



དཔལ་ལྷན་འབྲུག་གཞུང་། གསོ་བ་ལྷན་ཁག འབྲུག་བཟའ་ཚེས་དང་སློན་རིགས་དབང་འཛིན།

ROYAL GOVERNMENT OF BHUTAN  
MINISTRY OF HEALTH  
BHUTAN FOOD AND DRUG AUTHORITY  
INSPECTION SERVICES



**FOLLOW UP ON VERIFICATION OF CORRECTIVE ACTIONS**

Name of unit:	Registration no/Trade license:
Location:	Contact no:
Inspection Team (IT):	1)(Team leader)
	2) Member
	3) Member
Date of last inspection:	
Date of follow up inspection:	
Requirement/Standard used for Inspection:	

**Follow up on verification of corrective action**

Issue No (to be listed here based on the Inspection report - <i>BFDA-IS-FM-70</i> )	Corrective action taken by the unit (To be filled by IT based on what they see during inspection)	Remarks (Acceptable / Not acceptable)

**Recommendation:**

**Name & Signature of Inspection Team Leader**

<i>Doc. No: BFDA-IS-FM-149</i>	<i>Prepared by: Technical Focal</i>	<i>Approved by: Division Head</i>	<i>Page 1 of 1</i>
<i>Issue No: 02</i>	<i>Issue Date: 15 March 2023</i>	<i>Revision No: 00</i>	<i>Revision Date: --</i>