Submission Report

eRadHealth Menu

Introduction

Electronic Product Radiation Safety Reporting Form

This software application is intended to automate the hard copy product reporting forms in the effort of the Center for Devices and Radiological Health (CDRH) to become capable of accepting electronic submissions from industry and to improve our review process. This FDA Electronic Submission (eSub) software is the next version of the application developed to allow us to accept all Radiological Health reports and other submissions electronically and improve the ability of CDRH to accomplish its mandated product and industry evaluations in a timely and efficient manner.

All electronic reports and correspondence can either be transferred to CD and mailed to the address below, or can be sent via the FDA Electronic Submissions Gateway to CDRH. If you follow instructions to set up an account with the FDA Gateway, it currently may take several weeks,, but when you submit through it you will receive your acknowledgement email message with Accession Number within minutes! Or, in the interest of faster turn-around for a one-time urgent report of if you submit few reports, you may simply fill out this template creating the submission and then at 'Packaging' follow the instructions to transfer the files to a CD to mail in. This method of submitting your report will be acknowledged by an email with the Accession Number within several days.

Information about the FDA Electronic Submissions Gateway can be found at **www.fda.gov/ForIndustry/ElectronicSubmissionsGateway/default.htm**. Please contact the Gateway Helpdesk with your questions about that system.

Electronic submissions on CD should be mailed directly to the Document Control Center at:

U.S. Food and Drug Administration
Center for Devices and Radiological Health
Attn: eSubmitter Team
Document Mail Center - WO66-0609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

Submissions received in the mail on CD will be processed within a few days of receipt.

Note about eSubmitter software:

Instructions provided in this software briefly summarize the requirements of the regulations under the Federal Food, Drug and Cosmetic Act (FFDCA), Chapter V, Subchapter C - Electronic Product

Radiation Control, that applies to manufacturers of electronic products that emit radiation. The software provides questions relevant to requirements in the performance standards and may include explanations or clarification about the performance, labeling, and informational requirements of the standard. It does not replace the regulations, however, and if there is any conflict between the software and the regulations, the regulations must prevail. Throughout this application, pertinent sections of Title 21, Code of Federal Regulations, Chapter I, Subchapter J, are cited in parentheses. Please consult them before making design or procedural decisions.

Regulatory requirements for radiological products can be found at **http://www.fda.gov/Radiation-EmittingProducts/default.htm** and for medical devices are located at **www.fda.gov/M/devaDvices/default.htm**. If you have specific questions about the regulations, please contact us at: **DSMICA@fda.hhs.gov**.

If you have specific questions regarding this software, please contact the eSub team by email at: **eSubmitter@fda.hhs.gov**.

Thank you for using our electronic product reporting software. Please communicate your comments and suggestions to the eSub team as often as you like.

Thank you for your continued support of the FDA Electronic Submission Program (eSub).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0910-0025 (expires January 31, 2017).

Role

What is your role?	!*	Manufacturer

Information:	*The following screen provides several options for you to accurately define what type of eSubmission you intend to create for FDA. Below are explanations of your options. Please feel free to review this screen, advance to the next screen and view the picklists, but if you're confused, come back to read this screen again to be certain you are selecting the correct report or correspondence type you want to create.*

Submission Information

Step 1	**Use the radio buttons to identify the type of submission you are preparing. (Supplements should be prepared using the same document type as the original submission.)**

What Type of Submission is this? (Supplements should be submitted selecting the same document type as the original report.)	!*	( ) Radiation Safety Report (Product) Report (21 CFR 1002.10) ( ) Annual Report (21 CFR 1002.13) (•) Laser Light Show Documents (all relevant documents) (21 CFR 1040.11(c)) ( ) Correspondence

	( ) Variance Request (General, not Laser Light Show) (21 CFR 1010.4) ( ) Laser Original Equipment/Component Manufacturer Registration (21 CFR 1040.10(a)(3)(ii)) ( ) Abbreviated Report (21 CFR 1002.12)

Step 2	**After answering the Submission Type question above, one of the questions below may become active and required (see the blue dot to the right of the question). If there is an active question, select the appropriate product area or document type from the question's pick list.**
What Type of Product is this Radiation Safety Report about?	
What Type of Product is this Annual Report about?	
What Laser Light Show Document are you filing? **!***	
Laser Light Show Notification (21 CFR 1010.4 and your Variance Attachment A)	
What Type of Correspondence is this?	
What Type of Product is this Variance Request about?	

Manufacturer Data

Manufacturer Responsible for Product Compliance

Note:	*This is the firm that takes responsibility for certification that the product meets the performance standard. This firm develops and maintains the quality control and testing program that is the basis for the certification of this product. Additionally, this firm usually is the owner of the product design and manufacturing process design.* *Be sure to enter address information for each tab below:*

Select the Manufacturer's address from the Establishment Address book: *	
Establishment Information:	
Establishment Name	
Division Name	
Home Page	
Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	

Responsible Individual

Note:	*The responsible individual is the highest level and most responsible individual affiliated with this establishment.*

Select the Responsible Individual from the Contact Address book: *	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	
Physical Location:	
Address	
Telephone Number	
Fax Number	

Mailing Location:	
Address	
Telephone Number	
Fax Number	

Manufacturer's Reporting Official

Note:	*This is the person at the manufacturing facility that is knowledgeable and responsible for addressing all aspects of the testing and quality control procedures for certification as reported to FDA in the product report. Documentation of changes intesting and quality control procedures submitted to FDA must be signed by this individual.*

