

Maldives Food and Drug Authority Male', Maldives

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Form Number: MTG/RE-MO/Fo 0053	

Application for Permit to Manufacture & Sell medical Oxygen

	1. Submissio	n Type:					
	2. New premise	s Registration					
	3. Permit Rene	wal					
		Ap	plicant's Info	rmation			
Name	of the Company						
Conta	ct Number			Mobile No			
Atoll /	Island			Permanen Address	ıt		
Trade	Permit Number			E-mail:			
		F	Facility Inform	nation			
Name	of the Company						
Facilit	y Address						
Name	and Address of the I	Building owner of Facility					
Phone	No.			E-mail:			
		Service / Pro	oduct Informa	tion (Pleas	se tick)		
L. Comi	oress Medical Gas					Τ	
-	Pipeline						
Others							
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Medicine and Therapeutic Goods Division, Maldives Food and Drug Authority Authorized by: Director General, MFDA				Authorized by: Dire	ector General, MFDA		

Medicine and Therapeutic Goods Division, Maldives Food and Drug Authority			Authorized by:	Director General, MFDA	
Rec. No: MTG/RE-MO/F0 0053	Rec. Name: Application for permit to manufacture and sell Medical Oxygen				
Issue No: 01	Issue Date:	ue Date: Prepared by: Director,		Approved by: Deputy	
	21.02.2019	Pharmaceuticals		Director General,	
Revision No: 00	Revised Date: -	Verified by: Technical		Pharmaceuticals	Page No: Page 1 of 2
		Committee of M	ΓG		

Hazards and Precautions					
1	Leak detection mechanism in place				
2	Pressure monitors in place				
3	Location of facility respective to fire hazards				
4	Warning signage and visibility range of sign boards				
5	Fire extinguishing mechanism in place				
6	Alarm systems in place				
7	Sound level monitor				

Documents to be Submitted					
1. Layout of the premise					
2. Trade Permit Copy					

Records/ Documents (please tick)					
1	SOP for operation				
2	SOP for emergencies				
3	SOP for maintenance				
4	SOP for Training				
5	SOP for records maintenance				
6	SOP for verifying records				

Declaration to be completed by All Applicants.

I declare the information supplied in this notification is correct and complete. I authorize the MFDA to obtain information from any institution previously or currently associated with my company. If any information supplied by me is untrue, incomplete or misleading in any respect, I understand the MFDA may take such action as it believes necessary including the disclosure of the information to any person or body the MFDA considers has a legitimate interest in receiving it and I consent to such disclosure. I understand the MFDA reserves the right to vary or reverse any decision made on the basis of untrue, incomplete, or misleading information. Moreover, I will co-operate with any person representing the MFDA, by providing additional information requested.

For Official Use Only					
Received by					
Name					
Designation					
Date					

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