| | DEPARTMENT OF HEALT FOOD AND DRUG | | | | | |
|--|---|--|---|--------------------------|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER | | | DATE(S) OF INSPECTION | | | |
| Chicago, IL 6 | son Blvd., Suite 1500 | | 9/20/2021-9/24/2021 FEI NUMBER | | | |
| | Fax: (312)596-4187 | | 1815692 | | | |
| | | | | | | |
| NAME AND TITLE OF INDIVIDUA | AL TO WHOM REPORT ISSUED | | | | | |
| TJ Hathaway , | Site Director | | | | | |
| FIRM NAME | | STREET ADDRESS | | | | |
| Abbott Nutrit | | 901 N Centerville Rd | | | | |
| Sturgis, MI | | TYPE ESTABLISHMENT INSPECTED Infant Formula Manufacturer | | | | |
| beargib, iii | .5051 5502 | Infanc 1 | | | | |
| This document lists of | observations made by the FDA representative(s) | during the insp | ection of your facility. They ar | e inspectional | | |
| | not represent a final Agency determination rega | | | | | |
| | implemented, or plan to implement, corrective a representative(s) during the inspection or submi | | | | | |
| | tact FDA at the phone number and address above | | on to 1 Dri at the address above | . If you have any | | |
| | | | | | | |
| DURING AN INSPEC | TION OF YOUR FIRM WE OBSERVED: | | | | | |
| OBSERVATIO | ON 1 | | | | | |
| You did not ma | intain a building used in the manufa | cture, proce | essing, packing or holdi | ng of infant | | |
| formula in a cle | an and sanitary condition. | - | | | | |
| | | | PSSI | | | |
| - | 09/20/2021 and 09/21/2021, in Build | | yer , standing water w | as observed in the | | |
| following location | ns: under and adjacent to the (b) (4) | |) air handling unit, | outside the (b) (4) | | |
| door associated | with the Dry Blending Room and in th | ne clean-out | of-place (COP) area. On | 09/23/2021, in the | | |
| same room, stan | ding water was observed on the floor b | elow the (b |) (4) | | | |
| 0= 00/22/2021 | a fauldiff was absenced manine in one | طامسة سماامة | - fueue the limited unecess | in - min - mal - t- man- | | |
| | a forklift was observed moving ingred | - | | _ | | |
| | uilding Dryer location. The forklif | | | | | |
| _ | Only". Additionally, wooden pallets w | _ | | | | |
| | me area. Finally, a box fan with a si | (1.3.6.43 | PSUI | _ | | |
| direction of the | | ilding D | ryer 🖺 This fan was obse | rved with extensive | | |
| debris and dust-like build up. | | | | | | |
| | | | | | | |
| OBSERVATIO |)N 2 | | | | | |
| | tall $a^{(b)}(4)$ capable of $(b)(4)$ | | whe | en(b)(4) | | |
| | luct filling machine. | | | (3) (3) | | |
| Γ | | | | | | |
| Specifically, on F | Filler Lines (b) (4) , the finished prod | duct is(b) | 4) . On Filler L | ine (b) (4) | | |
| (b) (4) is used at the following locations: filler(b) (4) , seamer (b) (4) , and seamer. On Filler | | | | | | |
| Line (b) (4) is used at the following locations: filler/(b) (4) and seamer(b) (4). | | | | | | |
| | | | | | | |
| AMENDMENT 1 | | | | | | |
| | EMPLOYEE(S) SIGNATURE | | | DATE ISSUED | | |
| SEE REVERSE | Daniel B Arrecis, Investigat | | | 9/24/2021 | | |
| OF THIS PAGE | Elizabeth P Mayer, National | Expert | Daniel B Arrecis Investigator Signed By Daniel B. Arrecis Date Signed 09-24-2021 | -s | | |
| | | | Date Signed 09-24-2021 X 10 38 17 | _ | | |
| | | | | | | |
| | | | | | | |

