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DATE ASSIGNED:	CS#:		PRIORITY:		DATE INSPECTE	D:	GRP:				
CENTRAL FILE NO.:		JD/TA:			INTY:		PHONE	ONE:			
NAME:				STR	EET:						
CITY:	STA	ATE:		ZIP:			DISTRI	CT:			
			ENDOR	SEME	NT						
			COMPLIANCE AC	HIEVE	EMENT DATA						
PAC Code	Problem Type	Corrective Action	Date Action Verifi (MM/DD/YY)	ed	Correcting Unit ¹	Reporting District ²		Reason for Correction			
					/	/					
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SIGNATURE								DATE			

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DISTRIBUTION:

DATE ASSIG	NED:		CS#:	PRIORITY:					DATE INSPD:				GRP:					
CENTRAL FIL	LE NO.:			JD/TA:						COUNTY:	PHONE:							
NAME:										STREET:								
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RELATED FIRMS: STATE ASSIGNED:									ITS:									
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REG TYP	MM/YY MM/YY MM/YY		MM/YY	REG TYPE		MM/YY		MM/YY	MM/YY MM/YY		REG TYPE	MM/Y	/ MI	MYY	М	M/YY		
F						D						٧						
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FSTA	BLISHMEN	IT TYPES	3/	1.						2. 3.								
	TRY COD																	
TOTAL ESTA SIZE			USINESS SOLD	DISTRICT USE #1 #2 #3			RECALL NUMBER REF		USAL CODE F		ROFILE		PASS/FAIL					
ESTABLISHM	IENT CHA	NGES:	□ New	/ Firm	ı ☐ Nor ☐ Inad	ne ctive	□ Nai	me t OEI	☐ Addr ☐ Aux	ess	ership istration		Size □ Pro	od Code	☐ Other		Est Ty	pe
PAC	PAC Process (Product) Est Ins Code Typ Base		isp asis	Empl1 PC: No: HD:	PC: No: HD:		PC: No: HD:		Product			Priority	, Resche Date		Insp Conc	Dist DSCN		
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SAMPLES CO	DLLECTED):																
SAMPLE #:										PRODUCT:								
HEADQUARTERS UNTI REFERRED:									FDA 483 ISSUED: ☐ YES ☐ NO									
REASON REF	FERRED:									OTHER FED	GOVT I	NSP OF	R GRADING:					
INSPECTOR'	S NAME A	ND SIGN	ATURE:							SUPERVISOR'S NAME AND SIGNATURE:								

DATE ASSIGNED: CS#:		CS#:			PRIORITY:		DATE INSPD:	GRP:					
CENTRAL FILE NO.:			JD/TA:			COUNTY:		PHONE	PHONE:				
NAME:						STREET:							
CITY:			STATE:			ZIP:		DISTRIC	ISTRICT:				
					PRODU	ICTS COVERED		L					
DATE COVERED	VERED PRODUCT CODE			EST TYP	EST TYP		PRODUCT DESCRIPTION						

DATE ASSIGNED: CS#:				PRIORI				IORITY:		DATE INSPECTED:				GRP:		
CENTRAL FILE NO		JD/TA:				COL	:									
NAME:									STREET:							
CITY: STATE:									ZIP:	ZIP: DISTRICT:						
PROFILE DATA SHEET NO.:										EMPLOYEE NUMBER:						
PROFILE DATA SHEET																
PRO CLS	NEW S	STAT	US	CURRENT STATUS			GI	GMP DATE	REMARKS							
OLO	М		R	М		R										
SIGN OFF SIGNAT	L TURE			1					I					DATE OF SIGNATURE		

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