DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION		
60 Eighth Street NE	7/16/2019-7/25/2019*		
Atlanta, GA 30309	FEI NUMBER		
(404)253-1161 Fax: (404)253-1202	3000145316		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Michael D. Chapman, Technical Manager/ Interim Plant Manager			
FIRM NAME	STREET ADDRESS		
Highland Industries, Inc.	650 Chesterfield Hwy		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Cheraw, SC 29520-7005	Contract Manufacturer		

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.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

#### DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

#### **OBSERVATION 1**

Process validation activities and results have not been documented and approved.

Specifically, the ozonator generator does not have a completed IQ/OQ and PQ validation records. The lack of an adequate validation resulted in the manufacturing process does not have defined operating parameters and specifications for the ozone levels.

#### **OBSERVATION 2**

There is no and inadequate documentation of monitoring and control methods and data, the date performed, the individual performing the process and the major equipment used for a validated process.

Specifically, there are no manufacturing records or test reports for various process validation equipment installation and performance qualification.

# **OBSERVATION 3**

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION		
60 Eighth Street NE	7/16/2019-7/25/2019*		
Atlanta, GA 30309	FEI NUMBER		
(404)253-1161 Fax: (404)253-1202	3000145316		
(101/200 1101 1011 (101/200 1201			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Michael D. Chapman, Technical Manager/ Interim Plant Manager			
FIRM NAME	STREET ADDRESS		
Highland Industries, Inc.	650 Chesterfield Hwy		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Cheraw, SC 29520-7005	Contract Manufacturer		

Procedures for finished device acceptance have not been established.

Specifically, the firm has not established and maintained procedures for finished device acceptance to ensure the batch of finished devices meet acceptance criteria. The acceptance activities required to meet the device master record specifications are not defined, the associated data and documentation is not reviewed, and there is no documented signature and date authorizing the release of the manufactured devices.

# **OBSERVATION 4**

Sampling plans are not written and based on valid statistical rationale.

Specifically, the firm has not established and maintained valid statistical techniques to ensure that sampling methods are adequate for the intended used.

# **OBSERVATION 5**

The device history record does not demonstrate that the device was manufactured in accordance with the device master record.

Specifically, the firm has not established and maintained adequate procedures to ensure each medical device batch is manufactured in accordance with the device master record specifications.

# **OBSERVATION 6**

Schedules for the adjustment, cleaning, and other maintenance of equipment have not been established.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE  Gamal A Norton, Investigator	Gamal A Norton Investigator Signed By: Gamal A. Norton -S Date Signed: 07-25-2019 11:36:30	DATE ISSUED 7/25/2019
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONAL OBSERVATION OF THE PREVIOUS EDITION OF THE PREVIO	ONS	PAGE 2 of 4 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION			
60 Eighth Street NE	7/16/2019-7/25/2019*			
Atlanta, GA 30309	FEI NUMBER			
(404)253-1161 Fax: (404)253-1202	3000145316			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED				
Michael D. Chapman, Technical Manager/ Interim Plant Manager				
FIRM NAME	STREET ADDRESS			
Highland Industries, Inc.	650 Chesterfield Hwy			
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED			
Cheraw, SC 29520-7005	Contract Manufacturer			

Specifically, the firm has not established maintenance schedules for the cleaning, and other maintenance of equipment to ensure that manufacturing specifications are met. The firm does not records of maintenance activities, including the date and individual(s) performing the maintenance activities documented.

# **OBSERVATION 7**

A quality plan has not been established.

Specifically, The firm has not established a quality plan that defines the quality practices, resources, and activities relevant to the medical devices designed and manufactured at this facility. The firm's Quality Manual, No.: CHQM-4.0, Revision: 5 does not acknowledge the 21 CFR 820 requirements that describe and define the establishment of a Quality System for manufacturing medical devices.

# \*DATES OF INSPECTION

7/16/2019(Tue), 7/17/2019(Wed), 7/18/2019(Thu), 7/19/2019(Fri), 7/25/2019(Thu)

SEE REVERSE OF THIS PAGE

EMPLOYEE(S) SIGNATURE

Gamal A Norton, Investigator

Gamal A Norton, Investigator

A Norton, Investigator

Signed By, Gamal A Norton Signed By, Gama

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION 7/16/2019-7/25/2019\* 60 Eighth Street NE Atlanta, GA 30309 3000145316 (404)253-1161 Fax: (404)253-1202 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Michael D. Chapman, Technical Manager/ Interim Plant Manager FIRM NAME STREET ADDRESS Highland Industries, Inc. 650 Chesterfield Hwy CITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED Cheraw, SC 29520-7005 Contract Manufacturer

#### **Annotations to Observations**

Observation 1: Under consideration

Observation 2: Under consideration

Observation 3: Under consideration

Observation 4: Under consideration

Observation 5: Under consideration

Observation 6: Under consideration

Observation 7: Under consideration

SEE REVERSE OF THIS PAGE EMPLOYEE(S) SIGNATURE

Gamal A Norton, Investigator

Gamal A Norton Investigator Signed By: Gamal A. Norton -S Date Signed: 07-25-2019 11:36:30 DATE ISSUED 7/25/2019

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

INSPECTIONAL OBSERVATIONS

PAGE 4 of 4 PAGES