



Request for Inspection Form

➤ **Should be filled by the Authorized representative:**

AR name : _____ CR number : _____

Address : _____ Contact No: _____

Working hours: _____ Remarks (if any): _____

• Mandatory Requirements Office:

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1. Tracing system (Software or Excel Sheet). including LOT no., Batch no., Serial no., End user, recalls, complaints.
 2. Recalls, complaints, and adverse event Forms.
 3. Access Control for store.
 4. Register with FDA+MHRA+ SFDA, for FSN
 5. Labeling for (Damage area-expired Items)
 6. Staff should be fully aware of submitted polices
 7. Labeling for products.
 8. Destruction records in software and hardware.
 9. Temperature log (excel sheet registered the date, time temperature log).
 10. Fire extinguisher available and maintained.
 11. working hours clearly represented at the main entrance.
 12. for renewal application, NHRA license must be displayed for visitors.

➤ **Conditional Requirement:**

Completed

N/A

1. Storage space or Store location.

2. Cold room if needed

3. UBS / generator in cases of power failure.

4. Receiving and delivering area.

Please do not fill this form if the above requirements are not fulfilled. Incase form where filled without complying to the requirements above, reinspection fees of 50 BD must be provided.

Name:

Date:

Stamp :