



Request for Inspection Form

➤ Should be filled by the Medical Devices Storing facility:

Storing facility name:

CR number:

Address:

Contact No:

• **Mandatory Requirements:**



1. Tracing system (Software).
2. Access Control for store.
3. Labeling for (receiving area, storage area, delivery area, quarantine area).
4. Staff should be fully aware of submitted polices.
5. Labeling for products.
6. Destruction records in software and hardware.
7. Used vehicles are equipped as per medical devices manufacturers recommendation.
8. Temperature log (excel sheet registered the date, time temperature log).
9. Fire extinguisher available and maintained.
10. working hours clearly represented at the main entrance.
11. 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 :