	DEPARTMENT OF HEAL FOOD AND DRUG	TH AND HUM A G ADMINISTRATI		
DISTRICT ADDRESS AND PHON			DATE(S) OF INSPECTION 12/19/2023-2/2/2024*	
Detroit, MI	48207		FEI NUMBER 1417217	5024
(313) 393-810	0 Fax: (313)393-8139		141/21/	
NAME AND TITLE OF INDIVIDUA				
Mike Klein, S	Site Director	STREET ADDRESS		
The Quaker Oa	ats Co.		oorhees St	
CITY, STATE, ZIP CODE, COUN			TYPE ESTABLISHMENT INSPECTED	
Danville, IL	61834-6256	Manufact	urer	
observations, and do observation, or have action with the FDA	observations made by the FDA representative(s) not represent a final Agency determination regardinplemented, or plan to implement, corrective a representative(s) during the inspection or submitated FDA at the phone number and address above	arding your com action in respon it this informati	pliance. If you have an obj se to an observation, you m	jection regarding an nay discuss the objection or
OBSERVATION Your written pro	CTION OF YOUR FIRM WE OBSERVED: ON 1 ocess monitoring procedures were noting a preventive control.	not appropri	ate to significantly n	ainimize or prevent
the hazara requi	ang a preventive control.			
Specifically, you use a $(b)(4)$, located at $(b)(4)$, as a kill step to control the hazard of pathogens in the manufacturing of oats and wheat into Chewy Bars. The $(b)(4)$ processes wheat and oats to a minimum temperature of $(b)(4)$ for a $(b)(4)$ as indicated in your process authority letter for the $(b)(4)$. The $(b)(4)$ process is a continuous process wheat and oats are continuously flowing through the $(b)(4)$				
Your food safet	ty plan for the (b)(4) at the	e (b)(4) stat	es a monitoring inte	erval time of (b)(4)
Read Out and i	erval of $(b)(4)$ at the $(b)(4)$ reaches a lethal k	he (b)(4) d	Operator on the (b) oes not ensure all	(4) Paperwork. The product continuously pathogens during the
	the temperature is continuously mall below desired thresholds, there the (b)(4)			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Rohn R Robertson, Investigat David M Amy, Investigator	tor	Rotin R Robertson Investigation on the state of the state	DATE ISSUED 2 / 2 / 2 0 2 4
FORM FDA 483 (09/08)	DREVIOUS EDITION OBSOLETE INS	SPECTIONAL O	RSFRVATIONS	PAGE 1 of 4 PAGES

INSPECTIONAL OBSERVATIONS

FORM FDA 483 (09/08)

PREVIOUS EDITION OBSOLETE

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION	\neg	
300 River Place, Suite 5900	12/19/2023-2/2/2024*		
Detroit, MI 48207	FEI NUMBER		
(313) 393-8100 Fax: (313)393-8139	1417217		
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Mike Klein, Site Director			
FIRM NAME	STREET ADDRESS		
The Quaker Oats Co.	1703 E Voorhees St		
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Danville, IL 61834-6256	Manufacturer		

OBSERVATION 2

Your written sanitation preventive control procedures were not appropriate to significantly minimize or prevent the hazard requiring a preventive control.

Specifically,

- Your Master Sanitation Schedule is a (b)(4) including the (b)(4) Room. This plan does not control the hazard of recontamination from environmental pathogens within your processing equipment from under-processed product escaping the (b)(4) in the (b)(4) According to your Master Sanitation Schedule you clean the (b)(4) along with the rest of the entire facility (b)(4)

In the "Root Cause Analysis for December 2023 Quaker Recall" you identified a proper cleaning frequency of the (b)(4) to be "(b)(4)

Your current practice of cleaning (b)(4) is not sufficient to control the hazard of recontamination from environmental pathogens within your processing equipment in the (b)(4) and was identified in the "Root Cause Analysis for December 2023 Quaker Recall" as partial causation for the event leading to your positive finished product sample for Salmonella Cubana. During your investigation into the root cause, you identified an accumulation of product in the (b)(4) which you identified as a harborage for salmonella.

- Your sanitation plan does not address control of personnel traffic, forklift traffic or the movement of equipment throughout your facility, specifically for the preventing traffic and the possible spread of pathogens from the (b)(4) and the silo area to the rest of your facility. The (b)(4) has several positive environmental swabs for Salmonella Cubana.

Additionally, FDA environmental sample 1234817 was positive for Salmonella Cubana. The positive sub-sample was collected in a hallway used by personnel and is outside of a processing room.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Rohn R Robertson, Investig David M Amy, Investigator	gator	Robin R Robertson Bigned By: Robin R. Robertson -S Date Signed: 02-02-2024 X 06:57:48	DATE ISSUED 2/2/2024
FORM FDA 483 (09/08)	3 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE			PAGE 2 of 4 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER	DATE(S) OF INSPECTION		
300 River Place, Suite 5900	12/19/2023	-2/2/2024*	
Detroit, MI 48207	FEI NUMBER		
(313) 393-8100 Fax: (313) 393-8139	1417217		
(020, 000 0200 2000 (021, 111 111)			
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED			
Mike Klein, Site Director			
FIRM NAME	STREET ADDRESS		
The Quaker Oats Co.	1703 E Voorhees St	oorhees St	
CITY, STATE, ZIP CODE, COUNTRY	TYPE ESTABLISHMENT INSPECTED		
Danville, IL 61834-6256	Manufacturer		

- Your corrective actions in your sanitation plan do not identify and correct a problem that has occurred or reduce the likelihood that the problem will recur.

