Australian Government

Department of Health
Therapeutic Goods Administration

Ms s22
s22
Seqirus Pty Ltd
39-79 Poplar Road
Parkville 3052, Victoria

Ref: PH21/2040

RE: **The Therapeutic Goods Act 1989**
Inspection of Seqirus Pty Ltd
Inspection Tracking Number: MI-2021-LI-05090-1

Dear s22

Please find attached the inspection report for the onsite inspection that took place at your Poplar Road Parkville facility, during 6, 7, 8, 11 and 12th April 2022.

Your response(s) to the deficiencies reported in the post inspection letter have been evaluated and have been accepted. Effective implementation will be reviewed at the next GMP inspection.

Should you have any questions regarding the inspection, please do not hesitate to contact me.

Yours sincerely

(Signed electronically; contains no visible signature)

s22
Manufacturing Quality Branch
Date: 2nd September 2022
Courier address: Level 8 595 Collins Street, Melbourne. Australia
Tel: s22
E-mail: s22 @health.gov.au

Australian Government

Department of Health
Therapeutic Goods Administration

Inspection Report

Manufacturer:	Seqirus Pty Ltd
Inspected site/s:	39-79 Poplar Road Parkville 3052, Victoria
Activities carried out by manufacturer	☑ Manufacture of Active Pharmaceutical Ingredients ☐ Other: ☑ Manufacture of finished medicinal product ☐ Manufacture of intermediate or bulk ☐ Packaging ☐ Laboratory testing ☐ Release for supply ☐ Other:
Type of inspection:	☐ Initial inspection ☑ Re-inspection ☑ Full inspection ☐ Special inspection ☐ Reduced scope inspection **Applicable sections of the *Therapeutic Goods Act 1989*:** ☐ section 37(2)(b) (licence application) ☐ section 40B(10)(a) (licence variation) ☑ section 40(4)(b) (re-inspection of licensed site) ☐ section 25(1)(g) (overseas in relation to registration) ☐ sections 26(1)(g), 26A(3) (overseas in relation to listing)
Scope of Inspection	• All steps in the manufacture of Influenza Virus Vaccine (IVV) and s22 Vaccine (Covid) (Drug substance and Drug Product). • Q-Fever (Drug Product) fill and finish. • All steps in the manufacture of AVAT products • Release of in licenced products
Inspection date/s:	6, 7, 8, 11 and 12th April 2022
Inspector/s	s22 (Lead) & s22

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Department of Health

Therapeutic Goods Administration

Manufacturing Standard used:	PIC/S Guide to Good Manufacturing Practice for Medicinal Products - 1 July 2018
References:	Manufacturing Licence number: MI-2013-LI-05688-1 File reference number/s: PH21/2040

Introduction:

Seqirus Pty Ltd, hereafter referred to as "Seqirus" or "the company, is a wholly owned subsidiary of CSL Limited an Australian developer, manufacturer and distributer, diagnostic and human plasma products. Since 1st January 2013 became an operating entity of CSL. Seqirus manufacturing site at Parkville is one of the world's largest influenza vaccine manufacturing facilities. The inactivated viral vaccine of influenza virus was the subject of this inspection.

Previous Inspection

- Date of previous inspection: s22 [redacted]
- Names of inspectors involved in previous inspection: s22 [redacted] and s22 s22 [redacted]

Brief report of the inspection activities undertaken

- Scope of inspection:
  - ❒ This was a routine reinspection.
  - ❒ The inspection scope was:

(1) As per the company's current manufacturing authorisation (i.e., Licence #MI-2013-LI-05688-1) comprising the following non sterile and sterile dosage forms and their steps of manufacture:

Manufacturing Type	Sterility	Dosage Form	Product Category	Manufacturing Step
Medicine manufacture	Sterile	Injections	Registered Therapeutic Good	Sterile Finished Product Manufacture
Medicine manufacture	Sterile & Non-Sterile	All Dosage Forms	Registered Therapeutic Good	Release for supply
Medicine manufacture	Sterile & Non-Sterile	All Dosage Forms	Registered Therapeutic Good	Secondary packaging
Medicine manufacture	Sterile & Non-Sterile	All Dosage Forms	Not Applicable	Storage
Testing Laboratory	Sterile & Non-Sterile	Not Applicable	Not Applicable	Testing
Active Pharmaceutical Ingredient manufacture	Sterile & Non-Sterile	API - Not Defined	Not Applicable	Active material manufacture
Medicine manufacture	Sterile	Injections	Therapeutic Goods for Clinica Trials	Packaging, Labelling and Release for Supply

(2) Limited to:

- All steps in the manufacture of IVV (Drug substance and Drug Product).
- Q-Fever (Drug Product) fill and finish.
- Release of In licenced products
- All steps in the manufacture of AVAT products
- All steps in the manufacture of the s22 vaccine

Inspected areas

The inspection was conducted in accordance with the inspection plan that was made available to the company at the opening meeting. S47 [redacted]

S47 [redacted]

S47 [redacted] s22 [redacted] S47 [redacted] s22 [redacted]
S47 [redacted]

Planned Changes

New computer system called s47 [redacted] to replace s47 [redacted] and s47 [redacted] systems
New production facility to be built in Melbourne mid 2026 S47 [redacted]
vaccine as well as AVAT and Q Fever vaccine and S47 [redacted] proprietary adjuvant.

Inspection findings and observations

Overview

As part of this inspection there was a review of the actions to address the major deficiencies raised at the previous inspection.
The inspector reviewed the close out actions from the major deficiencies raised in the 2018 AVAT ([redacted] majors) and 2020 IVV ([redacted] majors) TGA inspections. S47 [redacted] s47 [redacted] For the majors there were a number of folders generated.
The company has now consolidated all documents relating to the method of manufacture into a single document and there were also linkages between the documents and there were a number of documents for each product with a gap analysis and associated risk assessments for the contamination and cross contamination control strategy. As a result of this review there were changes implemented to mitigate those items identified as high risk.
The company had performed a significant amount work to address each of the issues. Some were outstanding, these were being tracked and were to for completion.

A single QMS was applied across the entire site.

-Quality Management

The manufacturer had implemented a comprehensive quality management system that generally met the requirements of the PIC/S Guide to Good Manufacturing Practices.

The company had established a documented Site Master File, which appropriately described the company's quality management system. The inspector reviewed the Site Master File and found it to be acceptable.

The manufacturer had implemented a system for quality risk management and risk evaluations and assessments had been incorporated into existing elements of the QMS, e.g., deviation management, investigations, change controls and validation. A review of risk assessments conducted by the organisation found that these had been completed appropriately and according to procedures

There was a procedure that described how deviations and CAPA were to be applied to all quality systems, processes, and procedures. They were managed in the QMS. All staff had the responsibility for raising a deviation in one business day. The deviation owner could assemble an investigational team and collaborate with QA. A risk classification was assigned and a SQuIPP was performed to assess the potential impact. The QA evaluator reviewed the deviation and initial impact assessment. Also review the planned investigation and could escalate the deviation to senior management if required. Deviations were classified as minor, major or critical and the there was also a different level of reviewers depending on the level of the deviation. There was a requirement that deviations be closed within 30 calendar days. Root cause of all deviations are to be determined and the use of formal root cause analysis tools were to be used such as S47 etc. A number of executed deviations were reviewed at the inspection, such as S47 end of stability phenol assay (deficiency#), S47 testing error, S47 variation, yield variation due to difference between s47 , and failure of S47 testing results obtained in S47 consecutive validated batches (deficiency # 8).

Corrective and Preventative Action (CAPA) are to be implemented to eliminate the root cause of a detected deviation, prevent recurrence, or eliminate other undesirable, compliance or GxP issue. QA determines whether effectiveness checks is required for CAPA's. Due dates for CAPAs are required and there is provision for extension of these dates upon approval by QA. All overdue CAPAs require a risk assessment to determine whether further mitigation actions are needed. There were monthly management reviews of deviations and CAPAs

The change control procedure described how changes were to be performed by the change owner and a risk assessment would be performed and associated mitigation actions to reduce risks with the change and against SQuIPP. Residual risk was to be determined as was the change classification as Level 0, I or II. Each level required a different action to be followed. Depending on the change a formal effectiveness check may be performed. The inspector reviewed some selected change controls such as the s47

The inspector reviewed the batch release process and generally found that this was thorough and used a check page to record the review process. The check included a review of the entire genealogy of documents. No issues were identified by the inspector. Product could be shipped as quarantined or

released. If quarantined, then it was status labelled with a sticker. The product was also checked against the ARTG as part of the release process.

There was a product quality review (PQR) process that stated that IVV reviews were to be performed annually and products of national significance would be performed every two years because of the lower batch numbers. In licenced products were also reviewed but this was a much smaller review given that these were not manufactured on site, were held by s22 and released by Seqirus. There was a strong statistical analysis applied to the data within the PQR's using for example, process capability maps, range charts, F-test, rolling control limits, X-charts to name a few. All elements required by the code were included within the APR's. A review of IVV 1Oct 2020 to 30 Sept 2021 that included S47 batches confirmed by the data that all batches were being consistently manufactured and confirmed by the CCP, CQA and stability data analysis. There was also a comparison performed between the past PQR. The PQR's were of a very high standard and no issues were found.

The company had a management review system that was managed under a company policy document. Senior management met on a weekly, monthly and quarterly basis reporting on trends and investigations and other quality metrics. The inspector sited meeting minutes and action items from these meetings, there were no issues identified.

Personnel

The organisation charts provided clear reporting lines, and these were presented during the opening meeting. The inspector affirmed that the respective Heads of Production and Quality were independent. Key production and quality personnel's position descriptions (PDs) were suitably established. A review of a selected position description identified that some responsibilities had not been included (deficiency#11).

There was a GMP training system for training and assessment of all staff onsite. A computerised Success Factors Learning Management System (LMS) and documented training procedures were utilised to manage training programs and requirements.

The training program was divided into three main areas, core training which is the training assigned to each staff member when commencing work and there was role-based training that was training that had been determined by their manager. The third was development training and this was assigned to staff based on the needs of the organisation. The effectiveness of training was assessed using tests and required that a pass mark S47 was achieved. There was also annual refresher training provided to staff. The inspector found that there was an issue with the requirement to complete the core training prior to allowing staff into GMP environments and some training that was determined based on deviation or OOS investigations was not described (deficiency#12). It was also noted that it was difficult to ascertain the types of individual training that had been performed. Instead, there were modules/titles of training topics, but the company could not provide the granularity as to the individual training areas within these groupings.

The inspector reviewed a training record of a recent hire and it was demonstrated that the core training and other training modules relative to their position description had been performed.

There were specific training requirements for staff in certain areas such as the requirement to be certified in gowning prior to being able to enter the Grade B areas. This required gowning to be performed S47 and microbial monitoring to confirm that this had been achieved without contaminating the outer surface of the garment.

Specific training requirements to qualify visual inspection operators were also reviewed. To be able to perform visual inspection of filled vials independently, the operators were required to complete and pass a qualification kit. Qualification procedures and records provided for review had an issue (deficiency# 5).

The company had a hygiene procedure to ensure that staff with infectious diseases, or other relevant health issues could not adversely affect product quality. Medical examinations were conducted upon recruitment.

Documentation

The company utilised their validated global Enterprise Document Management System (EDMS) and documented procedures for control and management of electronic document issuance and revision activities, such as global and local standard operating procedures (SOPs), Work Instructions (WIs), specifications, test methods, masters of batch records, etc.

A suitable set of documentation including SOPs, WIs, forms, registers and batch documentation was appropriately established. The writing, approval, issue, and revision of documents were performed in accordance with approved procedures. Once a SOP or WI was created or revised, an approved copy was then registered on the EDMS system for use. Relevant areas or concerned departments were electronically notified of the approved SOP or WI, where required. Hard copies of the SOPs or WIs were also distributed to relevant areas, when required. Records provided for review demonstrated that the distribution and retrieval of the hard copies of the SOPs and WIs were appropriately controlled.

The company required SOPs to be reviewed S47 [redacted] to ensure that they remained current. The inspectors reviewed a selection of various SOPs during the inspection and noted some issues (deficiency # 3c, 6 and 10).

The company had established appropriate specifications for raw materials, packaging materials and bulk and finished products. The inspectors reviewed examples of specifications of selected raw materials, packaging materials, bulk and finished products during the inspection with no issues noted.

All master batch documents, which included masters of batch manufacturing records (BMRs) and batch packaging records (BPRs), were prepared, checked and authorised by QA. All approved masters of the BMRs and BPRs were stored in and controlled by the EDMS. Appropriate procedures were in place to manage the issuance of the master documentation and respective batch number for production use. The inspectors reviewed the procedures and found them to be satisfactory.

Seqirus had established a written procedure to ensure that GMP relevant records was stored securely for specified periods meeting or exceeding the minimum GMP requirements.

