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| PRE-AUDIT NOTIFICATION and INFORMATION FORM(Overseas Sites)Form: FM\_MQL45 |

**IMPORTANT: To be signed and submitted to the APVMA at least 4 weeks prior to the scheduled audit date.**

**BOTH Parts A & B are to be completed. If the information required for Part B is available in a Plant Master File (PMF) that may be submitted with references provided on this form.** This information, and any other relevant APVMA information, will be provided to the Auditor to assist with their preparation for the audit.

**Email to: MLS@apvma.gov.au** *(preferred if no commercially confidential content)*

**Or Mail to: Director, MQL, APVMA,**

**GPO Box 3262, SYDNEY NSW 2001, AUSTRALIA**

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**PART A: Audit Notification**

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| 1. Name  of manufacturer to be audited:   *(this name will be listed in the letter of recognition, so please ensure accuracy)* |  | | | | | |
| 1. Street address of manufacturer to be audited:   *(this address will be listed in the letter of recognition, so please ensure accuracy)* |  | | | | | |
| 1. **APVMA File Number:** |  | 1. **Date(s) of audit:** | |  | | |
| 1. **Name of auditor:** |  | | | | | |
| 1. Owner of audit: *(The letter of recognition and other audit correspondence will be sent to the owner of the audit, so please ensure accuracy)* | | | | | | |
| Company name: |  | | | | | |
| Contact person’s name |  | | Title *(Mr, Ms, Dr etc)* | |  | |
| Position: |  | | | | | |
| Postal address: |  | | | | | |
| Telephone number/Mobile No: |  | | | | | |
| Facsimile number: |  | | | | | |
| Email address: |  | | | | | |
| 1. **Name of Contact person at Manufacturing site:** |  | | Title *(Mr, Ms, Dr etc)* | |  | |
| Position: |  | | | | | |
| Telephone number: |  | | | | | |
| Facsimile number: |  | | | | | |
| Mobile/cell number: |  | | | | | |
| Email address: |  | | | | | |
| 1. **List all products and product types to be included in this audit.  Include APVMA product names and numbers if products are registered. *If the products are not already registered in Australia, please indicate if/when they are expected to be registered.***   ***(These will be listed in the letter of recognition, so please ensure that all product types to be audited are included)*  (attach list if space insufficient)** | Product details | | | | | **Category** *(refer Attachment 1)* |
|  | | | | |  |
| 1. **Other sub-contractors and/or facilities to be audited:** |  | | | | | |
| 1. **Comments** |  | | | | | |

**NOTE: BOTH sections below must be signed if the Applicant is NOT the manufacturer**

**Privacy**

*The collection of personal information by the Australian Pesticides and Veterinary Medicines Authority (APVMA) in relation to this form is for the purpose of assisting the APVMA to perform its functions under the Agricultural and Veterinary Chemicals (Administration) Act 1992 and related legislation, including for the purpose of processing audits and audit outcomes.*

*Personal information collected by the APVMA will be managed in accordance with the Privacy Act 1988.*

*The APVMA will provide personal information collected in relation to this form to the nominated auditor for the purposes of the audit.*

*More information about the way in which the APVMA manages personal information, including its Privacy Statement, is available at* [*https://apvma.gov.au/node/3207*](https://apvma.gov.au/node/3207)

***Giving false or misleading information is a serious offence and may lead to prosecution for an offence against the Agricultural and Veterinary Chemicals Code.***

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| **APPLICANT:**  **Declaration:** In signing this form I am authorising the APVMA to release relevant information to the Auditor for the purposes of this audit.  **Signature of Representative:** ………………………………………….… **Date:** ……………………..  **Name of Representative:** …………………………………………… |

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| **MANUFACTURER TO BE AUDITED:**  **Declaration:** In signing this form I am authorising the APVMA to release relevant information to the Auditor for the purposes of this audit.  **Signature of Representative:** ………………………………………….… **Date:** ……………………..  **Name of Representative:** ……………………………………………  **Position in company:** ……………………………………………………………… |

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##### Part B: Information for Audit

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| **If the information required for Part B is available in a Plant Master File (PMF), that may be submitted, with references provided for each question on this form.** |

1. For biological products, list all viable organisms used in the production areas.

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| --- | --- |
| **Product** | Organism/s |
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1. List the typical number of batches of product manufactured per day. If products are manufactured infrequently/ seasonally, please indicate how often per year and/or which months products are manufactured.

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1. Please state whether any veterinary chemical products manufactured on site contain any of the following materials:

|  |  |
| --- | --- |
| penicillins |  |
| cephalosporins |  |
| other antibiotics |  |
| cytotoxic medicines |  |
| hormones |  |
| steroids |  |
| chemicals to which any schedule of the SUSDP applies |  | |
| Genetically modified organisms |  | |
| Radioactive |  | |
| Actives/ingredients containing nano material (less than 100 nanometres) |  | |

If you ticked any of the above, please provide details below:

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1. List any other non-veterinary chemical products manufactured on site (group as appropriate).

