

# SOCOTEC CERTIFICATION SINGAPORE PTE LTD

Hand in Hand to Build Success

## GDPMDS Internal Auditor Course

Day 1: Understanding of Good Distribution Practice for Medical Devices

Day 2: Internal Audit

Good Distribution Practice for Medical Devices is a mandatory requirement by the Health Science Authority (HSA) for any organizations involved with importing, wholesale and distribution of medical devices prior to license application.

### Objective:

- ⇒ To acquire knowledge of medical devices
- ⇒ To understand & implement GDPMDS in the org
- ⇒ Preparation and execution of internal audit
- ⇒ Continuous improvement of GDPMDS

### Who should attend:

- Management
- Quality Managers/ Executives
- Internal auditors & implementers of GDPMDS

### Course Structure:

- ✓ Introduction to GDPMDS
- ✓ Administration of GDPMDS within the org
- ✓ Fulfill HSA requirements throughout the supply chain
- ✓ Preparation and conduct internal audit
- ✓ Furnishing of audit report and follow-up
- ✓ Corrective action & Improvement

### Course Details:

Date: 17-18 Sep/ 15 - 16 Nov

Time: 9:15am - 5:15pm

Venue: SCS Training Room

Fee: S\$600 (excl 7% GST)

(Note: Discount of 10% awaits if you signed up for more than 3 participants)

#### \*Inclusive of:

- Two refreshments & lunch
- Summarized Notes
- Certificate of Attendance

#### For more information:

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**SOCOTEC Certification International** is an independent third party certification body for the assessment and certification of organizations to internationally recognized Management System Standard such as ISO9001; ISO14001; OHSAS18001; SS506 part 1 & 3; ISO27001; ISO 22301; SS 584; SS 564; ISO 50001; ISO 22000; FSSC 22000; SS 590; GDPMDS; SS 577; ISO 13485; etc.

## Registration Form

Company: \_\_\_\_\_

Type of industry: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Designation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Session (Date): \_\_\_\_\_

### Participants Details

1) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

2) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

3) Name: \_\_\_\_\_

Designation: \_\_\_\_\_

NRIC/FIN: \_\_\_\_\_ HP: \_\_\_\_\_

Email: \_\_\_\_\_

SDF Grant Eligibility:  Yes  No

Food Selection:  No Preference  Vegetarian  Halal