
GEORGIA DEPARTMENT OF AGRICULTURE

19 MARTIN LUTHER KING JR DR
ATLANTA, GEORGIA 30334

MEDICATED FEEDS INSPECTION REPORT

Firm (Legal) Name		Date
Firm (Physical) Address		Lead Inspector
Firm City		Firm Telephone Number
Firm State	ZIP Code	County

SUMMARY OF FINDINGS

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

HISTORY OF BUSINESS

1. PARENT FIRM, if applicable (<i>Name / Address</i>)	2. CORPORATE OFFICERS (<i>Name, title, business address</i>)	
3. GDA REGISTRATION/LICENSE STATUS <i>(Check appropriate status)</i> <input type="checkbox"/> a. Unknown <input type="checkbox"/> b. Non-registered <input type="checkbox"/> c. Registered (as a drug establishment) Registration number or FEI: _____ <input type="checkbox"/> d. Licensed License Number: _____	4. TYPE of FIRM <i>(Check appropriate type)</i> <input type="checkbox"/> a. Commercial Feed Mill <input type="checkbox"/> b. Custom Formula Mixer <input type="checkbox"/> c. Mixer-Feeder <input type="checkbox"/> d. Other (<i>Please specify</i>)	5. FEED PREPARED FOR <i>(Check all that apply)</i> <input type="checkbox"/> a. Beef Cattle <input type="checkbox"/> b. Dairy Cattle <input type="checkbox"/> c. Swine <input type="checkbox"/> d. Sheep/Goats <input type="checkbox"/> e. Poultry <input type="checkbox"/> f. Fish <input type="checkbox"/> g. Other (<i>Exotic/Species</i>)
6. VOLUME OF BUSINESS <input style="width: 80px; height: 20px;" type="text"/> a. Annual tonnage of all MEDICATED feeds manufactured <input style="width: 80px; height: 20px;" type="text"/> b. Annual tonnage of all Non-MEDICATED feeds manufactured	7. INTERSTATE BUSINESS a. Interstate business received? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Interstate business sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, percentage sold? _____ %	

RESPONSIBLE PERSONNEL

8. NAME AND TITLE OF MOST RESPONSIBLE INDIVIDUAL AT THIS PLANT TO RECEIVE COPY OF REPORT (<i>If more than one person, list</i>)	INDICATE TO WHOM FORMS WERE ISSUED (<i>if more than one person, list all</i>)
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NOTES: The key CGMP elements are designated on this form with asterisk (**).

Items not covered on this form should be marked with N/C.

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

QUESTIONS 10 -15 RESERVED

PERSONNEL (21 CFR 225.10)	NARRATIVE
<p>16. Do the employees involved in the manufacture of medicated feed understand the manufacturing or control functions they perform, including the proper use and location of the equipment? For either response (i.e., “yes” or “no”), elaborate in the narrative section.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>17. Are the employees provided with on-going evaluation and supervision? If yes, include how assessed.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
BUILDINGS (21 CFR 225.20)	
<p>18. Are the grounds of the facility adequately drained and maintained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>19. In regards to the buildings:</p>	
<p>a. Are they clean, orderly and suitably constructed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Are the control practices for rodents, birds, insects, and other pests effective?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Do they have facilities to promote personal hygiene?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>20. Do the buildings provide adequate space for:</p>	
<p>a. Receipt, inspection, storage, and processing of components?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Manufacturing, packaging, and labeling of medicated feeds?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Storage of containers, packaging materials, labeling, and products?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Routine maintenance of equipment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
EQUIPMENT (21 CFR 225.30)	
<p>21. Describe equipment used for mixing/blending of feeds in the narrative.</p>	
<p>22. With regards to assuring the uniformity of medicated feeds:</p>	

<p>a. When installed, was/were the mixer(s)/blender(s) evaluated for their ability to produce feeds of uniform quality?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Since installation, has the firm determined that the mixer's ability to produce a uniformly mixed feed has not changed? Explain.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>23. Has all production equipment, particularly those that are automated and/or computerized, been properly installed and verified to be able to reliably perform as intended?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>24. Whether manually or by automated means, are drugs accurately weighed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>**25. Are ALL scales and metering devices tested for accuracy upon installation and at least once per year thereafter?</p> <p><input type="checkbox"/> <input type="checkbox"/></p>	
<p>26. Is equipment constructed to allow inspection and use of clean-out procedures?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>27. Is all equipment reasonably clean and properly maintained?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>28. Is all equipment constructed to prevent contamination with lubricants, coolants, etc.?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>29. Is all equipment of suitable size, design, construction, and precision for the intended purpose?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>USE OF WORK AND STORAGE AREAS FOR OTHER PURPOSE (21 CFR 225.35)</p>	
<p>**30. Does the firm avoid storage or handling of toxic unapproved feed additives (i.e., fertilizers, herbicides, insecticides, rodenticides and pesticides not approved for use in feed) in the same equipment or areas as medicated feeds?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>31. Do clean out procedures exist for all equipment used in the manufacture and distribution of medicated feeds? If procedures exist, specify the methods, for example: physical, flusing, sequencing, etc.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