Operations

The formulated bulk solution was transferred from the formulation department to S47 for the aseptic filling of syringes (in S47 filling machine, S47) and vials (in S47 filling machine, S47).

The Groninger syringe filling machine, S47 was only used to fill IVV products s47 (approximately from S47 for products to be supplied in Southern atmosphere, and from S47 for products to be supplied in Northern atmosphere). The room was left idle when it was not in use. Procedures and records (including records of environmental monitoring, room cleaning activities and pressure differentials) provided for review demonstrated that S47 was well maintained although it had been left idle for a prolonged period and at the time of the inspection.

The bulk vessels received at S47 (for vial filling in S47 Filling machine, S47) were initially weighed to verify the weights. Bulk product was sterile filtered in line using sterile single use transfer hoses to filling lines. Nude vials were washed in a Grade C room and depyrogenated via a heat tunnel from the wash area directly to the Grade A filling lines. Stoppers were pre sterilised and siliconized. Other components such as filling needles using on the filling lines were sterilised using autoclaves. The filling line S47 was enclosed in a closed restricted-access barrier (RAB) system. The filling room was Grade B and all filling occurred within the RAB that was Grade A. The inspectors observed the filling activities (including the aseptic connection and line set up, loading of filling components such as vials and stoppers into the filing area, personnel working in Grade B area and their gowning practices, non-viable particle monitoring system and settle plates used to monitor the process) occurred at the time of the inspection and noted some issues (deficiency# 6).

A manual filling of vials to be subsequently freeze dried occurred under Grade A S47 . The filled vials were partially stoppered and transferred to a freeze dryer under Grade A. Vials were then crimped under Grade A air supply. Only S47 batches S47 of freeze-dried products were produced per year. The room was then left idle when it was not in use. Procedures and records (of environmental monitoring, room cleaning activities and pressure differentials) provided for review during the inspection demonstrated that S47 was well maintained and adequately controlled to maintain its clean room statuses although it had been left idle for a prolonged period and at the time of the inspection.

Buildings and Facilities

The site was well secured with perimeter fencing and gates. Control access to the site and different controlled areas within the manufacturing facility for personnel, visitors and deliveries was suitably implemented and maintained. The inspector reviewed the access control implemented in some manufacturing areas and QC facility during the inspection and there were no issues.

There was a goods receipt and storage warehouse S47 where raw materials and process aids were delivered. There was a roller door and a put down area for goods to be inspected and checked against the delivery note. It was noted that there was no blue light in this area which opened to the outside (deficiency#14). The inspector reviewed the receival process and the entry process within the SAP system and the generation of labels for the goods. All goods were controlled using electronic status control.

There was a drum warehouse where drums were delivered directly by the delivery trucks.

Once receipted the goods were moved to the warehouse proper S47 through two interlocking doors. The ambient temperature of the

warehouse was stated to be less than S47 and two dedicated isles that were S47 , and there were also a cold room S47 . All were monitored on the EMS. Temperature mapping studies had determined the locations for the probes.

Status control was by electronic status and there were bar code scanners of the locations and the goods. The pallet racking was seven pallets high. It was noted that the warehouse was quite full, but the areas were all clean and a walk along the isles confirmed that all goods had been labelled from SAP and also that the designated temperature of the goods were also within their designated locations.

There was a reject cage and a quarantine cage for good under investigation and both cages were locked and secure.

The QC staff performed the sampling, and this was performed within a Grade D sampling room. Staff gowned into lab coat, overshoes, gloves and hairnet in order to enter the area and raw materials were transferred via the material airlock. Single use sampling tools were used and there was a designated start up time for the laminar flow in the area. There were cleaning logs and records of pressure were recorded. Tail gate samples could be received from some suppliers and the sampling was performed suing AQL tables. The sampling sheets contained the sampling requirements for each raw material. Identity testing was performed on each sample and a composite sample was up to a maximum of 10 samples. There was also a requirement that only one product was to be sampled at a time and that the laminar flow cabinet be wiped between different materials. There was a scale in the area that was checked with standard weight although it was stated this was not a critical weight for samples used in QC testing.

There were a stability room (which contained individual stability chambers covering all stability temperatures and conditions) and a retention sample room located in the basement S47 . All stability chambers and the retention sample room had been temperature mapped and monitoring systems were in place that provided alarms for any temperature excursions occurred outside of the set alarm limits.

The company had an established environmental program that used non-viable, viable, settle plates, contact plates and swabbing to monitor the environmental conditions within the various cleanrooms. All environmental testing and reporting were performed within an electronic system called S47 The inspector discussed with microbiology the design of the environmental program and the parameters used to decide on the placement of the settle and active air sampling. The program was currently under a review and it was noted that historical data was also to be incorporated into the design. A review of trended data for the various areas demonstrated that the various cleanrooms were compliant to the code. Identification of isolates was performed for Grade A isolates.

Process Equipment

Routine preventive maintenance (PM) and calibration programs for critical manufacturing equipment were appropriately managed by approved procedures. The procedures, the PM and calibration schedules and examples of calibration and maintenance records of several pieces of equipment provided for review during the inspection demonstrated that the company had established adequate maintenance and calibration systems.

Utilities

The site managed water for production using a reverse osmosis electro de-ionisation (EDI) system that produced deionised water (WDI). The WDI was then used to supply to the main water for injection (WFI) stills and the

pyrogen free steam (PFS) generator to produce the WFI and steam for distribution to the IVV manufacturing facility. The WFI distribution system was composed of two systems. These included a hot WFI system which continuously recirculated and maintained at S47 ; and the cold WFI system. Details of the WFI systems were described in the SMF.

The WFI distribution system was sanitised by heat S47 at a defined frequency according a written procedure. Water monitoring (with defined alert and actions limits) was performed in accordance with compendial standards and a written procedure. The company had appropriate records to demonstrate that the system was appropriately qualified, calibrated and maintained to provide WFI and to the BP and USP standards.

There was a compressed air generation system on site. The main purpose of the compressed air system was to provide the compressed air for general purposes and for process use. Appropriate air filters were installed in the air system generation to prevent particulate contaminants in contact with the product. The compressed air system had been qualified, and it was regularly maintained every twelve months, and routinely monitored on a quarterly basis in accordance with written procedures. Procedures and records provided for review demonstrated that all required tests were satisfactorily met the predetermined limits as per specification established for the compressed air.

Seqirus did not utilise any nitrogen gas for blanketing materials or products in the filling and packaging processes as it was not required.

Seqirus had implemented an appropriate system for pest control. The inspector observed the pest control stations within the warehouse area and an external contractor was used to maintain the pest control program across the site.

The company had implemented appropriate procedures for secure waste disposal that ensured materials, products and printed packaging components were unusable and unrecoverable.

Materials Management

There was an approved supplier program to ensure that all raw materials packaging and consumables used in production were from approved suppliers. Suppliers were classified into one for four categories depending on the criticality of the materials. The rating of either, critical, high, moderate or low determined that management of that supplier. For example, a critical supplier had a S47 risk based audit review frequency while the other categories could be longer that this period. There was also a table of responsibilities for the procurement, QC, audit and supplier management as well as QA when bringing a new supplier on board. The qualification processes included questionnaires and successful on-site audits, where required. There was a supplier review board that meets quarterly to evaluate any trends or issues with suppliers. The procedure also had a rating guidance for the engineering staff to assist them with materials and service providers as well.

Warehouse staff S47 were observed following the receiving procedures and checklists to check receipt information against purchased order information, packaging integrity, cleanliness, and that the material was received from an approved supplier with a relevant certificate of analysis.

There was access level within the SAP system and the inspector was shown how a recently received material was process into the SAP system. There were full audit trails for all transactions and only QA had access levels to release materials. All materials in the warehouse were clean and had been stored within their correct locations. The inspector verified the information in SAP by using a bar code scanner on a material within the warehouse. The

identification of the material, status, storage conditions were all in agreement with the label from SAP on the goods.

Sampling of raw materials was performed within a dedicated sampling room (located inside the warehouse S47) in accordance to approved procedures and sampling plans. The sampling was performed by QC staff and they were required to gown appropriately in order to enter the designated Grade D sampling area according to written procedures. Each container of active and excipient was sampled and each sample was required to have identification testing performed. There were no issues identified.

Production

Anti Venom Anti Toxin

There was a dedicated manufacturing area for the AVAT products. Samples were receipted and entered into a sample register. There was a dedicated gowning area to the central corridor allowed access to various manufacturing areas for the different products. There was an issue identified with the gowning rooms (deficiency#13). The production process consisted of venom preparation (for example S47) where the venom preparation was from the s22 , dose preparation (Seqirus Parkville) for S47 hyperimmunization at Seqirus Woodend. The S47 , and plasma collected, and samples sent back to Seqirus Parkville. The final purification of antibodies was performed at Seqirus Parkville, an issue identified with S47 (deficiency#S47) and the formulation and final filling was also performed at Parkville.

S47

There was no manufacture of the purification of antibodies for snake venom at the time of the inspection. Instead, the inspector walked the process and viewed the manufacturing area, tanks and precipitation, diafiltration and clarification and final sterile filtration of the bulk concentrate. All equipment was of an appropriate design and finish for the manufacture. The area was dedicated for snake antibody purification. The manufacturing process included antimicrobial steps S47 , low pH and absorption to S47 of unwanted digested products. The bulk concentrate was stored at S47 . The bulk concentrates selected for pooling/dilution undergoes clarification and sterile filtration and finally filled into vials, stoppered and capped. The final product is labelled, packed and stored at S47 until dispatched. Polyvalent snake AV's are also manufactured on site.

Influenza Virus Vaccine (IVV)

The manufacture of the influenza virus vaccine has been previously described in great detail within previous TGA inspection reports and therefore will not be repeated again here as there had been no changes to the manufacturing process. Instead, only a high level description will be provided here.

GMP Seed lots were manufactured S47 using smaller scale S47 inoculation and harvesting. Strains were proved by s22 and were prepared and characterised and were required to be approved by the TGA. Seed lots were stored in locked and access controlled S47 freezer.

Upstream and downstream manufacture of Influenza Virus Vaccine (IVV) occurred in S47 which was a S47 All staff were required to gown using dedicated gowning rooms.

The upstream consisted of the S47 receipt and incubation on the ground floor. These were moved to the second floor where the S47 were transferred into the inoculation area (Grade C) and then they were incubated. The company no longer performed full candling S47 . Instead, a sample of S47 were taken and candled from each batch.

Harvesting was performed on harvesting machines that had S47 de cappers and where allantoic fluid was collected from the S47 . The fluid was then filtered for virus concentration and was controlled by a SCADA system. Filters were re-used, and all tanks and pipework were CIP. There was a zonal centrifugation area for the receiving of the filtrate.

Process activities associated with the manufacture of Influenza Virus Vaccine (IVV) were appropriately separated and material and personnel flows were considered acceptable. There was a clear distinction between pre-viral and post-viral activities and there was an EMS system for the continuous monitoring of incubators and chillers.

There were S47 autoclaves, an ultrasonic bath and a bottle washer in the preparation area. Dirty equipment was decontaminated in an autoclave, and then washed in the "dirty sink" before subject to validated cleaning processes in either the "bottle washer" or ultrasonic bath. There were also several laminar flow cabinets used for the assembly of equipment prior to sterilisation; these were classified as providing grade C conditions.

The manufacturing areas within S47 for downstream processing consisted of the equipment preparation areas, tank preparation areas, solution preparation, manufacturing rooms.

Downstream buffers were prepared in the lower ground floor buffer preparation area. There was an autoclave located in the equipment preparation area that displayed current calibration and revalidation status labels. Sterilisation procedures located in the equipment preparation area

contained well documented sterilisations loads. There were also comprehensive records of the preparation of equipment for sterilisation.

Viral Inactivation was performed using S47 and performed within the Inactivation S47 and pooling Room S47 under Grade B contained conditions. The inactivation process occurred within S47 of the sucrose gradient fractions. The required amount of S47 was calculated and prepared immediately prior to use.

After the inactivation incubation, the product was now labelled as the Inactivated Zonal Pool (IZP). Each Zonal Pool produces one IZP lot which was assigned an individual lot number and was stored at S47 in a bio processing bag after which the IZP is stored in a sterilised Type 1 glass vessel for storage up to S47 .

The IZP was aseptically transferred to the Grade A cabinet in the Sonication and Incubation room S47 . In S47 , the IZP in the glass storage vessel was stirred using a magnetic stirring rod and sampled so that endotoxin and bioburden sample were taken. When the IZP was within specification it was then disrupted with the S47 and sterile filtration stage.

Virus particles were disrupted by sonication and there were two running in parallel followed by a second pass through the sonicator.

A prefiltration bioburden sample was taken prior to sterile filtration.

The sterile filtration step occurred in the Grade A cabinet with the Sterile Filtration and Diafiltration Room S47 with validated sterile S47 sterilising filter with validated temperature and pressure parameters.

