	ALTH AND HUMAN SERVICES RUG ADMINISTRATION			1
DISTRICT OFFICE ADDRESS AND PHONE NUMBER	To	DATE(S) OF INSPECTION		-
FDA Attn: Thomas Slater CDRH, White Oak Bldg. 66, Rm 3540 10903 New Hampshire Ave		9/5 - 8/2016		
		FEI NUMBER		1
Silver Spring, MD USA 20993		3012789 729 20%		
Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED		3017 104	30612	1
TO: Mitsuko Narishige, CEO				
	STREET ADDRESS			1
Narishige Co. Ltd.  CITY, STATE AND ZIP CODE		13-12, Kyuden 3 Chome		
	TYPE OF ESTABLISHMENT INSPECTED			
Setagaya-ku, Tokyo, Japan	Device Manufacturer	Device Manufacturer		
THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTAT OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORROBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE IS YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER The observations noted in this Form FDA 483 are not an exhaustive responsible for conducting internal self-audits to identify and conducting an INSPECTION OF YOUR FIRM (I) (WE) OBSERVED:	ON REGARDING YOUR COMPLIAN RECTIVE ACTION IN RESPONSE NSPECTION OR SUBMIT THIS INI AND ADDRESS ABOVE, YE listing of objectionable or	ICE. IF YOU HAVE AN OF TO AN OBSERVATION, FORMATION TO FDA AT	BJECTION REGARDING AN YOU MAY DISCUSS THE THE ADDRESS ABOVE. IF	
1. The Design Control Procedure. (b) (4)  intended use and user requirements. The design control describe that design changes will be validated or where regarding (b) (4)  The section on (b) (4)  The Design History file for the IM-11 Pneumatic mic output met the design input. Design validation did not in were made. The Design History file for the IM HD1 mic (b) (4)  The firm did not have documentation to verify that the control of the section on (b) (c) (d)  The firm did not have documentation to verify that the control of the section on (b) (c) (d)	procedure section rega appropriate verified. To does not sufficiently ill be verified. ero injector did not include an acceptance or cro manipulator include	rding design chan he procedure included the define when this ade verification the riteria for the user and design inputs ()	ge does not udes a section section of the nat the design evaluations that	
3. The "Common Test Procedure for Oil Hydraulic Man	nipulator" is not a control is no record of the appro	olled procedure a	eccording to the	
4. Procedure (b) (4) for Incoming Testing does not tested and what testing will be made. Incoming records of the goods tested or what testing was made.	such as (b) (4)		show the number	(9)
5. Supplier Control Procedure (b) (4) has not been	effectively implemented	d Routine evalua	tion of the non	
	ot been completed as pe	er the procedure	The procedure	
describes evaluation of non conformance from incoming	g receipt from the suppl	ier. Non conform	nance is (b) (4)	
	MPLOYEE(S) NAME AND TITLE (F	Print or Type)	DATE ISSUED	
SEE REVERSE A			)	
	Stephen D. Eich, Investigator		09/08/2016	

FORM FDA 483 (9/08) PREVIOUS EDITION OBSOLETE

## DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION DISTRICT OFFICE ADDRESS AND PHONE NUMBER DATE(S) OF INSPECTION FDA Attn: Thomas Slater 9/5 - 8/2016 CDRH, White Oak Bldg. 66, Rm 3540 10903 New Hampshire Ave FEI NUMBER Silver Spring, MD USA 20993 Industry Information: www.fda.gov/oc/industry NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED TO: Mitsuko Narishige, CEO STREET ADDRESS FIRM NAME Narishige Co. Ltd. 13-12, Kyuden 3 Chome CITY, STATE AND ZIP CODE TYPE OF ESTABLISHMENT INSPECTED Setagaya-ku, Tokyo, Japan Device Manufacturer (b)(4)(b) (4) and this non conformance is not included in the supplier evaluation. EMPLOYEE(S) SIGNATURE EMPLOYEE(S) NAME AND TITLE (Print or Type) DATE ISSUED SEE REVERSE OF THIS 09/08/2016 Stephen D. Eich, Investigator