**Docket Nos. 03D-0060, 99D-1458, 00D-1538, 00D-1543, 00D-1542, & 00D-1539**
**Comments on Draft Guidance for Industry entitled, "Part 11, Electronic Records, Electronic Signatures -- Scope and Application"**

***General***
We commend the FDA on the overall approach embodied in this guidance document. It provides a more rational approach to several very difficult technology issues. We also welcome the risk-based focus and increased flexibility the guidance provides.

***FDA Enforcement Policy***
The draft guidance states that the FDA intends "to enforce all other provisions of Part 11." Given the withdrawal of FDA Enforcement Policy, CPG 7153.17, it is now left unclear as to what guidance will be used by FDA investigators and compliance officers, especially with regard to those areas of the Part 11 regulation that remain under active enforcement. For the next several years while revisions to the Part 11 regulation are under consideration, we encourage the Agency to continue to exercise enforcement discretion similar to that outlined in the previous Enforcement Policy for the areas still under active enforcement. Further, we encourage the Agency to provide an explicit statement in this regard in the Part 11 Scope and Application Guidance.

***Software as an Electronic Record***
We endorse the ISPE position that for purposes of Part 11 compliance, PLC ladder logic and other processing software should not be a Part 11 record. An explicit statement to this effect is needed in the Part 11 Scope and Application Guidance in order to resolve the inherent conflict with CPG 7132a.11 "CGMP Applicability to Hardware and Software" which states that applications software used in drug processing will be regarded as records.

***Risk-based Approach***
With respect to validation, audit trails and record retention, the draft guidance provides flexibility based on a "justified and documented risk assessment." A documented and justified risk-based approach should be acceptable in all areas of the Part 11 regulation (not just validation, audit trails and record retention).

Additional clarity is needed regarding acceptable approaches to risk assessment and regarding the types of risks to be considered. The NIST document referenced in the guidance dealt only with information security risks, and not risk to patients or other types of risks. Additional risk-related reference documents would be useful, including Hazard Analysis and Critical Control Point (HACCP) references and the following standards:

- CAN/CSA-Q850-97 – Risk Management: Guideline for Decision-Makers, Canadian Standards Association
- ISO 14971:2000 – Application of risk management to medical devices, International Organization for Standardization
- ANSI/AAMI Standard SW 68 – Medical device software - Software life cycle processes, American National Standards Institute and Association for the Advancement of Medical Instrumentation

Also risk concepts such as "As Low As Reasonably Practicable (ALARP)" are commonly used in some of these and other risk management standards from other industries, and should be accepted in pharmaceutical risk management.

***Records Required by Predicate Rules***

The guidance uses the term "records required by predicate rule." Some record keeping requirements are explicitly stated in FDA regulations, while others are implicit. For example, records are kept "to demonstrate compliance" for the engineering design of a sterile facility, for the design of various types of water systems, and for cGMP training, even though in each case there is no record-keeping requirement explicitly stated in the predicate rule. While there is no question that this documentation must be kept, the guidance needs to clarify how such records if maintained electronically are to be considered with regard to Part 11 compliance. Again, we believe that a risk-based approach to electronic recordkeeping requirements should be allowed.

***Validation***

More clarity or an additional example is needed in order to avoid possible misinterpretation of the FDA's position on validation. Technical requirements for security, operational checks, authority checks, device checks, and many aspects of electronic signatures are areas where there is no predicate rule requirement, yet clearly there would be an expectation that the functionality be included in validation of the computer system. One or more of these Part 11 technical requirements should be included as an example of where validation would continue to be expected, even without a predicate rule requirement to do so.

The reference to "21 CFR 820.70(i)" should be expanded to include some additional (non-medical device) references to predicate rule requirements for validation.

***Copies of Records***

Additional clarification is needed regarding the statement "You should allow inspection, review, and copying of records in human readable form, on your site, using your hardware and software, following your established procedures and techniques for accessing those records." We have no objection to providing an electronic copy of requested records, but electronic inspection and review appear to be new expectations that are potentially in conflict with Section 527.4 in the FDA's

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Investigations Operations Manual. That reference states that investigators "should not use the audited firm's equipment or personnel to perform extensive queries or manipulation of the audited firm's own computerized data." The Part 11 guidance should be clarified to state "You should make provision for **copying** of records in human readable form, on your site, using your hardware and software, following your established procedures and techniques for accessing those records."

***Clinical Trials Guidance***

The FDA's Guidance for Industry: Computer Systems Used in Clinical Trials is very much oriented toward Part 11, but was not withdrawn. In cases where there is a conflict between this clinical trials guidance and the Part 11 Scope and Application guidance, (e.g., legacy systems, validation, audit trails, and record retention issues), the FDA should clarify that the Part 11 Scope and Application guidance will take precedence over the guidance on Computer Systems Used in Clinical Trials.

***Time Stamps***

The draft Part 11 guidance on "Time Stamps" corrected comment # 101 in the preamble to Part 11 that required recording of local time. With the withdrawal of the time stamps draft guidance, we strongly urge that this correction of the preamble be restated in the current Scope and Application guidance.