The MPH lots were stored at S47 in the IVV manufacturing facility.

The Formulation occurred within a Grade A cabinet within a Grade B clean room. The process consisted of the aseptic connection and transfer of the three MPH strains and the diluents to produce the formulated bulk vaccine. It was noted, that the air sampling unit was high within the cabinet and directly facing the HEPA filter clean air stream (deficiency#15).

Mobile vessels containing bulk formulated product were moved by forklift from the formulation area S47 to the packaging facility S47 . Vessels received by the packaging facility were accompanied by batch processing sheets and were labelled with batch details.

Filling and packaging of the IVV and s22 COVID Vaccine products were performed in the Filled and Finished area located in S47 The area was suitably laid out and it was appropriate for the filling and packaging activities undertaken.

s22 COVID Vaccine

The formulation area of the bulk s22 Vaccine (Covid) was viewed during the tour by the inspectors. This new area and the manufacture of the s22 Vaccine had been the subject of a previous review by the TGA and so was not reviewed as part of this inspection.

The filling of the vaccine occurred on the S47 vial filling line and all vials were subject to inspection, labelling and packaging.

Release of In licenced products

These products were not subject to any manufacturing operations on site and instead were shipped as finished goods to the distribution warehouse where they were released by Seqirus according to written procedures. The inspectors reviewed the procedure and examples of complete release

records of several in-licenced product batches and noted an issue (deficiency# 9).

Rejection and Re-Use of Materials

An appropriate procedure was in place to manage a product batch require to be reworked (i.e., repackaged), when occurred. An approved protocol was used to execute a reworked batch, when required. The inspector reviewed the procedure and examples of reworked batch records and found them to be acceptable.

Reprocessing a bulk solution or formulated bulk batch was not allowed at the site.

Seqirus had established a suitable procedure to manage returned products. All returned goods were stored at the third-party storage facility (known as s22 S22) according to a documented procedure and a written GMP agreement signed by s22 and Seqirus. There had been no products returned to the site since the previous inspection. The inspectors reviewed the procedure and the arrangements of returns of goods documented in the GMP agreement and noted no issues.

Packaging and Labelling

Inspection and Secondary Packaging

There was an automated inspection machine S47 which was used for inspection of IVV syringe products. A library of known defects with various particles of known sizes was created and qualified. The inspection machine was challenged and verified prior to and at the end of every batch. Qualification of the defects from the inspection machine was subsequently verified by trained operators in visual inspection according to a written procedure. The inspectors reviewed the S47 automated inspection machine, related procedures and records and found them to be acceptable.

Integrity of sealed vial products were tested by a semi-automated inspection machine. Subsequently, the vials were manually inspected for particles by trained and qualified operators prior to secondary packaging.

Seqirus had established a suitable system for control of pre-printed packaging materials through documented procedures. The receipt and storage of the pre-printed materials to ensure correct version and identity was suitably controlled. The label room contained locked label compactus where all label rolls were appropriately stored, and adequately status controlled.

The secondary packaging area consisted of one fully integrated automated packaging line (for syringes) and a manual packaging line (for vials). The packaging lines were well segregated to prevent product mix-ups. The assembly and set-up of packaging lines and inspection machines for syringes and vials were performed in accordance with documented procedures. Filled products and packaging materials (pre-printed materials and cases) were transferred from suitable storages, before being transferred onto the packaging line. Regular in-process checks were performed for batch coding and appearance of product labels.

All steps of the packaging process were comprehensively defined in batch documents. Line clearances were performed according to documented instructions and procedures.

The inspectors reviewed the inspection and packaging processes and examples of batch records for products being packed at the time of the inspection and noted an issue (deficiency# 7).

Validation

The qualification of equipment was performed in accordance with written protocols and followed the standard Installation, Operational and Performance Qualification processes. The inspectors reviewed the qualification summary reports (including the installation qualification (IQ), operation qualification (OQ) and performance qualification (PQ) reports) completed for several equipment which included the S47 automated syringe inspection machine and the S47 packaging machine S47 (Filled and Finished area), the autoclave and dehydrogenation tunnel located in the Container Preparation room. The inspectors noted some issues during the review (deficiency # 4)

Qualification documents were available to demonstrate that temperature mapping of temperature-controlled storage locations had been performed. Examples of temperature mapping studies completed for a finished goods storage area provided for review were satisfactory.

The company had undertaken process validation for the various processes used for manufacturing activities on site. The inspectors reviewed examples of validated processes (including the 2021 process performance qualification report for sterile filtration of the s22 COVID vaccine product, and the filled and finished packaging process) and noted some issues (deficiency # 6).

There was an aseptic media fill for the entire facility that covered the filling of vials, syringes and lyophilised products, there was a site schedule for the upcoming 12-month period. There was a requirement that QA observe at least S47 of each media fill and also it was required that each operator be assigned and rotated through various interventions to ensure they had performed them all. S47 media was used for the media fills and containers were incubated upright and inverted during S47 incubation period. Reading of the containers was under a light box. The inspector reviewed the aseptic media fill for the AVAT process and showed that the media mimicked the production process. There had not been any media fails in AVAT since S47. A review of the syringe media fill S47 and Vial S47 confirmed that the media fills run time was longer than the standard run and interventions performed with no positive growth in the filled units.

The company was about to implement the use of High Voltage Leak Detection (HVLT) of S47 pre-filled syringes line and had notified the TGA of the change. The system was capable of detecting S47. A study was performed where syringed were exposed to S47 of the highest voltage S47 and exposed an unexposed syringe would be placed into the stability program with testing at S47. The test for haemagglutinin was used to confirm that the product was unaffected by the HVLT. The company had not performed studies to confirm that there were no increase in any impurities and that there had been no consideration for the presence of extractable or leachables (deficiency#1).

The company had established a computer validation master plan to ensure that all relevant computer systems used for GMP activities would be validated. There had not been any changes to the computer systems since

the last inspection. The inspector reviewed the network and data transfer between the various systems and administrators of each system.

Regular back-ups of all relevant data and integrity (including accuracy of backup data and the ability to restore the data) were performed in accordance with written procedures.

Quality Control

S47 Chemistry and Microbiology

S47 housed the quality control testing laboratories, namely microbiology (S47 chemistry (S47), immunology S47 , and virology S47).

Sample Receipt S47

There was a sample receiving area on the S47 where samples could be delivered by production staff. All samples were checked and entered into the LIMS system and were checked against the Batch Protocol Sheet that accompanied each sample. There was a S47 fridge/freezers in the area for the storage of temperature sensitive samples. There was also a dedicated maximum storage time for samples between receipt and testing for example there was a S47 hold time on S47 samples. An analyst from the respective laboratories would come to the sample receipt room and collect their samples for testing. Environmental sample plates were placed within an incubator that was caged so that only samples from production could be placed in a defined location. The microbiologist would transfer these plates into another location within the incubator.

The test requirements for each sample were specified upon sample submission forms that referenced the test methods for analysis. Samples held by the receipt area were stored under controlled conditions awaiting collection by the respective laboratories.

Starting materials were subject to a reduced testing program; this was managed through the LIMS system with full testing conducted at least annually. There was a documented procedure that detailed the raw material risk rating and correlating sampling and testing plans for chemicals, components and printed materials.

Chemistry

The laboratory was suitably laid out with adequate access controls in place.

All physical and analytical testing activities of IVV, s22 Covid vaccine and Q Fever products (post inactivation) were performed in the analytical testing laboratory located S47 . The laboratory was adequately equipped with modern instruments to conduct the required physical and chemical testing of materials and products. The major laboratory instruments were described in the S47 The company was able to undertake most of physical and analytical testing in-house. However, some specific tests, which could not be tested in-house, were sent to local approved contract testing laboratories, when required.

The company utilised an electronic Global Laboratory Information System (GLIMS) and Sample Manager to register, manage and control the receipt of samples, testing requirements and testing data of materials and products.

The company ensured that there was a sufficient number of appropriately qualified and trained staff to undertake all necessary testing functions in-house.

Seqirus had established specifications and test methods for starting materials, packaging materials and bulk and finished products. All calculations, raw data and testing results were electronically documented, controlled, reviewed and approved by using GLIMS.

Test records for starting materials, packaging materials, bulk and finished product tests were appropriately controlled and maintained. Access to laboratory computer systems (which included chromatographic systems) was adequately controlled with assigning individual passwords, and hierarchical access levels. Audit trails on chromatographic software were activated and reviewed according to a written procedure. Review of logbooks, audit trails and electronically stored data was conducted by QC Chemists who ensured that the strict data integrity policies were adhered to for all QC analyses.

The inspectors selected several examples of testing records and relevant procedures, test methods and specifications for review during the inspection. The inspectors noted some issues during the review (deficiency # 3 and 10).

The company had established documented procedures and an appropriate protocol template for method validations. Examples of method validations provided for review were satisfactory.

Chemical reference standards, volumetric solutions and laboratory reagents were controlled, labelled and stored in accordance with written procedures. The inspectors reviewed examples of chemical reference standards, volumetric solutions and laboratory reagents and labelling along with relevant documented procedures and noted some issues (deficiency # 3).

The company maintained reference and retention samples of starting materials and finished products under controlled and monitored storage conditions in the retention areas for appropriate timeframes.

An on-going stability program for finished products was appropriately performed in accordance with written procedures. Management of stability samples, procedures, and stability testing records of selected products provided for review had an issue (deficiency # 2)

Seqirus supplied records to demonstrate that the laboratory instruments were appropriately qualified, calibrated and maintained in accordance with written procedures.

The company had implemented a suitable system which included written procedures and investigation checklists for managing and investigating out of specification (OOS) events in the laboratories. Details of the OOS investigation were recorded in the GLIMS. The inspectors chose examples of the complete OOS investigation records for a detailed assessment of the system and found it to be acceptable.

The endotoxin testing was performed as per the requirements of the pharmacopeia and all test reports reviewed were acceptable.

Immunochemistry laboratory was appropriately equipped with suitable instruments for the immunological tests of MPH bulks and IVV finished products undertaken. The inspectors reviewed the immunological testing procedures (including plating, diluting samples and standards, incubating, gel staining and analysis processes), and examples of complete testing records of selected MPH products and found them to be acceptable.

Microbiology

S47

There was a requirement to enter a positive airlock when entering the microbiology laboratory S47 and don a disposable laboratory coat and safety glasses prior to entry. The pressures were monitored on the BMS system.

The Microbiology (Micro) laboratory received samples for testing of: PFW, WFI, starting materials, IPC, Bio-burden, finished product sterility, stability and Environmental Monitoring.

All samples were recorded within the LIMS system at the sample receipt area on the ground floor, except for environmental samples that were in the MODA system.

The Micro laboratory was divided into separate areas covering bacteriology (identification, bioburden analysis, water testing, media, cultures, growth promotion testing), sterility (in-process and finished product samples), virology and environmental.

Water sampling was performed by production staff according to a sample plan. The testing of water was as per the pharmacopeia using R2A and 0.45micron filters and incubated S47 . The alert and action limits were also aligned to the requirements for water in the pharmacopeia.

Bioburden testing was

All media was purchased and then placed in quarantine until the results of growth promotion had verified that the plates were suitable for use. Bioball ATCC and NTC standard strain were used, and the inoculum and recovery counts were acceptable.

It was noted that within the microbiology laboratory S47 there had been no segregation for where live cultures were to be passaged. This meant that growth promotion testing could be performed in any available cabinet. Reading of bioburden plates was performed on open benches and counts were verified by a second analyst. Feller tables were used to correct viable air sampling counts.

The incubators were inspected, and they were all working within their set ranges and were clean inside. All plates within the incubators were appropriately labelled and sealed within bags to maintain the moisture conditions during incubation.

Environmental Monitoring (EM) of the production rooms was performed to a defined frequency using Trypticase Soy Agar (TSA). There were defined locations, and these had been determined using area and activities performed to determine locations. The contact plates contained inactivators namely S47

General equipment within the laboratories was well maintained and, on a preventative, and calibration program with a defined schedule. Various temperature-controlled storage units, fridges, freezers and incubators, were available and monitoring was performed by the EMS with data downloaded weekly and reviewed by laboratory management.

Procedures, specifications, and test methods were in place for with acceptance criteria defined. The laboratory checked the BP and various others EP and USP for updates; to ensure the monograph test methods used by the company were current against the relevant current pharmacopoeia. Work sheets and logbooks were in use to record information. No issues were identified by the inspector.

The inspector reviewed some executed test sheets for Growth promotion and bioburden testing. The test sheets were well designed and had full traceability on media used, batch number, sample type and incubation. It was

noted that times for recording the placing and removing of plates within incubators had not been recorded. The results and signatures of the analysts and reviewers were all recorded on the sheet. The results were then manually transcribed into LIMS. Traceability of transactions in LIMS was available.