<p>**32. Does the clean out procedure appear adequate to prevent unsafe contamination? If no, explain.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>33. Is there documentation that equipment clean out procedures are actually being performed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>34. Describe disposition of clean out material in the narrative.</p>	
<p>35. Are feeds stored in a manner to prevent mix-ups with other feeds?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>36. Is the method of dust control adequate to minimize potential contamination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>37. Is there adequate disposition of:</p>	
<p>a. Spillage?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Leaks?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Broken Bags?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Floor Sweepings?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. Returns?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>38. Are drugs used in accordance with their labeled directions, including appropriate species, drug levels, and use?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>DRUG COMPONENTS (21 CFR 225.42)</p>	
<p>39. Report "DRUG COMPONENTS ON HAND" in self-titled section of this report (page 15).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>**40. Are drugs properly identified, handled and controlled to maintain their integrity and identity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>41. Are drugs properly stored? (e.g., Are drugs labeled "Store in a cool, dry place," or "Store between 32° - 81°F," so stored?)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>42. Are all drugs within their expiration date?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>43. Are there RECEIPT RECORDS for incoming lots of drugs?</p>	

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer item 44 a-f below.	
44. Do the Receipt Records show for each lot of durgs:	
a. Identity and Quantity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Name of supplier? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Supplier's lot number or number assigned by the manufacturer <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Date received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Condition of drug received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Return of damaged goods? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**45. Is there a DAILY INVENTORY RECORD for each lot of drug (separate from the production record)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
46. Do the Daily Inventory Records for each drug show:	
a. Quantity of drug on hand at beginning and end of the work day? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. The amount of each drug used, sold or otherwise disposed of? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. The batches of production runs of medicated feed in which each drug was used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Actions taken to reconcile any discrepancies in the daily inventory record? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**47. Does the firm's DRUG INVENTORY system:	
a. Make a daily comparison between actual amount of drug used and theoretical drug usage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Have drug inventory records that agree with calculated usage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Include a working definition of what it considers as constituting a significant discrepancy in its drug inventory? <input type="checkbox"/> Yes <input type="checkbox"/> No	

d. Include procedures for holding feeds on the premises until a significant discrepancy is reconciled? <input type="checkbox"/> Yes <input type="checkbox"/> No	
48. Are there any documented significant discrepancies in the firm's drug inventories? If yes, answer a-b below; If not, skip to item 49. <input type="checkbox"/> Yes <input type="checkbox"/> No	
a. Were documented discrepancies investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Was corrective action taken? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49. Do the firm's current drug inventories agree with the amount of drug currently on hand? <input type="checkbox"/> Yes <input type="checkbox"/> No	
50. Are all required drug records kept on the premises for at least one year after complete use of a specific lot of drug component? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LABORATORY CONTROLS (21 CFR 225.58)	
**51. Are assays performed on all medicated feeds/manufactured according to the schedule specified in CFR 225.58? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**52. Are investigations performed and appropriate corrective actions taken in response to "out of limits" assay reports? <input type="checkbox"/> Yes <input type="checkbox"/> No	
53. Are all investigations documented in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
54. Are results of assays kept on the premises for not less than one year after distribution of that feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**55. When Category I drugs are assayed and found to be out of limits, are investigations performed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
56. Are reports made to CVM of confirmed "out of limits" assays of medicated feeds that have been distributed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
57. Provide the following information on any confirmed "out of limits" results:	
a. Name of feed(s) and drug(s) (enter in narrative)	
b. Production date or code (enter in narrative)	
c. Drug guarantee and assay result (enter in narrative)	

