CIS CERTIFICATION PTE LTD

The power of foresight

SS 620:2016(2021) - Good Distribution Practice for Medical Devices Internal Auditor Course

Day 1: Awareness of SS 620:2016(2021) Good Distribution Practice for Medical Devices - Requirements
Day 2: Internal Auditor on SS 620:2016(2021) Good Distribution Practice for Medical Devices - Requirements

Good Distribution Practice for Medical Devices is a mandatory requirement by the Health Science Authority (HSA) for any organizations involved with the handling, storage, delivery, installation, servicing, secondary assembly and other related activities (e.g. warehousing, logistics and freight forwarding services) of medical devices including in-vitro diagnostic devices.

Objective:

⇒ To understand, implement & comply with SS 620:2016 in the organization
⇒ To ensure the quality and integrity of the medical devices throughout the distribution process
⇒ How to enhance the confidence level and safeguard the welfare of consumers
⇒ Preparation and execution of internal audit
⇒ Continuous improvement of GDPMDS

Who should attend:

- Management
- Quality Managers/ Executives
- Internal auditors & implementers of SS 620:2016(2021)

Course Structure:

✓ Introduction to SS 620:2016(2021) GDPMDS requirements
✓ Administration of Good Distribution Practices within the organization
✓ Fulfill HSA requirements throughout the distribution supply chains
✓ Preparation and conduct internal audit
✓ Furnishing of audit report and follow-up
✓ Corrective action & Improvement

Course Details:

Date: 21 - 22 Jun'23/ 10 - 11 Aug'23/ 16 - 17 Oct'23
Time: 9:30am - 5:30pm
Venue: CIS Training Room
Fee: S$600 (excl 8% GST)
Day 1: $300 (excl 8% GST) Day 2: $300 (excl 7% GST)
(Note: Discount of 10% awaits if you signed up for more than 3 participants)

*Inclusive of:

- Summarized Notes & Certificate of Attendance

For more information:

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Registration Form

Company: _____

Type of industry: _____

Contact Person: _____

Designation: _____

Address: _____

_____

Tel: _____ *Fax:* _____

Email: _____

Participants Details

1) Name: _____

Designation: _____

HP: _____ *Session (Date):* _____

Email: _____

2) Name: _____

Designation: _____

HP: _____ *Session (Date):* _____

Email: _____

3) Name: _____

Designation: _____

HP: _____ *Session (Date):* _____

Email: _____

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