All isolates were identified using Gram Stain and Maldi TOF. The inspector reviewed the process with the analyst who explained how samples were selected from agar plates and loaded and prepared on the plate that was placed within the Bruker. S47 [redacted]

S47 [redacted]

Sterility testing was performed using isolators. There were S47 isolators; a three glove and a four glove unit. There was an adjoining room where equipment was prepared and there was an airlock for analyst and samples to be transferred into the Grade D room that housed the isolators.

Sterility testing used standard methods and the validated isolator had a second transfer hatch for the decontamination of samples and consumables. The isolators were located within a Grade D room with suitable pressure differentials. A leak test was performed on the isolator on a monthly basis with a glove leak test performed each test session or when gloves were changed, and gloves were examined daily. The isolator used hydrogen peroxide for decontamination with annual requalification.

Procedures relating to the sterility testing of products were available and included protocols, test methods and method validation. A negative control was tested each session, direct inoculation and/or filtration, with viable environmental monitoring performed at the end of each testing session.

The inspector reviewed the Hydrogen Peroxide ingress verification for syringes that were placed within the sterility isolator prior to testing. Peroxide test strips were used to determine positive H_2O_2 and a colour change was able to measure S47 [redacted] S47 groups of syringes were prepared and exposed with samples taken after each of S47 cycles of H_2O_2. The test strips were immersed into each sample. All test results were negative for the Fluvax and Afluria syringe types demonstrating that H_2O_2 did not penetrate the sample within the syringe.

The virology laboratory was located on S47 of the Quality Control Laboratory. There was a cell culture laboratory as well as a virology area. A review of the test procedure used to demonstrate completeness of viral inactivation during the IVV manufacturing process was reviewed for sensitivity of the assay. It was determined that the positive controls used in the test were representative of the viral load that could be expected following the inactivation. It was demonstrated at the equivalent of one viral particle was inoculated into S47 which mirrored the manufacturing S47 inoculation process. The sensitivity of the assay in determining viral inactivation was considered to be acceptable.

Mycoplasma testing which was performed on the master and working seed-lots using both cell culture and staining as well as standard agar based (MEM media) culturing method. There were no issues identified with the methods.

S47 [redacted]

The TDOC concentration was also confirmed by assessing the appearance of the disrupted virus by use of electron microscopy on the first S47 lots of each

new strain. The Electron Microscopy procedure was not reviewed at this inspection.

S47

There was an autoclave in this area that was used for extraction testing of rubber bungs by QC. There were no items processed through this autoclave that were used in production.

Outsourced Activities/Contract manufacturing

The company managed all outsourced activities according to written procedures and documented GMP agreements. The inspectors reviewed responsibilities defined in some GMP agreements selected for review during the inspection (including agreements with manufacturing contractors for in-licenced products, local contract testing laboratories, local GMP service providers, etc.) and noted an issue (deficiency # 9).

No manufacturing packaging operations for the products manufactured at the site were contracted out.

Market complaints, returns and recall

There was a complaint procedure, and all complaints were recorded and tracked in Trackwise. Complaints could be received by the customer service group and there was also a pharmacovigilance group who performed a safety assessment of the complaint. There was also a trend analysis of complaints and a trend was identified as being S47 and a overall risk/defect classification of critical, major or minor will be assigned. An investigation and root cause analysis will be performed and include a review of documents, stability, retains, testing of returns and the complaint can also result in a CAPA being generated. Complaints were required to be closed in S47 calendar days and were reviewed as part of management reviews. A review of some selected complaints confirmed that these had been documented and investigated according to procedure. Also there was an example of an investigation into S47 S47 that had repeated complaints S47 Seqirus had identified the higher complaint issue and was working to address this with the company. (The S47 needed to be cleaned as the product was S47

A recall procedure was in place to support recalls of products, when required. The procedure appropriately identified responsible personnel and requirements for investigation and product reconciliation. The inspectors reviewed the procedure and complete investigation records relate to product defects that the company informed the TGA in S47 and S47 with no issues noted.

A mock recall was periodically conducted to verify the effectiveness of the recall procedure in accordance with a written procedure. An example of the S47 Mock Recall report was reviewed with no issues noted.

Self-Inspection

The company had established an appropriate procedure for self-inspections. The self-inspections were periodically performed at defined intervals covering all shifts according to a written procedure and pre-approved inspection schedules. Any issues identified during the self-inspections were managed through the company CAPA system. The procedure and records of the S47 and S47 self-inspections performed at the site provided for review were satisfactory.

Specific Annexes

The Annexes of the Standard applicable to the inspection were Annexes 1, 2. 8, 9, 11, 15, 19, 20.

Other specific issues identified:
Comments only

1. S47 [redacted]
2. S47 [redacted]
3. S47 [redacted]

Site Master File

There was a Site Master File S47 [redacted] available that adequately depicted the activities performed.

Miscellaneous

- **Samples taken:** Not applicable.
- **Distribution of Report:** Company and TGA TRIM file.
- **Attachments:** Meeting attendance sheet.

Critical deficiencies:
None observed

Major deficiencies:

1. The requirement of Clause 5.24 that when a new manufacturing method is adopted, steps should be taken to demonstrate its suitability for routine processing. The defined process using the materials and equipment specified should be shown to yield a product consistently of the required quality had not been fully demonstrated was not fully evident for the implementation of the S47 [redacted] S47 in that:

   a. S47 [redacted]

   b. S47 [redacted]

2. The requirements of Clause 6.27 states that the purpose of the ongoing stability programme is to monitor the product over its shelf life and to determine that the product remains and can be expected to remain within specification under the labelled storage conditions had not been fully demonstrated for the S47 [redacted] S47 [redacted] The company did not deem it necessary to assay for S47 [redacted] prior to the S47 [redacted] month time point, given the low value and the possibility of having product in the market that failed specification for this excipient with a functional specification of "antimicrobial".

3. The requirements of Clauses 6.19 and 6.20 that special attention should be given to the quality of laboratory reagents, solutions, reference standards; they should be prepared and controlled in accordance with written procedures; the level of controls should be commensurate to their use and to the available stability data, were not satisfied as evidenced by the following examples:

a. S47 [redacted] There was no record or scientific evidence to justify this approach as long storage might cause microbial growth and other suspensions which could lead to complications in the flow during analysis.

b. A S47 [redacted] expiry was assigned for prepared standard solutions which were used for the assay of S47 [redacted] in IVV products. There was no documented assessment or evaluation to justify this S47 [redacted] expiry assigned the prepared S47 [redacted] standard to assure that they remained stable during the validity of S47 [redacted] and provided reliable results every time.

c. The use of default primary standards (i.e., the British Pharmacopoeia (BP), European Pharmacopoeia (Ph Eur), and United States Pharmacopoeia-National Formulary (USP)) for analytical testing were not always followed as required by the *Therapeutic Goods Act 1989* (the Act). Some primary standards (which were not default standards) were allowed to use according to the S47 [redacted] procedure S47 [redacted]

d. S47 [redacted] to assure that it remained stable and met the intended purpose during the defined storage period.

Other deficiencies:

4. The requirements of Annex 15 Clause 4.2 that where re-qualification is necessary and performed at a specific time period, the possibility of small changes over time should be assessed, were not satisfactorily fulfilled.
   a. Although the s47 [redacted] S47 [redacted] s47 [redacted] was annually requalified, there was no record or evidence to demonstrate the heat distribution pattern in the empty chamber was verified and re-confirmed its operation on an annual basis.

   b. There was no record to determine whether the temperature was uniform and reproducible throughout the empty chamber and localised the cold spots within the chamber for each sterilising temperature and loading pattern used since it had been initially qualified.

5. The requirements of Clause 1.4(viii) that a state of control is established and maintained by developing and using effective monitoring and control systems for process performance and product quality, were not satisfactorily met. Specifically, a. Assessment results obtained from S47 [redacted] operators who were qualified for visual inspection of filled vials on semi automation inspection machines demonstrated that, there was s47 [redacted]

6. The requirements of Annex 1 Clause 81 that components, containers, equipment, and any other article required in a clean area where aseptic work takes place should be sterilised and passed into the area through double-ended sterilisers sealed into the wall, or by a procedure which achieves the same objective of not introducing contamination, were not satisfactorily

fulfilled as a few areas observed during the inspection where potential cross-contamination was not effectively minimised or controlled
With respect to the product transfer hose connection that required the hose to be transferred from the Unclassified area into the Grade B (via S47 pass through port (PTP) procedure, the following points were noted:

a. Step 5 of the procedure required the operator to verify if the PTP (from the unclassified area) was sanitised; however, this step did not provide any further instructions as how the sanitation was done, what sanitising agent should be used, how long the validated contact time should be, how the sanitisation was checked for, etc.

b. The procedure included 7 steps; however, the maximum timing to complete all 7 steps before all sanitised items were placed through the PTP could not be established to mitigate potential contamination(s).

7. The requirements of Clause 4.21(h) that the quantities and reference number or identification of all printed packaging materials issued, used, destroyed, or returned to stock and the quantities of obtained product, in order to provide for an adequate reconciliation, were not met. Specifically, shipper labels printed for packaging of the S47 product, batch number S47 were not recorded or documented in the labelling and packaging batch record of this batch or in any relevant documents for an adequate reconciliation.

8. The requirements of Clause 1.4 (xiv) that a Pharmaceutical Quality System appropriate for the manufacture of medicinal products should ensure that an appropriate level of root cause analysis should be applied during the investigation of deviations, were not satisfactorily met. Specifically, an appropriate level of root cause analysis which related to failed/invalid pre-use S47 results obtained in S47 consecutive validated filling batches S47 (batch number S47), S47 (batch number S47), and S47 (batch number S47) as reported in the deviation S47 was not adequately assessed and evaluated. The root cause of the issue was attributed to S47 recipe incorrectly created on the "Sartocheck 5" software application due to the oversight during the technology transfer process. The investigation did not extend to why the recipe for S47 was incorrectly created in the first place.

9. The requirements of Clause 7.2 that all arrangements for the outsourced activities should be in accordance with regulations in force, and the Marketing Authorisation for the product concerned, where applicable, were not satisfactorily met. Specifically, s22 (s22 was responsible for the manufacture of active pharmaceutical ingredient s22 s22 as per marketing authorisation (MA) granted for the in -licensed registered product s22 s22); however, this responsibility of the API manufacture was not defined in the GMP agreement between Seqirus Pty Ltd and s22 or in any equivalent documents to assure that it was correctly implemented and carried out as per MA of this product.

10. The requirements of Clause 6.2 that all quality control operations should be carried out in accordance with written procedures and, where necessary, recorded, were not met. Specifically, there was no documented procedure to control the issuance of additional copies of the analytical working sheets, when required.

11. The requirements of Clause 2.7(iv) that states that the head of production has to ensure the qualification and maintenance of his department had not been met as the job description for the Director of Fill and Finish did not include the responsibility to ensure that all necessary validation, maintenance, and calibration had been conducted and were current.

12. The requirements of Clause 2.11 which states that newly recruited personnel should receive training appropriate to the duties assigned to them and continuing training should also be given was not demonstrated as evidenced by:

    a. The core training program that was used to onboard new staff within the GMP environment did not have a timeframe for completion, therefore it was unclear as to whether the appropriate training had been completed prior to the new staff performing GMP activities.

    b. The training performed within the core training program was not t clear as to whether an operator was suitably trained to enter the GMP areas. For example, there was no mention of gowning.

    c. The training program did not mention within the procedure the continuing training performed as a result of training deficiencies identified as a result of deviations or OOS's investigation where training had been identified as being an issue.

13. The requirements of Annex 1 clause 51 which states that changing rooms should be designed to provide physical separation of the different stages of changing had not been fully demonstrated as the change room for entry into the Grade B area of the AVAT facility did not provide any physical separation between gowning changes for example, S47 [redacted]

14. The requirement of Clause 3.4 which states that premises should be designed and equipped so as to afford maximum protection against the entry of insects had not been fully demonstrated as there was no blue light immediately within the first room of the receiving bay of the warehouse and this area opened directly to the outside area.

15. The requirements of Annex 1 Clause 9 which states that the Grade A zone should be monitored at with such suitable sample size that all interventions, transient events and any system deterioration would be captured and alarms triggered was not demonstrated as the particle counter within the laminar flow cabinets had been placed well above the height of activity and were pointed directly at the face of the HEPA filtered, thereby greatly minimising any possibility of detecting particles generated by activities performed within the cabinet by the operator.

16. The requirements of Clause 5.24 that states that any method of preparation is adopted steps should be taken to demonstrate its suitability for routine processing had not been demonstrated as there was a possibility that S47 [redacted] could be eluted from the affinity column during purification of the S47 [redacted] antibodies. This in process impurity had not been tested for as part, of the QC testing of the product.

Summary and conclusions

Assessment of manufacturer's responses

The manufacturer's corrective actions have been evaluated and accepted, based on the agreement that all corrective actions will be carried out as described in the inspection close out correspondence.

