FOOD AND DRUG ADMINISTRATION							
DISTRICT OFFICE	ADDRESS AND PHONE	NUMBER		DATE(S) OF INSPECTION			
Los Angeles D 19701 Fairchile				10/04/22-10/07/22			
Irvine, CA 92612 949-608-2900				FEI NUMBER			
Industry Information: www.fda.gov/oc/industry				3011924560			
		OM REPORT IS ISSUED					
TO: Robert T.	Leark, Owner		OTDEET ADDRESS				
FIRM NAME			STREET ADDRESS				
Burt's Pharmac			2333 Borchard Rd.				
	Y, STATE AND ZIP CODE		TYPE OF ESTABLISHMENT INSPECTED				
Newbury Park,	CA 91320		producer of nonsterile drugs				
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.							
DURING AN INSPE	CTION OF YOUR FIRM	(I) (WE) OBSERVED:					
OBSERVAT	ION 1						
		omponents are used in the	formulation of non-ste	rile drug products.			
rion primario	Samuel Brance	mponomo uro asou m mo		me arag promoto.			
Specifically,							
A) Your firm	used	(b) (4)	to produce nonsterile	drugs There is no	assurance the		
(b) (4) meets a			microbiological or che				
			경영 사용하는 집 및 기계 다시아 사람들이 있는데 얼굴 사람들이 되었다. 그 경기는 말 했다. 그리	그렇게 뭐래 되지 않고 생각하다 이 하고 나라지 않는 어때를			
products produced with (b) (4) include Meperidine HCl 10 mg/ml Oral Suspension for office use, lot 09162022@ ^{(b)(4)} ; Dyclonine 1% HCl Oral Dental Solution for office use, lot 07112022@ ^{(b)(4)} ; and Sodium Chloride							
			on for office use, for 07	112022@; and S	odium Chioride		
(23.4%) 4 mi	eq/mL Solution	, lot 09272022@ ^{(b) (4)} .					
D) V C			(b) (4)		72220		
B) Your firm		Hala IB III	(b) (4)	1.0.000 CMM FEI	as a		
1000		HCl Oral Dental Solution					
An expensive energy and a self-fillers for an entitler		s suitable for use in an ora		ingredients declare	ed on the (b) (4)		
label	include	(b) (4)	and (b) (4).				
OBSERVAT	ION 2						
Hazardous ar	ıd non-hazardou	is drugs were produced w	ithout providing adequa	ate containment, seg	regation, and/or		
Hazardous and non-hazardous drugs were produced without providing adequate containment, segregation, and/or cleaning of work surfaces, utensils, and/or personnel to prevent cross-contamination.							
8	, , , , , , , , , , , , , , , , , , , ,	, F					
Specifically,							
DANGER AND THE RESERVE AND THE							
A) We observed capsule equipment designated as clean with apparent loose powder and residue in the hazardous							
and non-hazardous production rooms. There was no documentation available to demonstrate how long the items							
contained the powder and residue. Examples of finished drug capsules produced and dispensed include							
Progesterone 90 mg capsules, lot 08052022@ ; Tadalafil 12.5 mg SR capsules, lot 07072022@; T3 25 mcg							
and T4 100 mcg capsule, lot 09232022@ ⁽⁶⁾⁽⁴⁾ ; Sodium Benzoate 583 mg capsule, lot 09292022@ ⁽⁶⁾⁽⁴⁾ and							
J.	2				5)		
	EMPLOYEE(S) SIGNA	M-22-2- 20 - 22-2- 12-2- 12-2-	EMPLOYEE(S) NAME AND TITLE	(Print or Type)	DATE ISSUED		
SEE REVERSE	Nicholas	Digitally signed by Nicholas L. Hunt -S	entition of a second		The state of the s		
OF THIS PAGE		Date: 2022.10.07	Nicholas L. Hunt, Investigate	r	10/07/2022		
	Hunt -S	13:44:35 -07'00'					