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

PAGE 1 of 3 PAGES

| DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION | | | | | |
|--|------------------------------|--|--|--|--|
| DISTRICT ADDRESS AND PHONE NUMBER | DATE(S) OF INSPECTION | | | | |
| 550 W. Jackson Blvd., Suite 1500 | 9/20/2021-9/24/2021 | | | | |
| Chicago, IL 60661-4716 | FEI NUMBER | | | | |
| (312)353-5863 Fax: (312)596-4187 | 1815692 | | | | |
| | | | | | |
| NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED | | | | | |
| TJ Hathaway , Site Director | | | | | |
| FIRM NAME | STREET ADDRESS | | | | |
| Abbott Nutrition | 901 N Centerville Rd | | | | |
| CITY, STATE, ZIP CODE, COUNTRY | TYPE ESTABLISHMENT INSPECTED | | | | |
| Sturgis, MI 49091-9302 | Infant Formula Manufacturer | | | | |

OBSERVATION 3

Personnel working directly with infant formula, its raw materials, packaging, or equipment or utensil contact surfaces did not wash hands thoroughly in a hand washing facility at a suitable temperature after the hands may have become soiled or contaminated.

Specifically, on 09/20/2021, in the Mineral Weigh Room, the Processing Operator did not sanitize nor change his gloves after touching non-food contact surfaces; immediately afterwards, he touched food contact surfaces including the inside of the potassium chloride ingredient bag and a clear plastic bag used to store weighed ingredient.

In addition, the Operator's exposed wrists, between the glove and smock cuff, were observed entering the inside of the potassium chloride ingredient bag when scooping ingredients.

OBSERVATION 4

An instrument you used to measure, regulate, or control a processing parameter was not properly maintained.

Specifically, your firm does not calibrate the following system components:

- The flow sensor for the (b) (4) system located on the product line between the (b) (4) pasteurizer and (b) (4) Dryer
- The pressure sensor for Tank
- The pressure sensors for Tanks (b) (4)
- The flow meters for the bulk oil silos into Tank

OBSERVATION 5

AMENDMENT 1

| OF THIS PAGE Elizabeth P Mayer, National Expert Date Stands Stands Date Stands | OF INIS PAGE Elizabeth P Mayer, National Expert Investigator Investigator |
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|--|--|

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 2 of 3 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT ADDRESS AND PHONE NUMBER 550 W. Jackson Blvd., Suite 1500 9/20/2021-9/24/2021 FEI NUMBER Chicago, IL 60661-4716 1815692 (312)353-5863 Fax: (312)596-4187 NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED TJ Hathaway , Site Director FIRM NAME STREET ADDRESS Abbott Nutrition 901 N Centerville Rd TYPE ESTABLISHMENT INSPECTED CITY, STATE, ZIP CODE, COUNTRY Infant Formula Manufacturer Sturgis, MI 49091-9302 You did not monitor the temperature in a thermal processing equipment at a frequency as is necessary to maintain temperature control. Specifically, review of Master Work Order 01-0X290-MWO (Alimentum Dryer) for the product Alimentum Advance (packaging dates 04/21/2021, 04/25/2021, 06/18/2021, 07/14/2021 and 07/17/2021) did not document the indicating thermometer temperature for the (b) (4) pasteurizer. Temperature is identified as a critical control point (CCP).

AMENDMENT 1

| EMPLOYEE(S) SIGNATURE | | | DATE ISSUED |
|-----------------------|------------------------------------|--|-------------|
| SEE REVERSE | Daniel B Arrecis, Investigator | | 9/24/2021 |
| OF THIS PAGE | Elizabeth P Mayer, National Expert | Daniel B Arrecis Investigator Signed By Daniel B. Arrecis -9 Date Signed 09-24-2021 X 10 38 17 | |
| | | | |

The observations of objectionable conditions and practices listed on the front of this form are reported:

- 1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
- 2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."