Final evaluation and recommendations:

1. The manufacturer operate in accordance with the relevant GMP requirements.

2. TGA records have been updated to show a final compliance rating of your facility of S47G S47G compliance with the manufacturing standard established under the *Therapeutic Goods Act 1989*.
3. The next re inspection is expected to be performed within an estimated S47G (from the date of this inspection).
4. The duration of the next inspection is estimated at this time to be S47G.

Signed and authorised by:

s22
Manufacturing Quality Branch
Date: 2nd September 2022
Courier address: Level 8 595 Collins Street, Melbourne. Australia
Tel: s22
E-mail: s22 @health.gov.au

DEFINITIONS

Marketing Authorisation

Compliance with regulatory requirements specified in the ARTG and any other requirements imposed by a relevant Delegate of the Secretary, upon product listing or registration.

Examples of regulatory requirements include but not limited to the following: compliance with registered formulations, special storage and transportation conditions, shelf life, labelling, batch release testing requirements etc.

Critical Deficiency

A deficiency in a practice or process that has produced, or may result in, a significant risk of producing a product that is harmful to the user. Also occurs when it is observed that the manufacturer has engaged in fraud, misrepresentation or falsification of products or data.

Major Deficiency

A non-critical deficiency that:

- has produced or may produce a product which does not comply with its marketing authorisation; and/or
- indicates a major deviation from the Good Manufacturing Practice; and/or
- indicates a major deviation from the terms of the manufacturing licence or GMP approval (overseas manufacturers); and/or
- indicates a failure to carry out satisfactory procedures for release of batches; and/or
- indicates a failure of the person responsible for QA/QC to fulfil his/her duties; and/or
- consists of several other deficiencies, none of which on its own may be major, but which may together represent a major deficiency and should be explained and reported as such.

Other Deficiency

A deficiency that cannot be classified as either critical or major, but indicates a departure from good manufacturing practice.

A deficiency may be "other" either because it is judged as minor, or because there is insufficient information to classify it as major or critical.

One-off minor lapses or less significant issues are usually not formally reported, but are brought to the attention of the manufacturer.

Note:

1. Classification of a deficiency is based on the assessed risk level and may vary depending on the nature of products manufactured, e.g. in some circumstances an example of major deficiency may be categorised as critical.
2. A deficiency that was reported at a previous inspection and not corrected may be reported in a higher classification.

Australian Government

Department of Health, Disability and Ageing

Therapeutic Goods Administration

s22

S22

Mayne Pharma International Pty Ltd
1538 Main North Road
Salisbury South
SA 5106

Our Reference: E22-562201

Dear s22

Subject: GMP SURVEILLANCE INSPECTION OF Mayne Pharma International Pty Ltd

Please find attached the inspection report for the surveillance inspection that took place at your site on 11th to 13th March 2025.

Your response(s) to the deficiencies reported in the post inspection letter have been evaluated and have been accepted. Effective implementation will be reviewed at the next GMP inspection.

You should note that assessments made during Surveillance Inspections are based on a random and limited examination and verification of the manufacturer's documents. This inspection report does not therefore claim to be a complete evaluation of all manufacturing operations performed at your site, and does not release you from the obligation to rectify deficiencies that have not been identified or stated herein.

Should you have any questions regarding the inspection, please do not hesitate to contact me.

Yours sincerely

Signed and authorised by s22

s22

Manufacturing Quality Branch

Date: 20 August 2025

E-mail: s22 @health.gov.au

Surveillance Inspection Report

Manufacturer:	Mayne Pharma International Pty Ltd
Inspected site/s:	1538 Main North Road, Salisbury South, SA 5106
Manufacturer information:	Refer to previous inspection report at D21-2947719
Activities carried out by manufacturer:	☑ Manufacture of finished medicinal product ☐ Manufacture of intermediate or bulk ☑ Packaging ☑ Laboratory testing ☑ Release for supply ☑ Manufacture of Active Pharmaceutical Ingredient ☑ Other: Manufacture of Investigational Medicinal Products
Type of inspection:	☐ Re-inspection ☑ Surveillance inspection ☐ Remote inspection ☐ Hybrid inspection Applicable sections of the *Therapeutic Goods Act 1989*: ☑ section 40(4)(b) (re-inspection of licensed site) ☐ section 25(1)(g) (overseas in relation to registration) ☐ sections 26(1)(g), 26A(3) (overseas in relation to listing)
Scope of Inspection:	Full Product Manufacture of non-sterile registered solid unit dosage forms Full Product Manufacture of non-sterile registered semi solids Full Product Manufacture of non-sterile registered liquids group Packaging, labelling and release for supply of non-sterile registered therapeutic goods Testing of non-sterile registered therapeutic goods Release for supply of sterile registered therapeutic goods Full Product Manufacture of non-sterile therapeutic goods for clinical trials solid unit dosage forms Full Product Manufacture of non-sterile therapeutic goods for clinical trials semi solids Full Product Manufacture of non-sterile therapeutic goods for clinical trials liquids group
Inspection date/s:	11 - 13 March 2025
Inspector/s:	s22 [redacted]
Manufacturing Standard used:	PIC/S Guide to Good Manufacturing Practice for Medicinal Products - PE 009-16 Part I + applicable Annexes: 8,9,11,13,15 and 16
References:	Manufacturing Licence number: MI-14012005-LI-00361-2 File reference number/s: PH22/21840

Personnel met during the inspection : S47 [redacted]

Inspected areas, findings and observations

Refer to Site Master File and Opening Meeting Presentation for information of site activities: S47 [redacted]
S47 [redacted]

Quality Management	
Subject area inspected	**Compliance outcome**
Review of actions taken since previous inspection	Deficiency 7e
Product Quality Reviews	Deficiency 7e ii
Change Management	Deficiencies 2b, 7g and 8c
Complaint management	Deficiency 8b
Deviation, non-conformance and CAPA management	Deficiency 7
Internal Audits	No deficiencies identified
Batch Record Review and Batch Release	Deficiency 6 Note: Inspection review of batch record and release for sterile product only
Product Recall	Deficiencies 8h and 11
Documentation	Deficiencies 8e, f, g
STREAM 1 Materials Management	
Subject area inspected	**Compliance outcome / comments**
Dispensing	No deficiencies identified
GMP Contracts	Deficiency 1eiii

STREAM 2 Production System	
Subject area inspected	**Compliance outcome / comments**
Cross- Contamination	Deficiency 1: S47G [redacted] S47 [redacted]
Contamination Control	Deficiency 3
Manufacture of IMPs	Deficiency 2
IPC Checks and Records	Deficiency 12
STREAM 3 Validation/Qualification	
Subject area inspected	**Compliance outcome / comments**
Cleaning Validation	Deficiency 1b
Operator Qualification	Deficiency 5
Computerised Systems	Deficiency 9a
Documentation	Deficiency 8d
STREAM 4 Facilities and Equipment	
Subject area inspected	**Compliance outcome / comments**
Equipment Maintenance	Deficiency 10
Equipment Cleaning	Deficiencies 1e, g and j
Calibration	Deficiency 1ei
STREAM 5 Quality Control	
Subject area inspected	**Compliance outcome / comments**
OOS Procedures	Deficiency 8i
Method Validation	Deficiency 8a
Personnel	Deficiency 4
Sample Management	Deficiency 9b

List of Deficiencies observed during the inspection

Critical deficiencies:

None observed

Major deficiencies:

1. The requirements of Clauses 5.20 & 5.21 that a Quality Risk Management process, which includes a potency and toxicological evaluation, should be used to assess and control the cross-contamination risks presented by the products manufactured and the outcome of the process should be the basis for determining the extent of technical and organisational measures required to control risks for cross-contamination was not fully met in that:
   a) There was S47 [redacted].
   b) With regard to cleaning validation:
      i) The cleaning validation of the encapsulator for S47 [redacted] had failed (QE24-26777), and was nevertheless still applied by performing repeat cleans and retesting until acceptable residue results were obtained (see also Annex 15 § 10.2).
      ii) Cleaning validation was conducted concurrently without sufficient justification for this approach or risk evaluation to identify and mitigate potential risks.
   c) With regard to new product introduction (NPI):
      i) The change management process was not followed, and the paper-based procedure utilised was not tracked to ensure all cross-contamination activities were appropriately completed and authorised prior to product manufacture.
      ii) IMPs were not required to follow the NPI process, and it was not clear if the appropriate cross-contamination activities were performed for all clinical trial medicines manufactured at the site. Note: IMPs were manufactured in the same area as commercial product.
      iii) Development products that were manufactured in the same manufacturing area as IMPs (the Product Development Area) were not required to follow a NPI process to assess potential cross contamination risks.
      iv) It could not be confirmed that all commercial products had completed the NPI process as there was no procedure to store and archive the applicable NPI documents.
   d) There were inadequate controls in place to prevent cross contamination in the Product Development (PD) manufacturing area where both clinical trial medicines and medicines at development stage were manufactured. For example:
      i) Gowning requirements for personnel manufacturing developmental medicines were not adequate. For example, personnel could wear outdoor shoes when entering the area and gowns could be reused until visibly dirty.
      ii) Manufacturing rooms in the controlled not classified (CNC) area were not routinely cleaned and environmentally monitored when not in use. Note: cleans and monitoring were performed S47 [redacted].
   e) Dispensers used for liquid dispensing of IMPs were not adequately controlled. For example:
      i) There was no detailed procedure on the process to clean dispensers. Note: the inspector noted S47 [redacted] used for S47 [redacted] product.
      ii) There were no cleaning records available for the dispensers.
      iii) Dispensers were not uniquely identified to ensure that they were appropriately product dedicated.
      iv) There were no studies performed to ensure that sanitisers used in the cleaning process were effectively removed from the product contact surfaces of the dispenser.
   f) Operators were able to walk directly from the S47 [redacted] into the S47 [redacted] and return without gown changes.
   g) Equipment was not always appropriately stored. For example, in the S47 [redacted]:
      i) There was equipment change parts stored in the area that did not exhibit cleaning status.

ii) There was product contact equipment stored in the area without a full major clean for over 3 years without justification.
iii) Not all equipment was adequately protected with plastic covering without justification.

h) There were no controls in place for the manufacture of Schedule 1 substances to ensure compliance with TGO92, for example, medicines containing milk products.
i) There were no controls in place to ensure development products were not permitted to be manufactured in the commercial area.
j) The cleaning status of equipment was not always appropriately indicated. For example, the s22 filling equipment was not labelled and the s22 filling equipment, labelled as clean, had a section covered with sticky tape showing contamination with brown liquid.
k) The status card for room S47, that was used for the manufacturing of a development product was incorrectly labelled as being used for a "clinical trial product".

2. The requirements of Annex 13 (Principle) that the application of GMP to the manufacture of investigational medicinal products (IMPs) is intended to ensure that trial subjects are not placed at risk, and that the results of clinical trials are unaffected by inadequate safety, quality or efficacy arising from unsatisfactory manufacture were not met, as evidenced by:
   a) There was no requirement to generate and approve product specification files that contained all the necessary information related to the IMPs manufactured at the site (see also Annex 13§9 and Clause 4.13).
   b) There was no process to document, approve and ensure appropriate traceability of changes to the manufacture of IMPs (see also Annex 13 Clauses 2 & 7).
   c) There was no requirement or procedure to ensure authorised QA Agreements (QAA) were in place with the relevant sponsors prior to initiating IMP manufacture. For example, there was no QAA in place for the sponsor of s22
   d) With regard to the use of randomisation codes (see also Annex 13§ 22):
      i) There was no procedure describing the process to generate, secure, distribute and archive randomisation codes.
      ii) There was no formal process to review, authorise and store labels containing randomisation codes. For example, randomisation codes were accepted through email discussions/attachments.
      iii) There was no process to link the randomised codes used in manufacture to specific cohorts within a batch that were packed on different days. For example, a copy of the printed labels had no reference to the relevant cohort for S47 where there were at least three different cohorts manufactured for the batch.
      iv) There was no check to ensure that labels were receipted at the manufacturing line contained the correct randomisation codes for the specific cohort.
      v) The process of applying randomisation codes was not consistent for all units in a cohort. For example, additional redundant units of placebo and product that were part of batches were labelled as A, B, C and D.

3. The requirements of Clause 5.10 that at every stage of processing, products and materials should be protected from microbial and other contamination were not fully met. For example:
   a) Liquid and cream clinical trial medicines were manufactured on open benches that were not protected from contamination. For example, they were manufactured on open benches in rooms that were not directly supplied with filtered air (see also Annex 9§1).
   b) The inspector observed that the chilled water tubing on the S47 was positioned directly above the open tubes during filling activities. Condensate droplets were seen falling from the tubing directly over and potentially into the open product.

4. The requirements of Clause 6.1 that each holder of a manufacturing authorisation should have a Quality Control (QC) Department. This department should be independent from other departments,

and under the authority of a person with appropriate qualifications and experience was not fully met in that the QC team reported directly into the Supply Chain Manager. The position description of the Supply Chain Manager did not require knowledge, expertise and/or experience in the area of QC testing or the relevant regulatory requirements.