LABELING (21 CFR 225.80)	
58. Does the accompanying labeling (including invoices if used as labeling) include drug level, directions for use and any required withdrawal or warning statements for sale, effective use of the medicated feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
59. Upon receipt from either an outside printer or in-house print shop, are labels and labeling (including placards and pre-printed bags) proofread against the MASTER RECORD FILE to verify their suitability and accuracy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
60. Is the proofread label/labeling/pre-printed bag initiated by a responsible individual, dated and kept one year after all labels from that batch have been used? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**61. Are labels handled and stored in a manner to prevent mixups and periodically reviewed to discard discontinued labels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**62. Does the firm adequately label the following:	
a. Bagged feeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Bulk feeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Custom formula feeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
63. When the firm distributes medicated feed in bag or bulk:	
a. Does complete labeling accompany the shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: The labeling may consist of a placard or other labels attached to the invoice or delivery ticket, or manufacturer's invoice that identifies the medicated feed and includes adequate information for the use of the medicated feed.)	
b. Describe what procedures does the firm use for providing the consignee with labeling upon delivery in the narrative.	
MASTER RECORD FILE (21 CFR 225.102)	
64. Is there a Master Record File or its equivalent for each medicated feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**65. Does the Master Record File contain the following for each	

medicated feed:	
a. Name of medicated feed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. An accurate formula, including the appropriate levels of drugs and non-drug ingredients under 21 CFR 573 (Food Additives) and 21 CFR 582 (GRAS). <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. A copy or description of the label or labeling that will accompany the medicated feeds. <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. A copy of NADA approved Blue Bird Labeling, or a reference to electronic access to such labeling. <input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Manufacturing procedures including mixing steps, mixing times, assay requirements and the appropriate control directions? <input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Procedures for estimating quantity produced for bulk feeds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
66. Is each Master Record File prepared, checked and signed or initialed by a qualified person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
67. If all or portions of the Master Record File are computerized and/or electronically transmitted from another location, what steps are in place to protect the integrity of the data and signatures? <i>Describe in the narrative.</i>	
68. Is each MASTER RECORD FILE kept on the premises for one year after production of the last batch or production run to which it pertains? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PRODUCTION RECORDS (21 CFR 225.102)	
69. Is there a production record prepared for each batch or production run of medicated feed produced?	
a. Are the records generated/maintained electronically? <input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Do those records include alarms or error messages that occurred during production and any actions taken to clear the error or override the operation of the computer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
**70. Does the production record provide:	

<p>a. A complete and traceable history of the production of a batch or production run?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Product identification?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Date of production?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Written endorsement by a responsible person?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. Name and quantity of drug components used?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>f. Theoretical quantity of medicated feed to be produced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>g. Actual quantity of medicated feed produced?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>71. Do production records identify specific equipment and bins used in that production if the firm has multiple pieces of the same equipment and multiple bins?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>72. Are steps in place to minimize mixups, such as running feeds into the wrong bins?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>73. Does the production formula agree with the formula in the MASTER RECORD FILE?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>74. Are production records checked by a responsible individual at the end of the working day to determine that all required production steps have been performed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>75. Mixing: Provide in the narrative block the:</p> <ul style="list-style-type: none"> a. Point in at which drug is added b. Mixing time c. Manner in which mixing is timed 	
<p>76. Has the firm defined what constitutes a significant discrepancy in production? (Including such aspects as theoretical vs. actual production yield, actual drug usage, etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>77. Are significant discrepancies immediately investigated and do production records show the corrective actions taken?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>78. Is an individual batch or production run number, code, date or</p>	

<p>other suitable identification which permits tracing of the manufacturing history applied to the labeling of the medicated feed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>79. Calculate drug levels in a representative number of feeds, and:</p> <p>a. State the number checked that were right (in narrative)</p> <p>b. Report any discrepancies found, provide evidence of the discrepancy, including formula.</p>	
<p>80. Is the original, copy, or electronic version of the production record kept on the premises for not less than one year from the date of production?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>DISTRIBUTION RECORDS (21 CFR 225.110)</p>	
<p>**81. Does each distribution record provide sufficient information, to relate complaints to specific batches or production runs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>82. Are distribution records kept on the premises for not less than one year after the date of shipment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>COMPLAINT FILES (21 CFR 225.115)</p>	
<p>83. Does the firm have procedures to use as follow-up in response to product complaints and reports of experiences of product defects?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>84. Is a file kept for each oral and written complaint or report of product defects? If, yes, does it contain:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>a. Date of complaint?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>b. Complainant's name and address?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>c. Name and lot or number or date of manufacture of the medicated feed involved?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>d. Specific details of the complaint?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>e. Correspondence, including memoranda of conversations, from the complainant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>f. Description of all investigations?</p>	

<input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Method of disposition of the complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No	
85. Are reports of adverse experiences, drug mixups, and other failures of the drug to meet specifications reported as required to CVM? <input type="checkbox"/> Yes <input type="checkbox"/> No	

NARRATIVE

DRUG COMPONENTS ON HAND

TRADE NAME	DISTRIBUTOR	DRUG	POTENCY	EXPIRATION DATE

DISCUSSION WITH MANAGEMENT

Describe in detail all recommendations and warnings given to management and their response to each deviation.