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RWANDA FDA
Rwanda Food and Drugs Authority
P.O. Box 1948 Kigali
info@rwandafda.gov.rw
www.rwandafda.gov.rw

	REQUIREMENTS FOR RE – INSPECTION		
	Premise name: …… ……..… **Date : …../……/..……**		
	Documents	**YES**	**NO**
1	Re-inspection application letter addressed to the Director General of Rwanda FDA, mentioning the proposed dates.		
2	The proof of payment of prescribed re-inspection fees		
3	A Corrective Actions and Preventive Actions (CAPA) report, detailing what has been implemented with respective visual proof and timelines for non-implemented recommendations.		