) Injection (c) (b) (4) $mg^{(b)(4)}mg^{(b)(4)}mL$ (c)					
OBSERVATON 6 Deviations from v	vritten test procedures are not record	ed and justified.			
Specifically, the HPLC injection sequence delineated in the analytical test procedure STP-DP-003.02, titled "Standard Test Procedure: Product Name: (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mg/mL)" and the standard operating procedure, "System Suitability Testing" EU-QC-GEN-071.00 was not followed for the assay and related substance testing of the t=9M stability testing of (b) (4) Injection ^{(b) (4)} mg ^{(b) (4)} mL ^{(b) (4)} mL ^{(b) (4)} mL ^{(b) (4)} mg ^{(b) (4)} mg ^{(b) (4)} md ^{(b) (4)} mg ^{(b) (}					
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FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE I	NSPECTIONAL OB	SERVATIONS	PAGE 6 OF 8 PAGES	

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DISTRICT ADDRESS AND PHONE 10 Waterview Boulevar Parsippany, NJ 07054 973) 331-4900	NUMBER			DATE(S) OF INSPECTION 11/5/2024-11/8/202 11/15/2024; 11/18/ FEI NUMBER 3033132864	
NAME AND TITLE OF INDIVIDUA	L TO WHOM REPORT ISSUED				
Michael Curry, Vice Pro	esident of Operations	21			
TRM NAME	Now Jarsov LLC		STREET ADDRE		
Empower Clinic Service TTY, STATE, ZIP CODE, COUNTR East Windsor, NJ 08520			Contract Te	or Center Drive, Suite A16 HMENT INSPECTED esting Laboratory and Hum rcing Facility	an Drug Compound-
Drug Product	Lot #	Testing		Standard Test Procedure Requirement	Actual Test Procedures Performed
(b) (4) Injection(b) (4) mg ^{(b) (4)} mL ^{(b) (4)} mg/mL)	(b) (4)	Assay (5/2 *Run abor 1 st System Suitability	ted after	Column Saturation (at least (b) (4) flow rate ^{(b) (*)} mL/min)	Column Saturation set tc(b) (4) in processing method, and does not appear to be run (i.e., no injection in sample set or chromatogram)
	(b) (4) (b) (4)	Assay (5/3 Related Su (6/04/2024	bstances	Three blanks injected from blank solutions at the (b) (4) of sequence (i.e., $^{(b)}$ (4) three injections, different vials, one injection each vial), and (b) (4) standards after (b) (4) $^{(b)}$ (4) standards after (b) (4) $^{(b)}$ (4) sample injections (b) (4) of the sequence. Three blanks injected from blank solutions at the (b) (4) of sequence (i.e. $^{(b)}$ (4)	Three blank injections at the (b) (4) of the sequence, two injections from same vial "blank 4" and one injection from (b) (4) standard at the (^{b) (4)} of the sequence Three blank injections at the (b) (4)
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FOOD AND DRUG ADMINISTR DISTRICT ADDRESS AND PHONE NUMBER 10 Waterview Boulevard, 3 rd Floor Parsippany, NJ 07054 (973) 331-4900		DATE(S) OF INSPECTION 11/5/2024-11/8/2024; 11/12- 11/15/2024; 11/18/2024 FEI NUMBER		
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	IDUAL TO WHOM REPORT ISSUED			
FIRM NAME	e President of Operations	STREET ADDRESS		
Empower Clinic Ser	vices New Jersey, LLC	203 Windsor	Center Drive, Suite A16	
East Windsor, NJ 08			ting Laboratory and Huma	n Drug Compound-
distributed. Specifically, the c (b) (4) # ^{(b) (4)} are not rev (b) (6) QA Manag	to thoroughly review any unexpla ritical alarms generated through o) of the (b) (4) riewed by the quality unit. During ger, indicated that the Quality Unit NDA software DirectSOFT PLC, ver	ined discrepancy operational and or system (Equip the walkthrough t does not review	standards after ^(b) (4) ^{b) (4)} sample injections ^{(b) (4)} of the sequence. whether or not the bate nline quality monitoring oment ID # MF-(b) (4)-0 of the (b) (4) the critical alarms, whic	parameters (i.e., 18) installed in room systems,
	EMPLOYEE(S) SIGNATURE	Digitally signed by	Anthony	tally signed DATE ISSUED
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FORM FDA 483 (09/08)

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INSPECTIONAL OBSERVATIONS

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