	TH AND HUMAN SERVICES ADMINISTRATION
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION
Los Angeles District 19701 Fairchild	10/04/22-10/07/22
Irvine, CA 92612	FEI NUMBER
949-608-2900	3011924560
Industry Information: www.fda.gov/oc/industry	3011924300
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	
To: Robert T. Leark, Owner	
FIRM NAME	STREET ADDRESS
Burt's Pharmacy, LLC	2333 Borchard Rd.
CITY, STATE AND ZIP CODE	TYPE OF ESTABLISHMENT INSPECTED
Newbury Park, CA 91320	producer of nonsterile drugs
Chloramphenicol 50 mg/Sulfacetamide 50 mg/Amphoter	icin B 5 mg capsules, lot 07082022@ (**)(#)
the rollers and on the inside edges of the roller housing or residue was on the (b) (4) rollers. Technicians use	ction rooms. Your firm does not have evidence these inpounds such as hormones, antineoplastics, and potent drug products include Testosterone 0.1 mg/drop el, lot 09232022@ and Progesterone 90 mg capsules, ous production room had unknown residue on the edges of 10/06/22. There was no documentation of how long the the (b) (4) to (b) (4) in drug products ice use; Keto-Gaba-Keta-Bacl-Clon in lipoderm
D) We observed apparent loose powder and residue on the hoods designated as clean in the hazardous and non-hazardocumentation of how long the residue was inside the hound 10 mcg capsule, lot 10032022@ inside the non-hazardocumentation.	rdous production rooms on 10/04/22. There was no ods. We observed production of Levothyroxine (T4) SR
E) We observed (b) (4) tape on capsule equipmen filled into capsules for Levothyroxine (T4) SR 10 mcg ca	t in direct contact with bulk compounded drug being apsule, lot 10032022@ on 10/04/22.
F) We observed multiple damaged spatulas with pieces in hazardous production rooms on 10/04/22. Technicians us was no documentation of where the missing pieces were cleanable.	e the spatulas as direct product contact utensils. There
G) We observed damage and rough surfaces inside multi for use in production on 10/04/22. The internal surfaces v	ple mixing containers stored with clean utensils available were not smooth and easily cleanable.

SEE REVERSE OF THIS PAGE

EMPLOYEE(S) SIGNATURE

Nicholas L.

Digitally signed by

Nicholas L. Hunt -S

Date: 2022.10.07

13:47:39 -07'00'

Nicholas L. Hunt, Investigator

EMPLOYEE(S) NAME AND TITLE (Print or Type)

DATE ISSUED

10/07/2022

	HEALTH AND HUMAN SERVICES DRUG ADMINISTRATION			
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	DA	TE(S) OF INSPECTION		
Los Angeles District	10	0/04/22-10/07/22		
19701 Fairchild Irvine, CA 92612	CC	NUMBER		
949-608-2900	Sec. 100			
Industry Information: www.fda.gov/oc/industry	3	011924560		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED	·			
TO: Robert T. Leark, Owner	20			
FIRM NAME	STREET ADDRESS			
Burt's Pharmacy, LLC	2333 Borchard Rd.			
CITY, STATE AND ZIP CODE	16 906 506 150	TYPE OF ESTABLISHMENT INSPECTED		
Newbury Park, CA 91320	producer of nonsterile dru	producer of nonsterile drugs		
10/04/22. OBSERVATION 3		•		
Your firm released drug product in which the streng it purports or is represented to possess.	th differs from, or its purity	or quality falls be	elow, that which	
potency test result for Liothyronine (T3) 25 mcg SR inadequate. The measured concentration was (b) of 90% was based on the (b) (4) variance from the specification for finished drug pro (b) (4) specification for finished capsules. There was failed to meet the finished drug specification.	. (b) (4) words capsules but (b)	ort indicates the first within the allows (4) was outside.	nal potency result wed (b) (4) de of the allowed	
OBSERVATION 4 Vermin was observed in your production area.				
Specifically, we observed a live spider crawling on the There was an approximate 1-inch gap beneath the explorated approximately (b) (4) from this exterior door	xterior door in the storage a	rea. The production		
EMPLOYEE(S) SIGNATURE SEE REVERSE Nicholas L. Digitally signed by Nicholas L. Hunt -S	EMPLOYEE(S) NAME AND TITLE (P	rint or Type)	DATE ISSUED	
OF THIS PAGE Hunt -S Date: 2022.10.07 12:58:09-07'00'	Nicholas L. Hunt, Investigator		10/07/2022	

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 judgement, 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."