
###### Auditing Guide

**Annex 1–**

**Pre-Audit Questionnaire**

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*This template has been developed by APIC/CEFIC. You may use the templates for your internal auditing purpose but for the purpose of a Third Party Audit, please note that only APIC Certified Auditors are authorised to perform an official APIC Audit that is coordinated by the API Compliance Institute. While efforts have been made to assure the accuracy APIC/CEFIC cannot be held liable for any errors or omissions. You are not allowed to delete this disclaimer when using this template.*

When used as part of the APIC Audit Programme, the following section applies:-

This questionnaire was brought to you by:

API Compliance Institute

Rischerstr. 8

D-69123 Heidelberg

In case of any question or comment concerning this questionnaire please contact:

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The questionnaire together with the accompanying information should be sent back to the API Compliance Institute (addressee above) after completion.

Responsible person for filling out respectively completing this questionnaire

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Name, Function

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Date, Location, Signature

**Preamble**

It is the purpose of this questionnaire to facilitate the preparation of the auditors for the audit at your company and to make it as efficient as possible. It is neither intended for self-assessment nor for vendor rating or qualification.

All information provided in this questionnaire will be treated strictly confidential. Nevertheless it is acceptable if your company chooses not to aanswer some of the questions listed below.

In case your company agrees to submit some/all of the requested documents these will be returned to your company after the Audit Report is signed and issued.

|  |  |
| --- | --- |
| **A.** | General Information about the Company |
|  | Company name |  |
|  | Address of Company |  |
|  | Name of production plant to be audited and address if different from no. 2 |  |
|  | Telephone (Switchboard) and Fax numberwhere the audit takes place |  |
|  | Name of the “audit representative” of the company for the audit (contact person) |  |
|  | E-mail address and telephone number of the contact person |  |
|  | Name of product(s) subject to the audit  |  |
|  | Approximate size of the plant  |  |
|  | Approximate number of employees  |  |
|  | Is this a pure production site or are there other Headquarters functions (e.g. Research) located at the site? |  |
|  | Are there other companies located on the same area as the company to be audited? |  |
|  | If so, which companies are these and what types of products are produced? |  |
|  | -specify the type of products manufactured at your site (raw materials, starting materials, intermediates, API’s and drug product) |  |
|  | Does your company have a web site that provides an overview of activities? If so, please specify: |  |
|  | Is there other information about your company the auditors could use for their preparation? |  |
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|  | **Quality related Information** |
|  | Is there a Quality Policy in place? |  |
|  | Is there a commitment of the management to comply with cGMP ? |  |
|  | Does the company/plant maintain a Quality Management System? Is the company/plant certified according to a Quality Management System standard (e.g. ISO 9001 or based on ICH Q10)?  |  |
|  | Please provide information on the latest inspections by national or international Regulatory Authorities (authority, date, outcome) |  |
|  | Is your Quality Unit (QU) independent from Production (please provide organograms if possible) |  |
|  | Please provide the names of persons authorised to release materials to be sold |  |
|  | Does your company conduct regular internal audits (self- Inspections)?  |  |
|  | Is there an Internal Audit schedule available? |  |
|  | Do you have a CEP for the product(s) to be audited? If so, would you provide us with a copy for each product? |  |
|  | Do you have an EDMF? If so, could you provide a copy of the Applicant’s Part? |  |
|  | Do you have a Site Master File (SMF EU nomenclature; old DMF Type 1 US nomenclature) that you could provide ? |  |
|  |  |  |
|  | Are Product Quality Reviews performed? If yes, can you please provide your latest Product Quality Review for the product(s) to be audited? |  |
|  | Can you provide us with an example of a certificate of analysis? |  |
|  | Are the laboratories used on site or are contract laboratories used? |  |
|  | Do you use contract manufacturers for the product(s) to be audited? If so, which steps are concerned? |  |
|  | Name and address of any contract manufacturers |  |
|  | Does your company have a procedure for Supplier Qualification including contract manufacturers? If yes please provide it or summarise it |  |
|  | Do you have an audit plan for contract manufacturers and suppliers? If yes please provide a schedule of audits performed in last 12 months and audits planned in next 12 months or longer. |  |
|  | Did your company employ consultants within the past 24 months? |  |
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| **C.** | **Product related Information** |
|  | Is the material to be audited manufactured by chemical processing, by classical fermentation or is it a biotechnological product? |  |
|  | Would you please provide us with a brief description of the route of manufacture? |  |
|  | Are any materials used of animal or human origin in Production-if yes, please provide details and relevant certificates for example TSE/BSE status |  |
|  | Are the Materials stored at the facilities to be audited? |  |
|  | Please provide name and address if alternative storage facilities are used. |  |
|  | Is the production of the product(s) performed in dedicated or multi-purpose equipment?  |  |
|  | Is the equipment used for commercial and clinical material? |  |
|  | Is the material to be audited regarded as highly sensitising, potent or toxic and if so can you provide a Material Safety Data Sheet?  |  |
|  |  |  |
|  | Are computer systems used to control cGMP operations? If yes state which ones |  |
|  | Are microbiological aspects / specifications relevant? |  |
|  | Is all cGMP related documentation readily available? |  |
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| **D.**  | **cGMP related Information** |
|  | Do you have a recall procedure in place? |  |
|  | Do you have a procedure for handling of complaints? |  |
|  | Do you have a Change Control System in place? |  |
|  | Are critical process steps defined and validated? |  |
|  | Is a batch record review conducted by the QU before product release? |  |
|  | Are procedures in place to handle all investigations? |  |
|  | -is there a documented management review system in place |  |
|  | Do you have an OOS procedure in place? |  |
|  | Has the impurity profile of the material been established? |  |
|  | Please justify your re-test or expiry dates |  |
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|  | Are the employees regularly trained and is the training documented? |  |
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|  | If applicable, are dedicated production areas for highly sensitising materials (penicillins and/or cephalosporins) or High Potency materials available? |  |
|  |  |  |

**E. Comments from your Company**

Please provide any additional information your company feels the auditors should be aware of before the audit:

**F. Requested Documents**

To facilitate proper preparation of the auditors we encourage you to provide the following documents in advance.

Documents are provided on a purely voluntary basis, but we guarantee that the submitted documents will be treated strictly confidential. All documents will be returned after the audit report is issued. If not provided please ensure these documents are available at the opening meeting of the audit

1. Information about the company
2. CEP(s) if applicable
3. Applicant’s Part of EDMF(s) if applicable
4. Specimen of a Certificate of Analysis
5. Summary of last relevant Product Quality Review

1. Site Master File or at least a site map and drawings of production areas
2. Description of the manufacturing process
3. Safety Data sheet in case of sensitising or high potency or toxic product
4. Index of Quality Manual and / or Index of SOP’s covering ICH Q7 Chapters relevant to your operations.
5. Impurity profile and current stability data