5. The requirements of Clause 2.10 that the manufacturer should provide training for all the personnel whose duties take them into production and storage areas or into control laboratories were not always effectively met in that:
   a) Casual operators were permitted to work on manufacturing lines before completing the induction training program. For example, operators that were not trained in the handling of materials could work on the line under "direct supervision" that only required a fully trained operator to be "within visual or earshot". There was no documented evidence that the untrained operator's activities were adequately supervised.
   b) A casual operator (BH) had partially completed induction on 15/7/24 and had not completed the required induction in the stipulated 6-month maximum period, however no action was taken. Note: the operator was permitted to work on the manufacturing line at the time of inspection.
   c) There was no required check of casual operator training status prior to commencing manufacturing activities.
   d) There was no specific training or experience/education requirements for personnel that release sterile products for supply (see also Annex 16§ 1.2).

6. The requirements the General Principles of Annex 16 that the Authorised Person is responsible for ensuring that each individual batch has been manufactured and checked in compliance with national requirements in accordance with the requirements of the marketing authorisation (MA) and with Good Manufacturing Practice were not fully met for the release of sterile products in that:
   a) For the release to supply of sterile product s22 [redacted] (see also Annex 16 § 1.3):
      i) There was no document describing the manufacturing process of the product so that it was not clear if it was aseptically filled or terminally sterilised (see also Annex 16 § 1.2).
      ii) The manufacturing batch record (MBR) provided was in Italian and it was not clear which parts of the record represented critical control points that should be checked as part of the release process.
      iii) The relevant credentials of the person that certified the batch (MS) for release in the EU were not available as part of the MBR package. Note: The QP credentials of an alternate person (CA) were included.
      iv) The batch was released without the availability of a current PQR. For example, the available PQR was for the 2021/22 period and the batch was released in December 2024 (see also Clause 1.11).
      v) There was no documented evidence that the Finished Product manufacturing site maintained quality oversight of the API manufacturer. Note: the relevant QA Agreement did not clearly indicate related responsibilities (see also Annex 16 § 1.4.3).
   b) The was no detailed checklist for release for supply activities that included, confirmation of transport conditions, sample checks, review of critical parameters in the MBR and CoA (see also Annex 16 § 1.3).
   c) There was no process to check that supplier audits were operational at the manufacturing site (see also Annex 16 § 1.7).

7. The requirements of Clause 1.4 (xiv) that an appropriate level of root cause analysis should be applied during the investigation of deviations, suspected product defects and other problems. This can be determined using Quality Risk Management principles and appropriate corrective actions and/or preventive actions (CAPAs) should be identified and taken in response to investigations, with the effectiveness of such actions monitored and assessed were not fully met. For example:
   a) For QE24-26777, where the cleaning validation of an encapsulator failed acceptance criteria:

i) The record did not adequately assess the scope of the event. For example, the scope was limited to the batch used in the concurrent validation activity only.
ii) The root cause was determined to be incorrect cleaning methods and inappropriate procedures however cleaning activities were not reviewed holistically for this issue.

b) For Deviation QE25- 2725 for a 3-hour power outage:
i) Risks to the product in manufacture at the time of the event were not evaluated, nor were stability studies considered. For example, some products had extended curing and drying times.
ii) There was no record indicating that sanitisation of the purified water (PW) system had occurred or that PW was tested for compliance prior to the reinitiation of manufacturing activities.

c) For Deviation QE25-2716, for a foreign capsule found in a s22 batch, there was no documentation of the containment actions taken or assessment of other potentially implicated batches.

d) In the event that no laboratory error was identified as part of an Out of Specification (OOS) investigation, the process allowed a single repeat test to override the original OOS result without justification.

S22 [redacted]

f) CAPA effectiveness checks were not tracked to completion.

g) Quality risk management processes were not procedurally required to be performed for all major changes that impacted validated processes and facility equipment.

8. The requirements of the Principles of Chapter 4 that the documentation utilised must establish, control, monitor and record all activities which directly or indirectly impact on all aspects of the quality of medicinal products. Suitable controls should be implemented to ensure the accuracy, integrity, availability and legibility of documents. Instruction documents should be free from errors and available in writing was not fully met in that:

a) There was no raw data available for the test method validation of the finished product microbial enumeration test for s22 [redacted].

b) The risk classification of product quality complaints was incorrectly assigned due to misalignment between the SOP and the Excel spreadsheet used for classification. The SOP required a Class III complaint if the defect "posed a constraint for the user," while the spreadsheet defined Class III as "could have a significant impact on the marketplace." S47 [redacted]

c) There was no procedure in place to ensure temporary changes were reverted upon expiry.

d) The site validation policy did not include the conditions for concurrent validation activities (see also Annex 15 § 5.16).

e) An unauthorised paper copy of an Excel spreadsheet tracking casual operator training status was used by production supervisors on the manufacturing line (see also Clause 4.3).

f) Training documents for casual staff were left unsecured on the manufacturing line (S47 [redacted]) (see also Clause 4.10).

g) There was not always gowning instructions and mirrors available at entry into manufacturing areas (see also Clause 4.2).

h) The recall procedure did not provide detailed instruction on how to reconcile and secure returned inventory.
i) The OOS procedure did not adequately describe the sampling requirements for Phase 1 investigations, leading to unclear resampling or retesting processes and as a result it was not clear resampling occurred or retesting. For example, for OOS 124/1902 it was not clear if product was resampled or retested prior to a full laboratory/production investigation.

Other deficiencies:

9. The requirements of the principles of Annex 11 that there should be no resultant decrease in product quality, process control or quality assurance where a computerised system replaces a manual operation. There should be no increase in the overall risk of the process was not fully met. Specifically:
   a) The classification of complaints was determined using a programmed macro in an Excel spreadsheet that was not validated.
   b) There was no defined nomenclature for HPLC samples to reduce the risk of misinterpretation. For example, the initial run of batch SP5250009 was incorrectly labelled as a rerun ("rpt"), and this error was not detected during the initial review.

10. The requirements of Clause 3.44 that defective equipment should, if possible, be removed from production and quality control areas, or at least be clearly labelled as defective was not fully met in that pallet containers for bulk liquids that required maintenance activities were stored in the manufacturing corridor (CP7) without status labels.

11. The requirements of Clause 8.30 that effectiveness of the arrangements in place for recalls should be periodically evaluated to confirm that they remain robust and fit for use. Such evaluations should extend to both within office-hour situations as well as out-of-office hour situations and, when performing such evaluations, consideration should be given as to whether mock-recall actions should be performed. This evaluation should be documented and justified was not always met in that:
    a) Mock recalls did not adequately challenge worst case conditions. For example, there were no mock recalls for international markets since 2013.
    b) For the mock recall performed in 2024 for s22 [redacted] not all activities were adequately performed. For example:
        i) There was no contact with the relevant distributors to determine if distributed goods
        ii) could be appropriately traced.
        iii) There was no process to reconcile returned goods.

12. The requirements of Clause 5.60 that products which have been involved in an unusual event should only be reintroduced into the process after special inspection, investigation and approval by authorised personnel. Detailed record should be kept of this operation was not fully met in that there were no controls in place to ensure that rejects were checked by a second independent person prior to return to the manufacturing line. Note: the inspector noted that independent checks were not occurring during manufacture on the Blister Packing Line.

Comments
None

Summary and conclusions

Assessment of manufacturer's responses

A response to the deficiencies reported to the manufacturer was received on 21 May 2025. Following requests for further information, a final satisfactory response was received on 24 July 2025.

The manufacturer's corrective actions have been evaluated and accepted, based on the agreement that all corrective actions will be carried out as described in the inspection close out correspondence.

Final evaluation and recommendations:

1. The manufacturer operates in accordance with the relevant GMP requirements.

2. TGA records have been updated to show a final compliance rating of your facility of S47G compliance with the manufacturing standard established under the *Therapeutic Goods Act 1989*.

3. The next re inspection is expected to be performed within S47G

4. The duration of the next inspection is estimated at this time to be S47G and will be conducted as a S47G .

Signed and authorised by s22

s22

Manufacturing Quality Branch

Date: 20 August 2025

E-mail: s22 @health.gov.au

Australian Government
Department of Health and Aged Care
Therapeutic Goods Administration

MS s22
s22
Delta Laboratories Pty Ltd
8 Warringah Close
Somersby NSW 2250

Our Reference: PH23/15621 & PH23/15623

Dear s22

Subject: GMP SURVEILLANCE INSPECTION OF DELTA LABORATORIES Pty Ltd.

Inspection Tracking Number MI-2023-LI-12450-1 &

Please find attached the inspection report for the surveillance inspection that took place at your Somersby NSW sites on 21st, 22nd & 23rd January 2025.

Your response(s) to the deficiencies reported in the post inspection letter have been evaluated and have been accepted. Effective implementation will be reviewed at the next GMP inspection.

You should note that assessments made during Surveillance Inspections are based on a random and limited examination and verification of the manufacturer's documents. This inspection report does not therefore claim to be a complete evaluation of all manufacturing operations performed at your site, and does not release you from the obligation to rectify deficiencies that have not been identified or stated herein.

Should you have any questions regarding the inspection, please do not hesitate to contact me.

Yours sincerely,

Signed and authorised by s22
s22
Manufacturing Quality Branch
Date: 17/04/2024
Tel: s22
E-mail: s22 @health.gov.au

Surveillance Inspection Report

Manufacturer: Delta Laboratories Pty Ltd.

Inspected site/s:

Site 1: 8 Warringah Cl Somersby NSW 2250
Site 2: 9 Chivers Rd Somersby NSW 2250

Manufacturer information: Refer to previous inspection report at

Activities carried out by manufacturer:

* Except Microbiological testing

- ☑ Manufacture of finished medicinal product
- ☐ Manufacture of intermediate or bulk
- ☐ Packaging
- ☐ Laboratory testing
- ☐ Release for supply
- ☐ Manufacture of Active Pharmaceutical Ingredient
- ☐ Other:

Type of inspection:

- ☐ Re-inspection ☑ Surveillance inspection
- ☐ Remote inspection ☐ Hybrid inspection

Applicable sections of the *Therapeutic Goods Act 1989*:

- ☑ section 40(4)(b) (re-inspection of licensed site)
- ☐ section 25(1)(g) (overseas in relation to registration)
- ☐ sections 26(1)(g), 26A(3) (overseas in relation to listing)

Scope of Inspection

The inspection was conducted to review compliance to PIC/S GMP Guide (PE009-16) for the two licensed sites at Delta Laboratories Pty Ltd, Somersby, NSW 2250 as per the tables listed below. In addition, manufacturing activities under s22 [redacted] s22 [redacted] were included in the scope.

Site 1: 8 Warringah Close, Somersby NSW 2250 (TGA Licence number **MI-25102004-000050-1**)

Manufacturing Type	Sterility	Dosage Form	Product Code	Manufacturing Step
Medicine Manufacture	Non Sterile	Liquids Group	Registered Therapeutic Good	Full Product Manufacture – excluding Microbiological Testing
Medicine Manufacture	Non Sterile	Semi Solids	Registered Therapeutic Good	Full Product Manufacture – excluding Microbiological Testing
Medicine Manufacture	Non Sterile	Topical Sunscreen Forms, Liquids Group	Listed Therapeutic Good	Full Product Manufacture – excluding Microbiological Testing

Conditions:
This licence does not authorise the manufacture of preparations containing:
a) penicillins, cephalosporins, antineoplastic drugs; or

b) steroids, except semi-solid preparations for topical use containing <1% hydrocortisone or <1% prednisolone; or
c) hormones, excepting preparations containing steroid hormones permitted in and adrenocorticotrophic hormone.

Site 2: 9 Chivers Road, Somersby NSW 2250 (Licence number **MI-2017-LI-11602-1**)

Manufacturing Type	Sterility	Dosage Form	Product Code	Manufacturing Step
Medicine Manufacture	Non Sterile	All Dosage Forms	Registered Therapeutic Good	Manufacture of Dosage Form
Medicine Manufacture	Non Sterile	All Dosage Forms	Registered Therapeutic Good	Secondary Packaging
Medicine Manufacture	Non Sterile	Semi Solids	Registered Therapeutic Good	Testing chemical and physical
Medicine Manufacture	Non Sterile	Liquids Group	Registered Therapeutic Good	Testing chemical and physical
Medicine Manufacture	Non Sterile	Topical Sunscreen Forms, Liquids Group	Listed Therapeutic Good	Testing chemical and physical

Conditions:
The Manufacture of Dosage Form is restricted to storage, sampling and dispensing of starting materials.
This licence does not authorise the manufacture of preparations containing:
a) penicillins, cephalosporins, antineoplastic drugs; or
b) steroids, except semi-solid preparations for topical use containing <1% hydrocortisone or <1% prednisolone; or
c) hormones, excepting preparations containing steroid hormones permitted in and adrenocorticotrophic hormone.

