DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION					
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION				
212 3rd Ave. South	07/22/2005 - 08/25/2005*				
Minneapolis, MN 55401	FEINUMBER				
(612) 334-4100 Fax: (612) 334-4134	3002095335				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED					
TO: Aaron P. Milton, Vice President Oper	ations				
FIRM NAME	STREET ADDRESS				
Boston Scientific Scimed	1 Scimed Pl				
ITY, STATE, ZIP CODE, COUNTRY TYPE ESTABLISHMENT INSPECTED					
Maple Grove, MN 55311-1565	Medical Device 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 FDA representative(s) during the inspection or submit this information to FDA at the address above. If you have any questions, please contact FDA at the phone number and address above.

The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.

## DURING AN INSPECTION OF YOUR FIRM WE OBSERVED:

## **OBSERVATION 1**

An MDR report was not submitted within 30 days of receiving or otherwise becoming aware of information that reasonably suggests that a marketed device may have caused or contributed to a death or serious injury.

Specifically, from January 2004 to June 2005, 66 MDR reports of death or serious injury were not submitted within 30 days.

Annotation: Promised to correct.

## **OBSERVATION 2**

An MDR report was not submitted within 30 days of receiving or otherwise becoming aware of information that reasonably suggests that a marketed device has malfunctioned and would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

Specifically, from January 2004 to June 2005, 36 MDR reports of malfunction were not submitted within 30 days.

Annotation: Promised to correct.

## **OBSERVATION 3**

Complaints representing events that are MDR reportable were not promptly reviewed, evaluated, and investigated by a designated individual.

Specifically, complaints of serious injury, death, or malfunction were not always evaluated with regard to the prompt filing of

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OF THIS PAGE			08/25/2005

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212 3rd Ave. So Minneapolis, MN				/22/2005 - JMBER	08/25/2	2005*
(612) 334-4100	Fax: (612) 334-4134		300	02095335		
TO: Aaron P. M	ilton, Vice Preside	nt Operations		:		
RM NAME Boston Scientif	ic Scimed	STREET ADD				•
CITY, STATE, ZIP CODE, COUNTRY		1 Scimed P1 TYPE ESTABLISHMENT INSPECTED				
Maple Grove, MN	55311-1565	Medica	al Device	Manufactu	ırer	î
MDR reports. From Ja	nuary 2004 to June 2005, as	a result of human e	rror, 46 event	s were filed la	te as MDR	reports.
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OBSERVATION 4	•			•		
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The procedures for imp	lementing corrective and pre-	eventive actions we	re not implem	ented.		
Specifically, a corrective	ve and preventive action was	not initiated on the	recurring situ	ation of MDF	R reports be	ing submitted
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Boston Scientific Scimed CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED
Maple Grove, MN 55311-1565	Medical Device Manufacturer
FDA EMPLOYEES' NAMES, TITLES, AND SIGNAT	Ralph W. Jerndal, Investigator
Billi Jo M. Johnson, Investigator	Kaiph w. Jerndai, investigator
This is	a modified document.
SEE REVERSE OF THIS PAGE	08/25/2009
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