|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

GMP Match

|  |  |
| --- | --- |
| **1.** Nonfulfillment of a specified requirement | **A.** Criteria |
| **2.** Combination of probability of occurrence and severity of harm | **B.** Employees |
| **3.** Preplanned addition, exclusion from procedure | **C.** Complaint |
| **4.** All employees are responsible for \_\_\_\_\_\_\_ | **D.** Risk |
| **5.** Resposible for establishing PSI Quality Policy and Objectives | **E.** FDA |
| **6.** Allegation of product deficiency in written, electronic, or oral forms | **F.** Quality |
| **7.** Regulations apply to all PSI \_\_\_\_\_\_\_\_\_\_\_ | **G.** Management |
| **8.** Supplies/Components must meet PSI Acceptance \_\_\_\_\_\_\_\_ | **H.** Deviation |
| **9.** Compliance with this agency is required by law | **I.** Immediately |
| **10.** When to notify QA of a nonconformance | **J.** Nonconformannce |