DISTRICT ADDRESS AND PHON One Montvale	DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
10 C	IE NUMBER	DATE(S) OF INSPECTION		
		4/6/2017-4/18/201 FELNUMBER	7*	
Stoneham, MA (781)587-7500	02180) Fax:(781)587-7556	3011430551		
NAME AND TITLE OF INDIVIDUA	L TO WHOM REPORT ISSUED			
James P. Cano	gelosi , Owner			
FIRM NAME		STREET ADDRESS	-	
Brookfield Me	edical/Surgical Supply, Inc.	, Inc. 60 Old New Milford Rd Ste 1B		
Brookfield, C		503B Outsourcer		
observations, and do observation, or have action with the FDA questions, please con	bservations made by the FDA representative(s) not represent a final Agency determination rega implemented, or plan to implement, corrective a representative(s) during the inspection or subm tact FDA at the phone number and address abo	arding your compliance. If you have an object action in response to an observation, you may at this information to FDA at the address above	tion regarding an discuss the objection or	
DURING AN INSPECT OBSERVATIO	TION OF YOUR FIRM WE OBSERVED:			
	e to thoroughly review any unexpla	ined discremency and the failure of	f a batch or any of	
	to meet any of its specifications wh		and the second se	
no componento	to meet any of its specifications will	care of not the outen has been and	and ansatoriou.	
 potency assay (Lot 120314MB (5mL) at 89.7%, Lot 110314MA (3mL) at 89.01%, specification (b) (4)), respectively. Your corrective action was to (b) (4) from (b) (4) and to (b) (4) ; However, your firm has still not evaluated the effect this change has on potency loss and degradation on product quality, including an evaluation of impurities and the establishment of scientifically justified impurity limits. These inadequacies have not fully been addressed since the last inspection and your firm continues to manufacture, (b) (4) and release these products. This is a repeat observation from the 2015 FDA-483. B. Additionally, your firm has not evaluated the impact of (b) (4) on Methylprednisolone Acetate and Triamcinolone Acetonide Suspension for Injection. 1. Since the last inspection your firm has also had two lots of Triamcinalone Acetonide 40mg/mL Suspension for Injection fail potency testing: Lot 012116MB at 119.7%/115.4%, specification (b) (4) and Lot 072616EB at 121.3%. This product is manufactured with a (b) (4) to (b) (4) 				
These in continue from the B. Addition Acetate	adequacies have not fully been add s to manufacture, (b) (4) and rela 2015 FDA-483. nally, your firm has not evaluated th and Triamcinolone Acetonide Susp- Since the last inspection your firm 40mg/mL Suspension for Injection 119.7%/115.4%, specification (k product is manufactured with a (b	e impact of (b) (4) on Mension for Injection. has also had two lots of Triamcin fail potency testing: Lot 012116M (4) to (b)	ity limits. d your firm eat observation fethylprednisolone alone Acetonide MB at 21.3%. This (4)	
These in continue from the B. Addition Acetate	adequacies have not fully been add s to manufacture, (b) (4) and rela 2015 FDA-483. nally, your firm has not evaluated th and Triamcinolone Acetonide Susp- Since the last inspection your firm 40mg/mL Suspension for Injection 119.7%/115.4%, specification (k product is manufactured with a (b	The scientifically justified impur- tressed since the last inspection and ease these products. This is a reper- e impact of (b) (4) on M- ension for Injection. has also had two lots of Triamcin fail potency testing: Lot 012116M b) (4) and Lot 072616EB at 12 b) (4) to (b) tion again failed to evaluate the im- mestigator	ity limits. d your firm eat observation Iethylprednisolone alone Acetonide MB at 21.3%. This (4) upact of ^{(D) (4)} DATE ISSUED 4/18/2017	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHON One Montvale		DATE(S) OF INSPE 4/6/201	ECTION 7-4/18/2017*	
Stoneham, MA	02180) Fax:(781)587-7556	FEI NUMBER 3011430		
NAME AND TITLE OF INDIVIDUA				
	gelosi , Owner			
FIRM NAME	dial/Currial Currly Inc	STREET ADDRESS	nd Dd Cto 1D	
CITY, STATE, ZIP CODE, COUNT	edical/Surgical Supply, Inc.	60 Old New Milfo. Type establishment inspected	ra ka ste ib	77
Brookfield, C	CT 06804-2429	503B Outsourcer		2