Inspection date/s: 21st, 22nd and 23rd January 2025	
Inspector/s:	s22 [redacted].
Manufacturing Standard used:	PIC/S Guide to Good Manufacturing Practice for Medicinal Products - PE 009-16 Part I + applicable Annexes.
References:	Manufacturing Licence number: 8 Warringah Close, Somersby NSW 2250 (TGA Licence number MI-25102004-000050-1) 9 Chivers Road, Somersby NSW 2250 (Licence number MI-2017-LI-11602-1) File reference numbers: PH23/15621 & PH23/15623

Personnel met during the inspection

Inspected areas, findings and observations

Refer to Site Master File for information of site activities

Major changes since the previous inspection: S47 [redacted]

Future Planned Changes: S47 [redacted]

Quality Management	
Subject area inspected	**Compliance outcome**
Review of actions taken since previous inspection	Repeat deficiency regarding housekeeping (Deficiency 1)
Product Quality Reviews	Deficiency Number 5
Change Management	No deficiencies identified
Complaints management	No deficiencies identified
Deviation, non-conformance and CAPA management	Deficiency Number 8
Batch Record Review and Batch Release	Deficiency Number 4
STREAM 1 Materials Management	
Subject area inspected	**Compliance outcome / comments**
GMP Contract agreements	Deficiency Number 7
Supplier approval process	Deficiency Number 6
Raw and primary packaging material warehouse	No deficiencies identified
Secondary packaging material warehouse	Deficiency Number 1 d, c & f.
Main warehouse	Deficiency Number 1 b.
Finished product warehouse	No deficiencies identified.

Temperature & humidity monitoring	No deficiencies identified
STREAM 2 Production System	
Subject area inspected	**Compliance outcome / comments**
Production process for finished products	No deficiencies identified
Production labelling & packaging	No deficiencies identified
Filling and Manufacturing Operations	No deficiencies identified
In Process Controls	No deficiencies identified
Dispensing areas	Deficiency Number 1 a.
STREAM 3 Validation/Qualification	
Subject area inspected	**Compliance outcome / comments**
Process Validation	No deficiencies identified
Cleaning Validation	Deficiency Number 2
Equipment Qualification and Re-qualification	No deficiencies identified
Method Validation	Deficiency Number 3
STREAM 4 Facilities and Equipment	
Subject area inspected	**Compliance outcome / comments**
HVAC System Overview	No deficiencies identified
Water System	No deficiencies identified
Manufacturing area	Deficiency Number 1 e.
STREAM 5 Quality Control	
Subject area inspected	**Compliance outcome / comments**
Sample Preparations	No deficiencies identified

Specification and Test methods	No deficiencies identified
Equipment Calibration and Maintenance	No deficiencies identified
Reference/ Retention Samples	Deficiency Number 9
Instruments/ Equipment	No deficiencies identified
Reference Standards	No deficiencies identified
Reagents and Volumetric Solutions	Deficiency Number 10.

List of Deficiencies observed during the inspection

Critical deficiencies:

None observed

Major deficiencies:

1. The requirements of the Clauses 3.1 and 3.2 that premises should be situated in an environment which, when considered together with measures to protect the manufacture, presents minimal risk of causing contamination of materials or products and that premises should be carefully maintained, ensuring that repair and maintenance operations do not present any hazard to the quality of products. They should be cleaned and, where applicable, disinfected according to detailed written procedures were not fully met as evident by the following:

    a. The s47 (Grade D airlock) present in S47 had damaged epoxy flooring, which had areas of exposed concrete.
    b. The canopy area in between the s47 at s47 and the secondary packaging area, contained s47 which was covered in dust and had no labelling to identify the s47
    c. The s47 area at s47 had a s47 which was S47 . The area where the primary packaged products were staged waiting to be processed, was kept in a very poor state of housekeeping. There was dusty unlabelled equipment, rubbish and cardboard on the floor*.
    d. There was no pest control conducted in the secondary packaging building (Also refer to Clause 3.4).
    e. Product staged outside the secondary packaging room was exposed to outdoor (uncontrolled) temperatures (Also refer to Clause 3.12).
    f. The risk assessment conducted for the s47 failed to identify and implement adequate controls to prevent contamination specifically in the two openings in s47 , created to provide access to the s47 s47 and not GMP qualified. The HVAC system in the s47 was activated with positive pressure to the existing manufacturing area only covered by a plastic liner. (Also refer to Clause 3.38).

S22

2. The requirements of Annex 15 §10.15 that where manual cleaning of equipment is performed, it is especially important that the effectiveness of the manual process should be confirmed at a justified frequency were not fully met as observed in the s47 which did not include an effectiveness review for the validation for manual cleaning of shared equipment, where registered and listed medicines were manufactured.

3. The requirement of the Clause 1.9 (vii) that no batch of product is released for sale or supply prior to certification by an Authorised Person that it is in accordance with the requirements of the relevant authorisations, was not fully met, as evidenced by the following:

    a. The s47 did not include any instructions to request evidence of a TGA license from the site that the products will be released to under quarantine.
    b. The adoption of Annex 16 requirements was not fully assessed for batch release process. For example, the audits of sites involved in the API manufacture and testing audit reports were not available to the Authorised Person.

c. The ARTG registration for [redacted] was not updated to include [redacted] as part of the manufacturer information as evidenced in [redacted].

Other deficiencies:

4. The requirements of the Clause 6.15 that testing methods should be validated. A laboratory that is using a testing method and which did not perform the original validation, should verify the appropriateness of the testing method. All testing operations described in the Marketing Authorisation or technical dossier should be carried out according to the approved methods, was not fully met, as an unvalidated test method for [redacted] was performed for [redacted] in [redacted] without justification.

5. The requirements of Clause 1.10 that regular periodic or rolling quality reviews of all authorised medicinal products, including export only products, should be conducted with the objective of verifying the consistency of the existing process, the appropriateness of current specifications for both starting materials and finished product, to highlight any trends and to identify product and process improvements. Such reviews should normally be conducted and documented annually, taking into account previous reviews, were not fully met as evidenced in the following examples:

   a. The PQR for [redacted] did not document the review for the relevant equipment and utilities used for the manufacture and filling of the product. The PQR includes a statement regarding the review of equipment, however, it was not documented what major equipment was used and what was the validation status of the equipment.
   b. The PQR for [redacted] referenced the analytical method validation number associated with the [redacted]; however, it did not provide an assessment of the current validation status of this method or indicate when revalidation may be necessary.

6. The requirements of the Clause 5.27 that the selection, qualification, approval and maintenance of suppliers of starting materials, together with their purchase and acceptance, should be documented as part of the pharmaceutical quality system. The supporting evidence for each supplier / material approval should be maintained were not fully met for the raw material [redacted]. The supplier approval was not completed however the QC laboratory tested the material and released for use based on the provision that full testing was conducted.

7. The requirements of the Clause 7.1 that there should be a written contract covering the outsourced activities, the products or operations to which they are related, and any technical arrangements made in connection with it, were not fully met as evidenced by:
   a. The 3-way GMP agreement for [redacted] was not signed by all relevant parties [redacted] since issuance [redacted] ago.
   b. A new GMP agreement for [redacted] was issued on [redacted] This agreement was not signed by [redacted] at the time of inspection.
   c. The drafted agreement [redacted] for the manufacture of [redacted], [redacted].

8. The requirements of the Clause 1.4 that an appropriate level of root cause analysis should be applied during the investigation of deviations, suspected product defects and other problems. This can be determined using Quality Risk Management principles. In cases where the true root cause(s) of the issue cannot be determined, consideration should be given to identifying the most

likely root cause(s) and to addressing those, and that appropriate corrective actions and/or preventive actions (CAPAs) should be identified and taken in response to investigations, were not fully met, as there were multiple occasions where swabs taken from clean equipment such as s47 and the results were positive for the presence of s47G for example, s47G , the investigation was conducted and root cause analysis failed to identify the most likely root cause of the source of the s47G in the facility. Corrective actions were raised however those did not consider removing the source of the contamination; therefore the effectiveness of corrective actions was not fully supported in light of a recent (Dec 2024) detection of this issue.

9. The requirements of the Clause 1.9 (viii) that sufficient reference samples of starting materials and products are retained in accordance with Annex 19 to permit future examination of the product if necessary and that the sample is retained in the final pack, were not fully met, as evidenced by s47 , which specified the sampling plans and sample size to be taken for the retention samples. However, the s47 stated that for s47 or above, the retain samples would not be taken as finished product packs but were to be taken in sample jars.

Comments

Summary and conclusions

Assessment of manufacturer's responses

A response to the deficiencies reported to the manufacturer was received on 25/03/2025. Following requests for further information, a final satisfactory response was received on 17/04/2025.

The manufacturer's corrective actions have been evaluated and accepted, based on the agreement that all corrective actions will be carried out as described in the inspection close out correspondence.

Final evaluation and recommendations:

1. The manufacturer operates in accordance with the relevant GMP requirements.

2. TGA records have been updated to show a final compliance rating of your facility of S47G compliance with the manufacturing standard established under the *Therapeutic Goods Act 1989*.

3. The next re inspection is expected to be performed within S47G .

4. The duration of the next inspection is estimated at this time to be S47G and will be conducted as a S47G .

Signed and authorised by s22
s22
Manufacturing Quality Branch
Date: 17/04/2025
Tel: s22
E-mail: s22 @health.gov.au

Australian Government

Department of Health
Therapeutic Goods Administration

s22 s22
s22
Wild Child Laboratories Pty Ltd
16 Howe Street ,
Osborne Park- WA 6017

Ref: E23-517357

Dear s22s22

RE: GMP INSPECTION of Inspection of Wild Child Laboratories Pty Ltd

Please find attached the inspection report for the inspection that took place at your Osborne Park WA site on 17-19 July 2023.

Your response(s) to the deficiencies reported in the post inspection letter have been evaluated and have been accepted. Effective implementation will be reviewed at the next GMP inspection.

Should you have any questions regarding the inspection, please do not hesitate to contact me.

Yours sincerely

Signed and authorised by s22
Manufacturing Quality Branch
Date: 17/11/2023
Tel: s22
E-mail: s22 @health.gov.au

Australian Government

Department of Health

Therapeutic Goods Administration

Inspection Report

Manufacturer:	Wild Child Laboratories Pty Ltd
Inspected site/s:	16 Howe Street, Osborne Park WA 6017
Activities carried out by manufacturer:	☑ Manufacture of finished medicinal product ☐ Manufacture of intermediate or bulk ☐ Packaging ☐ Laboratory testing ☐ Release for supply ☐ Other:
Type of inspection:	☑ Initial inspection ☐ Re-inspection ☑ Full inspection ☐ Special inspection ☐ Reduced scope inspection Applicable sections of the *Therapeutic Goods Act 1989*: ☑ section 37(2)(b) (licence application) ☐ section 40B(10)(a) (licence variation) ☐ section 40(4)(b) (re-inspection of licensed site) ☐ section 25(1)(g) (overseas in relation to registration) ☐ sections 26(1)(g), 26A(3) (overseas in relation to listing)
Scope of Inspection	Finished Product Manufacture of listed medicines- Dosage Forms: Liquids-Solutions, Lotion, Cream and Topical Sunscreen, and gel. API packaging and labelling
Inspection date/s:	17-19 July 2023 s47G [redacted]
Inspector/s:	s22 [redacted]
Manufacturing Standard used:	PIC/S Guide to Good Manufacturing Practice for Medicinal Products - 1 May 2021
References:	Manufacturing Licence number: MI-2023-LI-02284-1 File reference number/s: s47 [redacted]

Introduction

Wild Child Laboratories Pty Ltd herein known as 'Wild Child' is a wholly owned subsidiary of Wild Child Pty Ltd. The company has held a TGA licence for the manufacture and packaging of sunscreen products, complimentary and listed OTC medicines along with the repackaging of APIs and finished product since October 2016. s47 [redacted]

s47 [redacted]

s47 [redacted]

Date of previous inspection: Not applicable
Names of inspectors involved in previous inspection: Not applicable

Brief report of the inspection activities undertaken

Scope of inspection

The inspection was performed to assess manufacturer compliance with the PIC/S Guide to Good Manufacturing Practice for Medicinal Products – 1 May 2021 for the following manufacturing steps, dosage forms and conditions:

Manufacturing Type	Sterility	Dosage Form	Product Code	Manufacturing Step
Medicine Manufacture	Non-Sterile	API – Not Defined	Raw Materials	Packaging and Labelling
Medicine Manufacture	Non-Sterile	Liquids - Solutions	Listed Therapeutic Good	Full Product Manufacture - excluding Microbiological Testing
Medicine Manufacture	Non-Sterile	Cream	Listed Therapeutic Good	Full Product Manufacture - excluding Microbiological Testing
Medicine Manufacture	Non-Sterile	Lotion	Listed Therapeutic Good	Full Product Manufacture - excluding Microbiological Testing
Medicine Manufacture	Non-Sterile	Topical Sunscreen Forms	Listed Therapeutic Good	Full Product Manufacture - excluding Microbiological Testing
Medicine Manufacture	Non-Sterile	Liquids - Emulsion	Listed Therapeutic Good	Full Product Manufacture - excluding Microbiological Testing
Medicines Manufacture	Non-Sterile	Gel	Listed Therapeutic Goods	Full Product Manufacture - excluding Microbiological Testing

Inspected areas

Onsite inspection to verify site qualification and suitability of design, this included facility design and qualification, including warehouse, manufacturing, packaging, utilities and equipment qualifications. s22 [redacted]

s22 [redacted]

Personnel met during the inspection
Refer to attached attendance sheet.

