



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

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



INSPECTION REPORT FOR FEED ESTABLISHMENT

Name of the Feed Business:	Application / License Number (as appropriate):
Address:	Name of the Top Manager:
Phone No:	E mail:
Product Category:	Products being manufactured:
Scope of Feed Safety Clearance (Applied for/Licensed for):	Licensing Criteria:

Date of Inspection:	Type of Inspection: (Preliminary/Factory Inspection)
Inspection Team (IT):	a) _____ (Team Leader)
	b) _____ (Team Member)
	c) _____ (Team Member)

Participants in the Opening and Closing Meeting:

Name of Key Personnel	Designation of Key Personnel	Opening Meeting (Date)	Closing Meeting (Date)



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Summary of General Observations (Positive):

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Detail of Non-Compliances (NC)[

NC No.	Requirements (clause No)	Details of Non-Compliances raised with rating (Major/Minor)	Correction/Corrective Action proposed by the Representative to IT with deadline	Signature of owner/Manager

Recommendation:

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Dated:

Name of Team Leader

Doc. No: BFDA-IS-FM-161	Prepared by: Technical Focal	Approved by: Division Head	Page 2 of 2
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