C. Your fin rejected. presence investiga microbia	Since the last inspection Lot 07081 suspension for Injection also failed (b) (4) The cause was assoc (b) (4) The cause was assoc (b) (4) The impact of which has not m lacks rationale for not investigatin For example, between July and Oc e of low CFU of objectionable micro ations lack rationale for not further of al detections.	l potency specification iated with an (b) (4) (b) (4) . (b) (4) been further assessed ng lots manufactured tober 2016, your firm organisms in ^{(b) (4)} a	has currently has currently d. before and after lo rejected five lots ir samples and the	to been (b) (4) ts your firm due to
	DN 2 ing areas are deficient regarding the oduce aseptic conditions.	system for cleaning	and disinfecting tl	ne room and
Specifically, your firm references cleaning agents ((b) (4)) used to maintain a state of microbial control in your classified areas, where you manufacture Betamethasone Sodium Phosphate, Methylprednisolone Acetate and Triamcinolone Acetonide for Injection. These cleaning agents are not used in the manner intended by the manufacturer. A review of the Firm's cleaning procedures: SOP #4.01, Cleaning of the Clean Room and Ante Room, effective 2/28/2017, SOP #4.02, (b) (4) Cleaning of the Clean Room With Sporicidal Agent, effective date 8/13/2015, SOP #4.03, Cleaning of (b) (4) in Clean Room, effective date 4/12/16, and SOP #4.04 (b) (4) Cleaning Tasks, effective date 1/17/17,				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Nealie C Newberger, Lead Inv Christopher Janik, Investiga		505000000	DATE ISSUED
FORM FDA 483 (09/08)	PREVIOUS EDITION OBSOLETE INS	PECTIONAL OBSERVATIO	NS	PAGE 2 OF 4 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION				
DISTRICT ADDRESS AND PHO				
One Montvale Stoneham, MA		FEI NUMBI		
	0 Fax:(781)587-7556	3011	430551	
NAME AND TITLE OF INDIVIDU	AL TO WHOM REPORT ISSUED			
James P. Can	gelosi , Owner			
FIRM NAME		STREET ADDRESS		
Brookfield M	edical/Surgical Supply, Inc.	60 Old New Mi Type establishment inspect	lford Rd Ste 1B	
	CT 06804-2429	503B Outsourc		
revealed that your firm has no stipulation of established contact times for cleaning with a Sporicidal agent. The firm uses (b) (4) as sporicidal agents. The manufacturer's instructions for (b) (4) There are also no contact times listed in the SOPs for the use of (b) (4) cleaning agents or sterile (b) (4)				
 OBSERVATION 3 Procedures designed to prevent microbiological contamination of drug products purporting to be sterile are not established, written and followed. Specifically, A. Your firm added a (b) (4) to the ISO5 LFH in an effort to provide a cleanable barrier over the previously exposed light bulbs; however you failed to execute a subsequent dynamic smoke study to demonstrate the (b) (4) addition does not interrupt the laminar flow of clean, first pass air. B. On 07APR2017, your technicians were noted to carry an open (b) (4) of Betamethasone Sodium Phosphate for Injection through the ISO-8 anteroom to the ISO-7 cleanroom is located for further processing, without (b) (4) with sterile (b) (4) for further processing. This same practice was noted on 12APR2017 during the manufacture of Triamcinolone Acetonide Suspension for Injection. This routine practice is inadequate to prevent microbial contamination. 				
OBSERVATION 4 Written production and process control procedures are not followed in the execution of production and process control functions.				
SEE REVERSE OF THIS PAGE	EMPLOYEE(S)SIGNATURE Nealie C Newberger, Lead Inv Christopher Janik, Investiga		4/18/2017 X Nealie C Newberger Neale C Newberger Lead Investigator Signed by: Neale C. Newberger -5	DATE ISSUED 4/18/2017
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One Montvale Avenue	4/6/2017-4/18/2017*	
Stoneham, MA 02180	FEI NUMBER	
(781)587-7500 Fax:(781)587-7556	3011430551	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED		
James P. Cangelosi , Owner		
FIRM NAME	STREET ADDRESS	
Brookfield Medical/Surgical Supply, Inc.	. 60 Old New Milford Rd Ste 1B	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED	
Brookfield, CT 06804-2429	503B Outsourcer	
Sodium Phosphate, Methylprednisolone Acetate, a	state of control in the manufacture of Betamethasone nd Triamcinolone Acetate, and continues to release referenced in Observation 1A related to super- and	

***DATES OF INSPECTION**

4/06/2017(Thu),4/07/2017(Fri),4/10/2017(Mon),4/11/2017(Tue),4/12/2017(Wed),4/18/2017(Tue)

X Christopher Janik

Christopher Janik Investigator Signed by: Christopher Janik -S

SEE REVERSE OF THIS PAGE	Christopher Janik, Investigator X	4/18/2017 Nealie C Newberger le C Newberger 1 mestgator 6 by: Nask C Newberger -6	date issued 4/18/2017
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