



Republic of the Philippines
Department of Health
FOOD AND DRUG ADMINISTRATION
Filinvest Corporate City
Alabang, City of Muntinlupa



RFO/CO: _____

INSPECTION REPORT			
Name of Establishment	Anchorwheel Food Delivery Incorporated		
Plant/Office Address	Monterrazas Village Tuding Itogon Benguet		
Warehouse Address			
Owner	Anchorwheel Food Delivery Incorporated		
Telephone Number			
Fax No			
Classification			
Product/s			
License to Operate Number			
Number	For Registration		
Validity			
Registered Pharmacist			
Name	n/a		
PRC ID Details	Registration No:	Date Issued:	Validity:
PTR Details	PTR Number:	Date Issued:	
Authorized Representative / Person			
Name	Era Yvonne Killip		
Position	Book keeper		
Person/s Interviewed	Same		
Position			
Manner of Notification			
Purpose of Inspection			
Reference / Inspection Standard			
Inspectors			
Date of inspection			



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RFO/CO: _____

INSPECTION REPORT			
Name of Establishment			
Main/Office Address			
Warehouse Address			
Owner			
Telephone Number			
Fax No			
Classification			
Product/s			
License to Operate Number			
Manager			
Address			
Registered Pharmacist			
Name			
Registration Details	Registration No:	Date Issued:	Validity:
Practicing/s	PTR Number:	Date Issued:	
Authorized Representative / Person			
Name			
Address			
Date of Interviewed			
Address			
Address of Notification			
Address of Inspection			
Address of Inspection			
Address			
Date of Inspection			

Observations

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Recommendation
<input type="checkbox"/> To always observe Good Manufacturing Practice / Distribution Practice / Good Storage Practice <input type="checkbox"/> For Warehouse Inspection <input type="checkbox"/> For Follow-up Inspection

Observations**Remarks****Recommendation**

- ☐ To always observe Good Manufacturing Practice / Distribution Practice / Good Storage Practice
- ☐ For Warehouse Inspection
- ☐ For Follow-up Inspection

Date Effective: 02 July 2018

Form No. QWP-FROO-06 Annex 1

Summary of Observations / Findings

Rev 06

Page 2 of 4

Directives☐ **For Critical findings (for local and foreign establishments)**

☐ Result of the inspection revealed that the company was not able demonstrate compliance to GMP, for this reason we are filing a report of violation *and other regulatory remedies as appropriate.*

☐ A copy of the report will be endorsed to the Product Recall Committee of the respective Centers for evaluation.

For Foreign GMP Inspection

☐ Disapproval of application

☐ Disapproval of product line

☐ **For Corrective Action/Preventive Action (CAPA)**

Address the deficiencies and submit CAPA Plan thru FDA Central Receiving Unit including submission of objective evidence of compliance within the specified timeline reckoned on the following day of receipt of summary of observations/findings:

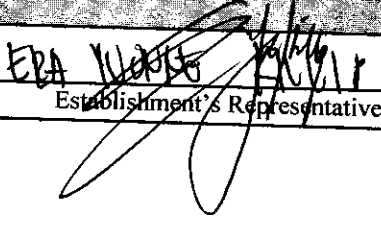

☐ Thirty (30) calendar days for critical deficiencies

☐ Forty-five (45) calendar days for major deficiencies & other deficiencies

Inspected By

Food-Drug Regulation Officer	Food-Drug Regulation Officer
Date:	Time:

Received by

	
Establishment's Representative	Establishment's Representative

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Food-Drug Regulation Officer	Food-Drug Regulation Officer
Date:	Time:

Establishment's Representative	Establishment's Representative

(FDA USE ONLY)			
Payment of appropriate fee	OR No.	Amount	Date of payment
DTN / Case No.			
Compliance made by the company			
<input type="checkbox"/> Submitted CAPA <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Recommendation (to Licensing) :			
Print name and signature of FDROs		Date	
Reviewed by:			
Print name & signature of Team Leader/Supervisor		Date	

Payment of appropriate fee	OR No.	Amount	Date of payment
DTN / Case No.			
Compliance made by the company			
<input type="checkbox"/> Submitted CAPA <input type="checkbox"/> Accepted <input type="checkbox"/> Not Accepted Recommendation (to Licensing) :			
Print name and signature of FDROs		Date	
Print name & signature of Team Leader/Supervisor		Date	