Specifically, you had an environmental positive on 09/07/23 for Salmonella Cubana. Your documentation of the corrective action includes procedures taken to clean and sanitize the affected area but does not include procedures taken to identify and correct the problem, reduce the likelihood that the problem will recur.

You had another environmental positive on 10/04/23 for Salmonella Cubana. Your documentation of the corrective action does not include procedures taken to identify and correct the problem, reduce the likelihood that the problem will recur.

Furthermore, there are no written corrective action procedures for environmental positives other than your (b)(4)

Management stated each occurrence is unique and may be corrected differently.

Additionally, you had an event in 2021 of finished product Chewy Bars containing salmonella. You would not provide records documenting corrective actions taken for this event. On 11/27/23 you had another event of finished product lot "23H21K01 22" testing positive for Salmonella Cubana.

OBSERVATION 3

Your equipment and utensils were not designed and constructed to be adequately cleaned or maintained to protect against contamination.

Specifically, your processing equipment at the (b)(4) has a design flaw leading to possible harborage of under-processed product. Product flows from the (b)(4) to the (b)(4)

Under processed product is removed from the

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| EMPLOYEE(S) SIGNATURE | Rohn R Robertson, Investigator | David M Amy, Investigator | David M Amy, Investigator | M Amy, Invest

FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 3 of 4 PAGES

	TH AND HUMAN SERVICES			
DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 Detroit, MI 48207	GADMINISTRATION DATE(S) OF INSPECTION 12/19/2023-2/2/2024* FEI NUMBER 1417217			
(313) 393-8100 Fax: (313)393-8139				
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Mike Klein, Site Director				
FIRM NAME	STREET ADDRESS			
The Quaker Oats Co.	1703 E Voorhees St			
CITY, STATE, ZIP CODE, COUNTRY Danville, IL 61834-6256	TYPE ESTABLISHMENT INSPECTED Manufacturer			
The (b)(4) consists of moving parts (b)(4). The cooling chamber consists of (b)(4) to deflect particles and allow for more time in the cooling chamber. The cooling chamber creates harborage areas for under-processed material and pathogens within your system after the kill step. Furthermore, you do not have any records of when a divert occurs. The cooling chamber is cleaned (b)(4) according to your Master Sanitation Schedule. This allows for a (b)(4) window of possible harborage of under processed product to stay in the system prior to the divert valve.				
You did not implement your written supply-chain program. Specifically, your supply chain control for mycotoxins in the raw material of wheat is not being implemented as the C of A you require from your supplier, to control mycotoxins, does not specifically mention anything about mycotoxins or any type of mycotoxins, or the testing/analysis of any type of mycotoxins in the receiving of wheat				

mycotoxins in the receiving of wheat.

*DATES OF INSPECTION

12/19/2023(Tue), 12/20/2023(Wed), 12/21/2023(Thu), 1/04/2024(Thu), 1/05/2024(Fri), 1/09/2024(Tue), 1/10/2024(Wed), 1/11/2024(Thu), 1/12/2024(Fri), 1/17/2024(Wed), 1/18/2024(Thu), 1/24/2024(Wed), 1/30/2024(Tue), 2/02/2024(Fri)



PREVIOUS EDITION OBSOLETE

FORM FDA 483 (09/08)

EMPLOYEE(S) SIGNATURE Rohn R Robertson, Investigator David M Amy, Investigator	2/2/2024	
	Signed By: Rohn R. Robertson - S Date Signed: 02-02-2024 V 08-57-48	

INSPECTIONAL OBSERVATIONS

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The observations of objectionable conditions and practices listed on the front of this form are reported:

- 1. Pursuant to Section 704(b) of the Federal Food, Drug and Cosmetic Act, or
- 2. To assist firms inspected in complying with the Acts and regulations enforced by the Food and Drug Administration.

Section 704(b) of the Federal Food, Drug, and Cosmetic Act (21 USC 374(b)) provides:

"Upon completion of any such inspection of a factory, warehouse, consulting laboratory, or other establishment, and prior to leaving the premises, the officer or employee making the inspection shall give to the owner, operator, or agent in charge a report in writing setting forth any conditions or practices observed by him which, in his judgment, indicate that any food, drug, device, or cosmetic in such establishment (1) consists in whole or in part of any filthy, putrid, or decomposed substance, or (2) has been prepared, packed, or held under insanitary conditions whereby it may have become contaminated with filth, or whereby it may have been rendered injurious to health. A copy of such report shall be sent promptly to the Secretary."