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1. List any other non-manufacturing activities performed on site (e.g. warehousing, marketing, R&D etc.)

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1. **PERSONNEL:**

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| --- | --- | --- | --- |
| **a) Person responsible for PRODUCTION:** | | | |
| Name: |  | Title *(Mr, Ms, Dr etc)* |  |
| Position: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **b) Person responsible for QUALITY (QA/QC):** | | | |
| Name: |  | Title *(Mr, Ms, Dr etc)* |  |
| Position: |  | | |

1. Please indicate the numbers of employees engaged in following work areas and the numbers of shifts of staff per day:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Work Area** | **Permanent** | | **Casual** | |
|  | **No. Staff** | **No. Shifts per day** | **No. Staff** | **No. Shifts per day** |
| Production |  |  |  |  |
| Quality Control |  |  |  |  |
| Storage and Distribution |  |  |  |  |
| Technical and engineering support services |  |  |  |  |
| TOTAL |  |  |  |  |

1. Please provide an organisational chart showing the persons responsible for production, quality control and quality assurance*. (attach if preferred).*

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1. **CERTIFICATION:**

**Is the company licensed or certified under any other GMP/quality scheme?**

YES (please provide brief details) ……………………………………………………..

NO

1. **OTHER AUDITS/INSPECTIONS**

**Has the site been audited or inspected by another regulatory authority (Australian or Overseas) since the last APVMA audit?**

YES

NO

**Was the outcome of this audit**

SATISFACTORY

UNSATISFACTORY

**If the outcome of the audit was unsatisfactory, please provide comment:**

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1. **SITE DESCRIPTION (brief)** *(the location and immediate environment; the size of the site, types of buildings (construction materials, ages, floor size area).*

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1. **PLANS:** Please provide outline plans of the site to be audited, highlighting relevant production areas. If possible, provide very brief notes to indicate the activities carried out on the site. Please do not reduce so far as to make words difficult to read.

(a) For sterile products areas, indicate room and area classification, pressure differentials and air change rate *(category 1 manufacturers only).*

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(b) Are there any segregated storage areas available and if so for what purpose?

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(c) Where applicable, are the categories of manufacture segregated from each other?

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1. **VENTILATION SYSTEMS** Please provide a brief description of ventilation systems (if applicable). eg extraction and air supply: if supply is filtered, grade of filter and air classification if any.

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1. **WATER SYSTEMS** - Please provide a brief description of water purification systems. If Purified Water, BP or the equivalent is made, include/attach a full diagram of the system.

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1. **MAJOR PRODUCTION EQUIPMENT AND QUALITY CONTROL INSTRUMENTATION**

Please provide a list of major production equipment but only sufficient to allow the auditor to gain an overall appreciation of the processes. Include a list of laboratory instrumentation.

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1. **CONTRACT MANUFACTURING**

**a)** List all laboratories/manufacturers involved in **analysing or testing** of any of the veterinary chemical products (or intermediates) relevant to this audit.

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| --- | --- | --- | --- |
| **Name of  Manufacturer** | **Address** | **Product** | **Test/s performed** |
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**b)** Are any other steps of manufacture of the products relevant to this audit (such as packaging, sterilising etc, but *excluding* provision of raw materials) contracted out to **other manufacturers**?

Yes  *complete details below* No  🡪 go to Question 25

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of  Manufacturer** | **Address** | **Product** | **Step(s) of Manufacture** |
|  |  |  |  |
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**c)** If the manufacturer to be audited does not perform **release for supply** of the product, who does perform this step?

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| --- | --- | --- |
| **Name of  Manufacturer** | **Address** | **Product** |
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1. **DOCUMENTATION / PROCEDURES**

a) Please provide a list of the Standard Operating Procedures (SOPs) and methods used on the site*. (attach list if preferred)*

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b) Please attach copy of Master Validation Plan, if any.

1. **COMPUTERS**

a) Are computers used for:

monitoring status of raw materials, intermediates, finished product?

controlling manufacturing operations?

controlling stock levels?

calculating formulation quantities?

other?

*Please explain below.*

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b) If any aspect is ticked in 26 a), is the computer system validated? *Please explain below.*

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1. **OTHER INFORMATION**

Please provide brief details of any further information that may be relevant to the audit.

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**ATTACHMENT 1:**

**Types of Products Manufactured**

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| **Category** | **Type of Manufacture** | **Product Type**  ***(examples - not necessarily complete list)*** |
| Category 1 | Sterile and/or immunobiological products | sterile products  immunobiological products  subcutaneous implants |
| Category 2 | Non-sterile veterinary preparations other than Categories 3 and 4 | tablets  capsules  pellets  creams  ointments  pastes  liquids (including liquid oral supplements)  powders  granules  gels  suspensions  sprays |
| Category 3 | Ectoparasiticides (externally applied) | liquids  pastes  powders  ear-tags |
| Category 4 | Premix/supplements | premixes  supplements (which require registration) |