**Inspection Reply**

**Sector: Operation**

**Executive Department: Inspection Support**

**Department: Factories Inspection Support**

**Section: Pharmaceutical and Cosmetic Factories**

**Cod: OPS-F-210-040-V2**

**Related SOPs: Policy and Procedure of Good Manufacturing Practice Inspection Process**

**Approval Date: 08/06/2022**

**Version Control**

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| --- | --- | --- | --- |
| **Revision Date** | **Version NO.** | **Reason of change** | **Describe the change** |
| **24/11/2020** | **1** | **Organization Identity** | **Organization Identity** |

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| **Reference No.: For SFDA use only** | **Inspection Date: For SFDA use only** |
| **Inspected Site:**  **For SFDA use only** | |

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| **Description of Deficiency** | **The company will fill this space with observation as it was written in the report** |
| **1ST Responses & Actions** | **The company will write a full and detailed corrective/preventive action. With any attachment supporting the correction** |
| **1ST Inspector remarks** | **For SFDA use only** |
| **2ND Responses & Actions** | **If the first company response is not satisfactory or more clarification needed from the inspection team the company should response as above** |
| **2ND Inspector remarks** | **For SFDA use only** |
| **3RD Responses & Actions** | **If the second company response is not satisfactory or more clarification needed from the inspection team the company should response as above** |
| **3RD Inspector remarks** | **For SFDA use only** |

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| **3RD Inspector remarks** | **For SFDA use only** |

**Recommendations:**

**For SFDA use only**

**Conclusions:**

**For SFDA use only**

**Name(s):**

Inspector 1 Inspector 2 Inspector 3