



CONNECTICUT DEPARTMENT OF
CONSUMER PROTECTION
DRUG CONTROL DIVISION

Manufacturer of Drugs, Medical Devices, and/or Cosmetics Inspection
Summary

Inspection Date

Inspection Number

Inspection Type

Manufacturer's Credential Name

Manufacturer's Credential Address 1

Manufacturer's Credential Address 2

Manufacturer's City/Town

Manufacturer's State

Manufacturer's ZIP Code

Manufacturer's Telephone
Number

Manufacturer's Fax
Number

Manufacturer's Email
Address

Manufacturer's CSM
Credential Number

Manufacturer's CSM
Credential Effective
Date

Manufacturer's CSM
Credential Expiration
Date

Inspecting Agent's Signature

Manufacturer Representative's
Signature

Inspecting Agent's Typed Name

Manufacturer Representative's
Typed Name

Date and Time of Inspecting Agent's
Signature

Date and Time of Manufacturer
Representative's Signature

Inspecting Agent's Email Address

