

**UNITED REPUBLIC OF TANZANIA  
MINISTRY OF HEALTH**



**TANZANIA FOOD AND DRUGS AUTHORITY**  
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**PORT OF ENTRY (POE) PHYSICAL EXAMINATION RESULTS FORM  
(TFDAINS Form 002)**

**1. POE Name**

POE (circle)	DIA	DRH	MSD	NAM	SIR	KIA	MWA	MWH
	TAN	HOR	HOL	KIG	TUN	KYE	MTU	MTW

Control Type (circle)	R	AWB	C21	C29	F89	
Control Type Number						

**2. Product Information**

<b>Product Name:</b>	
<b>Batch #:</b>	<b>Date of Manufacture:</b>
<b>Date of Expiry:</b>	
<b>Manufacturer:</b>	
<b>Country of Manufacturer:</b>	
<b>Product Form/Category</b> (select one)	Tablets (go to Section 3A)
	Capsules (go to Section 3B)
	Liquids: solutions and syrups (go to Section 3C)
	Liquids: suspensions (go to Section 3D)
	Parenterals: solutions and suspensions (go to Section 3E)

**3. Test Results and Observations**

A) Tablets				
	Parameter	Specifications	Status	
			Pas s	Fai l
1	Odour (immediately on opening the outer container)	No odour, except for flavoured tablets and those with active ingredients normally having characteristic odour		
2	Odour (after exposing the tablets according to recommended plan of exposure)	No odour, except for flavoured tablets and those with active ingredients normally having characteristic odour		
3	Uniformity of size, shape, colour, and coating (visual inspection)	Uniform in size and shape, uniformity of colour and coating		
4	Tablet core fully covered	Uniform coating with core fully covered		

5	Polishing	Uniformly polished and free of adhering fine powders		
6	Markings (scoring, letters, etc.)	Uniform and identical		
7	Breaks, cracks, splitting, capping, and cavitations	Free of breaks, cracks, splitting, capping, and cavitations		
8	Embedded surface spots, foreign particulate contamination	Free of embedded surface spots, foreign particulate contamination		
9	Other (specify)			
<b>B) Capsules</b>				
	<b>Parameter</b>	<b>Specifications</b>	<b>Status</b>	
			<b>Pas s</b>	<b>Fai l</b>
1	Odour (on immediately on opening the outer container)	No odour, except for those with active ingredients normally having characteristic odour		
2	Odour (after exposing the capsules according to recommended plan of exposure)	No odour, except for those with active ingredients normally having characteristic odour		
5	Presence of empty, broken, or separated capsules	Free of empty capsules, no broken capsules		
4	Pinholes in capsules	Free of pinholes in capsules		
5	Stickiness between capsules	Capsules are not sticky		
6	Container/bottle free of powder and/or extraneous material	Container/bottle free of powder and/or extraneous material		
7	Weak point in body of capsule	No weak point in body of capsule		
8	Other (specify)			

<b>C) Liquids: Solutions/Syrups</b>				
	<b>Parameter</b>	<b>Specifications</b>	<b>Status</b>	
			<b>Pass</b>	<b>Fail</b>
1	Particulate matter	Should be entirely free from foreign particles		
2	Clarity	Should be clear and free of turbidity		
3	State of primary container	Should not show any evidence of cracks, breaks, tears, or leakage		
4	Other (specify)			
<b>D) Suspensions</b>				
	<b>Parameter</b>	<b>Specifications</b>	<b>Status</b>	
			<b>Pass</b>	<b>Fail</b>
1	Dispersability	Easily dispersed to obtain a homogeneous suspension upon moderate shaking for 20 seconds and remain homogeneous for 3 minutes		
2	State of primary container	Should not show any evidence of cracks, breaks, tears, and leakage		
3	Other (specify)			
<b>E) Solutions/Suspensions</b>				
	<b>Parameter</b>	<b>Specifications</b>	<b>Status</b>	
			<b>Pass</b>	<b>Fail</b>
1	Clarity	Should be clear and free of turbidity		
2	Dispersability	Easily dispersed to obtain a homogeneous suspension upon moderate shaking for 20 seconds and remain homogenous for at least 3 minutes		
3	Flowability (aqueous)	Aqueous injectable suspensions should flow freely without binding when the contents of vial/ampoule are aspirated through a 22-gauge, 1-inch hypodermic needle, using a hypodermic syringe with a suitable volume		
4	Flowability (non-aqueous)	Non-aqueous injectable suspensions should flow freely without binding when the contents of the vial/ampoule are aspirated through an 18-gauge, 1.5-inch hypodermic needle, using a hypodermic syringe with a suitable volume		
5	State of primary container	Should not show any evidence of cracks, breaks, tears, or leakage		
6	Other (specify)			

#### 4. Conclusion/Decision

<b>STATUS: The sample as visually inspected</b> (tick as appropriate)		<i>Remarks (if any):</i>
<input type="checkbox"/>	<b>Pass</b>	
<input type="checkbox"/>	<b>Fail</b>	

#### 5. Is there any other batch for physical examination? Y / N (circle one)

If yes, return to Section 2, Product Information, and fill in the remainder of the form for the new batch. If no, go to #6.

#### 6. Name of Inspector:

#### Signature:

	<b>Date:</b>	

*Note:* SOP No. TFDAINS 002 requires the inspector to skip physical examination for suppositories, pessaries, creams/ointments, and solutions packaged in opaque containers (e.g., eyedrops).

<b>Prepared by:</b>	<b>Checked by:</b>	<b>Approved by:</b>
<b>Date:</b>	<b>Date:</b>	<b>Date:</b>