DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
FOOD	AND DRUG A	DMINISTRATIC	ON .

DISTRICT OFFICE ADDRESS AND PHONE NUMBER 555 Winderley Place, Suite 200 Maitland, FL 32751

DATE(S) OF INSPECTION 08/25-09/05/2008

407 475 4700 (Fax) 407 475 4768

FEI NUMBER 1047582

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: Raymond (NMI) Stadnick, Vice President, Quality Compliance

FIRM NAME

STREET ADDRESS

NBTY Inc., dba NBTY Rexall Sundown

901 Broken Sound Parkway NW

CITY, STATE AND ZIP CODE

TYPE OF ESTABLISHMENT INSPECTED

Boca Raton, FL 33487-3528

Dietary Supplement Manufacturer

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS: AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FOA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FOA AT THE ADDRESS ABOVE IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FOA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION #1

You did not make and keep documentation of the date of use, cleaning and sanitizing of the equipment used to prepare coating solutions for dietary supplement tablets.

Specifically, the last entry by the operator on the cleaning log for the Solution Prep Room was dated 7/26/2008. Coating solutions were prepared routinely in this room after 7/26/2008, for example as recent as 8/27/2008 (for Lot #239609).

OBSERVATION #2

Your batch production records did not include the actual results obtained during a monitoring operation.

Specifically, records for monitoring raw materials ("Raw Material Dispensing Sheet") in the Weigh Room do not include each partial raw material weight and the identification of the equipment used.

OBSERVATION #3

Your personnel did not use hygienic practices to the extent necessary to protect against contamination of dietary supplement ingredients.

Specifically,

a) Your personnel did not wear outer garments in a manner that protects against contamination of dietary supplement ingredients.

SEE REVERSE EMPLOYEE(S) SIGNATURE -Bulleck die In Lawrence EMPLOYEE(S) NAME AND TITLE (Print or Type) Mining F Barch Che Susya in The Covid , St St ... 109/05/2008.

DATE ISSUED

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DURING AN INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:

OBSERVATION #3 (CONTINUED)

Blending Room: On 8/26/2008 during your blending process of product ID 31-61621 associates touched drums, outer bags, and box cutters then filled the hopper touching raw material without refreshing gloves. An associate knelt down onto the raw material (without wearing protective clothing) and reached into the charge screen to push raw material through it into the hopper exposing the raw material to his bare arm and shirt sleeve (no sleeve protectors were worn).

Weighing Room: On 8/26/2008 an associate staging raw material for blending did not wear sleeve protectors while scooping bulk product RM 239550 into a container. Her shirt sleeve and arm came into direct contact with the raw material.

b) Your personnel used gloves that were not clean or stored in a sanitary condition.
Blending Room: Gloves used by the associates were stored loose and unprotected on a table covered with raw material dust.

SEE	EMPLOYEE(S) SIGNATURE	EMPLOYEE(S) NAME AND TITLE (Print or Type)	DATE ISSUED
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