

ATTACHMENT A

NOTIFICATION OF PMA POSTMARKET INSPECTION FORM

To: CDRH/OC/DRMO/FOB
Fax: 301-847-8128
Phone: 301-796-5818

From: _____

Subject: PMA Numbers: _____
PROCEDURE: _____
STERILIZATION METHOD: _____
PREVIOUS INSPECTION PERFORMED: _____
PMA APPROVAL DATE: _____

Device Name:

Firm:

Firm Address:

FEI:

FACTS#

POSTMARKET INSPECTION IS SCHEDULED (Date) _____

POSTMARKET INSPECTION ALREADY PERFORMED _____

DATE INSPECTED _____

FINAL DISTRICT DECISION: NAI VAI OAI **TURBO#** _____

PAC Code 83001A _____ Hours Used

FDA 483 ISSUED YES NO – If yes please attach **DATE** _____

FOOD AND DRUG ADMINISTRATION

COMPLIANCE PROGRAM GUIDANCE MANUAL

PROGRAM

7383.001

Attachment A

WL ISSUED YES NO – If yes please attach
UNTITLED LETTER YES NO – If yes please attach

DATE _____
DATE _____

OTHER LEGAL ACTION _____

Describe: _____