Inspection findings and observations

Major changes since the previous inspection: New site

Future Planned Changes:
S47 [redacted]

Overview of inspection findings from last inspection and the corrective action taken

s22 [redacted]

Quality Management

Wild Child had established a Quality management system to meet the requirements of the PICS Guide to GMP. There were deficiencies against elements of the Guide noted; these have been recorded in the relevant sections of this report.

s22 [redacted]

The quality system covered elements of the Guide including risk management, deviations, CAPA, change control, release for supply, annual product review and others. s22 [redacted]

S47 [redacted] .

Personnel

Wild Child had established position descriptions for key personnel and company organisation charts provided clear reporting and authority flows. The inspector confirmed that the newly appointed heads of production and quality were independent from each other.

There was a training programme in place that covered induction, GMP and on going training with a training matrix. s22 [redacted]

The gowning procedure defined the different gowning requirements and washing and sanitisation that were found to be generally appropriate, it was noted however that there was S47 [redacted] (Deficiency 3a).

The company had implemented appropriate systems to ensure that staff with infectious diseases, or other relevant health issues could not adversely affect product quality. Medical checks were requested upon recruitment.

Premises and Equipment

S47 The design for personnel and material flows were generally appropriate for the activities to be undertaken on site. s47 However, the inspector noted the site was s47 (Deficiency 2). The inspector noted that the design of doors was acceptable with a combination of S47 for equipment entry/exit to establish air locks.

s47 (Deficiency 1d).

The site did not require any storage for any temperature sensitive products.

The company had established a manual status control system with physical locations and status control labels. However will transfer to S47

The sampling room was located S47 with S47 at the door. S47 (Deficiency 3a).

S47 .

s47

S47 The inspector noted potential cross contamination issues with current air flow set up (Deficiency 3c).

S47

S47

S47

However, the company had not completed full qualification and transfer of equipment from Malaga at the time of inspection (Deficiencies 1,2 and 4).

The company had a calibration and maintenance program at the Malaga site S22 , however, the

program S47 [redacted] (Deficiency 5).

S47 [redacted] (Deficiencies 1e,1i and 3b). The company intended to finalise system qualification and ensure that the system maintained a minimum of S47 pressure differential for S47 areas to minimise potential cross contamination. The system would be monitored via the S47 [redacted].

The water system generated purified water by S47 [redacted]. The system was equipped with in S47 [redacted] The system was S47 [redacted] as required by procedure and S47 [redacted]. However, the system had not been fully qualified to date of inspections (Deficiency 1a).

S47 [redacted] The system was equipped with S47 [redacted] and was qualified.

The site does not have a S47 [redacted].

The manufacturer had not yet established a pest control system with relevant documents, though pest control was service contracted with bait plans (Deficiency 2b).

Secure waste disposal S47 [redacted]

Documentation

Wild Child had an established documentation system that would be transferred to S47 [redacted]. S47 [redacted]

Master documents are printed on coloured paper with any photocopies on white paper.

Master Work Orders (batch records) were generated in word. These were also saved as master PDF documents. S47 [redacted] There was a document design issue that was identified at the current site last inspection that had not been fully corrected (Deficiency 6).

Specifications documents were in place transferred from the old site for raw materials, and products.

No batch records were reviewed at this site.

Production

There was no production at the site. Production processes would be recorded in S47 [redacted].

s22 [redacted]

The inspector briefly verified that all production systems would be transferred to S47 [redacted]

The company had a validation master plan (VMP) that detailed the company's approach to validation. S47 [redacted] The inspector reviewed a number of validation and qualification documents and noted a number of gaps in the documents; also S47 [redacted] (Deficiency 1).

S47 [redacted]

S47 [redacted]

Quality Control

There was S47 [redacted] and S47 [redacted] was in the process of being set up. The inspector verified that the S47 [redacted] was well designed with required services for S47 [redacted]. As the S47 [redacted] was still in operation at the S47 [redacted], none of the equipment were transferred at the date of inspection (Deficiencies 1e and 2a).

The inspector verified that the FTIR audit trail deficiency from the S22 [redacted] was still open and required correction (Deficiency 10).

The inspector did not cover any laboratory procedures and systems at the inspection, as these would be the same as for the Malaga site that was in operation.

Outsourced Activities

s22 [redacted]

Complaints and Product Recall

There was a complaint management system in operation and a recall procedure at Malaga, which would be transferred to this site. S22 [redacted]

Self-Inspection

The company had a generally compliant system for self-inspection. The inspector verified the presence of an S47 [redacted] inspection schedule.

Compliance with Marketing Authorisations

s22 [redacted]

Specific Annexes

The Annexes of the Standard applicable to the inspection were Annexes 8, 9, 11, 15, 19 & 20)

Other specific issues identified

- The manufacturer was not fully ready for the inspection, the inspection period was decreased to 2 days on the proviso that a close out inspection will take place to verify facility readiness with qualification finalisation of equipment and areas.
- s22 [redacted] A decision NOT to cover certain aspects of the routine inspection as these were

S22 [redacted] The focus of this inspections was on the new facility and related new systems, as the quality system will be transferred from Malaga.

Site Master File

s22 [redacted]

Miscellaneous

Samples taken:

None.

Distribution of Report:

Wild Child Laboratories and filed in TGA Trim file: E23-517357

Attachments:

Attendance record

List of Deficiencies observed during the inspection

Critical deficiencies:
None observed

Major deficiencies:

1- The requirements of Annex 15 Clause 3 hat validation protocols should be prepared which defines the critical systems, attributes and parameters and the associated acceptance criteria, and with a formal release for validation and qualification documents, and that qualification activities should consider all stages from initial development of the user requirements specification through to the end of use of the equipment, facility, utility or system, specifically installation, operation and performance qualifications were not met as evidenced by
   a. With respect to water system protocols
      i. There were S47 .
      ii. S47 (see also Annex 15 § 3.9v)
      iii. The PQ protocol was not an appropriate challenge; S47
      iv. S47 ; performance qualification did not state the approved chemical(s) to be used or validate the effective removal of chemical residue from the system after sanitisation (see also Annex 9, § 4).
   b. There was no protocol available for decommissioning equipment (S22) to ensure no damages and correct steps of dismantling were adhered to.
   c. The IOQ protocols for the S47 were written, however they had not been executed as the S47 was still in commissioning acceptance by the vendor.
   d. The S47 was not temperature mapped to ensure worst locations were monitored (also Clause 3.19).
   e. S47 were not on site and qualification protocols had not been written (S47).
   f. IQ/OQ protocols were written for most S47 equipment but not executed as yet. For example, S47 .
   g. PQ for S47 were written with the process validation using S47 batches with different sizes. The protocol did not cover in the acceptance criteria other than compliance to product specification. There was no element of consistency in the acceptance criteria (see also Annex 15, § 5.22 i-xii).
   h. PQ protocol had not been drafted for the S47 .
   i. With respect to the URS for S47 , it stated that the S47 which was not the case.
   j. With respect to the URS for the S47
      i. S47 were included where in fact there would be S47 .
      ii. There was no mention of S47 .
   k. With respect to URS for S47
      i. It did not cover load cells
      ii. It did not cover the PLC and was no separate URS for PLC controller

2- The requirement of Clause 3.3 and 3.7 that premises should preferably be laid out in such a way as to allow the production to take place in areas connected in a logical order corresponding to the sequence of the operations and to the requisite cleanliness levels, and that could not be verified as,

a. The facility had areas still in progress to fully qualify the site, such as S47 , S47 .
b. There was no pest control system and an external contract to ensure vermin facility protection (also Clause 3.4).

3- The requirements of Clause 5.19 that cross-contamination should be prevented by attention to design of the premises and equipment as described in Chapter 3. This should be supported by attention to process design and implementation of any relevant technical or organizational measures, including effective and reproducible cleaning processes to control risk of cross-contamination were not fully met as evidenced by:
   a. S47 (see also Clause 1.9 i).
   b. The design of S47 was not based off a documented risk assessment to ensure the appropriate technical and/or organisational controls were in place to limit cross contamination.
   c. There may be issues with current design for the S47
   d. S47 was S47 . As the S47 is S47 S47 and not a S47 there is a potential ingress of S47 .

4- The requirements of Clauses 3.34, 3.35 and 3.38 with respect to equipment design, location, maintenance and installation were not fully met as S47

5- The requirements of Clause 4.29 that there should be written policies, procedures, protocols, reports and the associated records of actions taken or conclusions reached for calibration and maintenance and water system were not fully met as
   a. The current maintenance and calibration programs were not updated to include new equipment S47
   b. There were no operation procedures for new utilities S47 .

Other deficiencies:

s22 **<u>These would still stand as deficiencies as they were not corrected or could not be assessed at the time of inspection.</u>**

s22

s22 [redacted]

s22 [redacted]

s22 [redacted]

s22 [redacted]

Comments
No further comments

Summary and conclusions

Assessment of manufacturer's responses
A response to the deficiencies reported to the manufacturer was received on 19/08/23. This inspection will be closed after the close out inspection conducted on 9 November 2023, if all corrections are finalised and/or had suitable effective completion date.

The manufacturer's corrective actions have been evaluated and accepted, based on the agreement that all corrective actions will be carried out as described in the inspection close out correspondence.

Final evaluation and recommendations:

1. The manufacturer operates in accordance with the relevant GMP requirements.

2. TGA records have been updated to show a final compliance rating of your facility of S47G with the manufacturing standard established under the *Therapeutic Goods Act 1989*.

3. There will be a scheduled re-inspection within S47G.

Signed and authorised by s22
Manufacturing Quality Branch
Date: 17/11/2023

Tel: s22
E-mail: s22 @health.gov.au

DEFINITIONS

Marketing Authorisation

Compliance with regulatory requirements specified in the ARTG and any other requirements imposed by a relevant Delegate of the Secretary, upon product listing or registration.

Examples of regulatory requirements include but not limited to the following: compliance with registered formulations, special storage and transportation conditions, shelf life, labelling, batch release testing requirements etc.

Critical Deficiency

A deficiency in a practice or process that has produced, or may result in, a significant risk of producing a product that is harmful to the user. Also occurs when it is observed that the manufacturer has engaged in fraud, misrepresentation or falsification of products or data.

Major Deficiency

A non-critical deficiency that:

- has produced or may produce a product which does not comply with its marketing authorisation; and/or
- indicates a major deviation from the Good Manufacturing Practice; and/or
- indicates a major deviation from the terms of the manufacturing licence or GMP approval (overseas manufacturers); and/or
- indicates a failure to carry out satisfactory procedures for release of batches; and/or
- indicates a failure of the person responsible for QA/QC to fulfil his/her duties; and/or
- consists of several other deficiencies, none of which on its own may be major, but which may together represent a major deficiency and should be explained and reported as such.

Other Deficiency

A deficiency that cannot be classified as either critical or major, but indicates a departure from good manufacturing practice.

A deficiency may be "other" either because it is judged as minor, or because there is insufficient information to classify it as major or critical.

One-off minor lapses or less significant issues are usually not formally reported, but are brought to the attention of the manufacturer.

Note:

1. Classification of a deficiency is based on the assessed risk level and may vary depending on the nature of products manufactured, e.g. in some circumstances an example of major deficiency may be categorised as critical.
2. A deficiency that was reported at a previous inspection and not corrected may be reported in a higher classification.

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Australian Government
Department of Health
Therapeutic Goods Administration

Manufacturing Quality Branch

Inspection attendance sheet

Manufacturer name:	Wild Child
Manufacturer address:	16 Howe Street Osborne Park WA 6017
Inspection type:	Initial inspection (site transfer)
Inspection date/s:	17, 18 and 20 July 2023 (20 July is a remote inspection day)
Inspector/s:	s22
Inspection standard:	PIC Guide to GMP for medicinal products- PE-009 -15, May 2021

Opening meeting starting time: 11:45
Closing meeting starting time: 4 pm

Name *(please print)*	Position *(please print)*	Opening meeting *(initials)*	Closing meeting *(initials)*
s22			