Select the Reporting Official from Contact Address book: *	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	
Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	

Report Submitter

Note:	*The submitter may be a consulting individual or firm providing assistance in report preparation and maintenance. Documents or submissions such as this one that are prepared by the submitter must have an accompanying authorization letter from the manufacturer's reporting official for authenticity.*

Select the Submitter from the Contact Address book: *	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	

Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	
Comments:	

Internal Reference Number:	

Parent Establishment

Is there a parent establishment? *	

Select the Parent Establishment and Contact from the Contact Address book:	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	
Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	

Manufacturer Designated United States Agent

Note:	*Manufacturers exporting to the U.S. must designate a U.S. agent, see 21 CFR 1005.25.*

Is there a United States agent that has been designated by the manufacturer? *	

Importer

Additional Manufacturing Locations

Product Data

Product and Model Identification

Attention - Information about this section

In this section you'll be asked to identify several required or optional things which will help FDA/CDRH staff to prioritize their reviews. You'll be asked to consider the following aspects:

(1) Identify your product's radiation type and the CDRH Product Code.

(2) Enter an Accession number if this will be a report supplment. If you are preparing a supplement, you'll see that after entering a valid 7-digit Accession number many questions will no longer be required (they will either be disabled or will be optional, meaning they will no longer have the blue dot).

(3) You will also have several questions that are of high significance for FDA/CDRH - why you might be submitting this report or correspondence. Please read these questions carefully, referring to the 21 CFR regulations on the website www.FDA.gov if you are unsure if the question is relevant to your firm's situation.

(4) If you find that you have more information that you want the FDA/CDRH to read but it doesn't seem to fit under other questions, we have a final "***Additional Information***" question in this section which invites you to add comments and/or attach a file that provides further information from your firm about this submission. This is the place to add that extra information.

Product Type Reported

What is the product code? *

To select the three letter product code,

- Click the plus sign. You will see a product code filter dialog box.
- Select the appropriate category name from the pick list. You will be provided a list of product codes from which to choose.
- Select the best match to your product.
- The remaining fields will be filled in for you when you select your product code.

Category	
Product Code	
Performance Standard	

If Other, provide a category name for this specific product.

Report Information

Is this the first time you've submitted a report on the particular type of product selected in the Product Type Reported section? *	
Since this is not the first time you've reported on this type of product, then is this a report supplement to a previously reported model family?	
Provide the Accession Number of the original report for which this is a supplement: (Note: Do not enter any Device Premarket Application or Notification document number here, such as PMAs, 510(k)s, IDEs, etc. See Accession number description below.)	

Are you requesting a new variance, a renewal, extension or amendment to a previous variance? *	
Stop:	*If you are requesting a new variance, renewal, extension, or amendment, you must file a Variance Request separate from this report. To do this, open a new report (File > New) and select either "Laser Light Show Variance Request" or "Variance Request (General, not Laser Light Show)" as your Type of Submission in the Submission Information Screen. If you select "Variance Request (General, not Laser Light Show)r" you must select the product for which you are requesting a variance with the pick list in the bottom section of the screen.*

Special Considerations

Noncompliances or Defects

Does this document or any of its attachments contain:	
A notification of noncompliance or defect? *	
You may provide an explanation and/or attach a document here:	
Details	

Responses to Noncompliances or Defects

Does this document or any of its attachments contain any of these responses concerning noncompliances or defects?	
A refutation of noncompliances or defects identified to your firm? *	
A request for an exemption from notification to purchasers (see 21 CFR 1003.21 and 1003.30)? *	
Corrective action plans you intend to implement to correct noncompliances or defects discovered in past or current production? *	
Note:	*If you are submitting a Corrective Action Plan (CAP) following 21 CFR 1004 and information on design changes for future production, the design change information must be submitted in a Radiation Safety (Product) Report or supplemental report. Both the proposed CAP and the design changes may be submitted in one document if you prepare a product report and choose to include the CAP in it as a file attachment. Alternatively, you may create a separate*

	eSubmission for the CAP using the "Correspondence" type template and selecting "Follow-up correspondence to FDA."
A description of any design changes that correct noncompliances for future production? *	
Note:	*If you are submitting information on product design changes for future production due to a discovery of noncompliances or defects in current production, you must use the Radiation Safety (Product) Report template to create the report . Correspondence templates may be used to submit other information such as a proposed corrective action plan pertaining to a noncompliance or defect.*
You may add an explanation and/or attach a document here:	
Details	

Exemption Requests

Does this document or any of its attachments contain:	
Exemption of a product for government use from a standard (21 CFR 1010.5)? *	
Exemption for products for government use from reporting and recordkeeping (21 CFR 1002.51)? *	
Special exemption of products from reporting and/or recordkeeping (21 CFR 1002.50)? *	
Request for approval of alternate labeling? *	
Application for alternate test procedures (21 CFR 1010.13)? *	
You may provide an explanation and/or attach any relevant documents here:	

Variance Requests

Information:	*Please note: in addition to responding to these questions below, a separate General Variance Request or Laser Light Show Variance Request form must be completed and submitted to CDRH, with a hard copy sent to FDA's Division of Dockets Management as instructed below for any variance request. The information requested on this screen does not constitute the full structured content of the variance request. The 2 types of Variance forms can be created in eSubmitter by selecting the appropriate Variance submission type under the eRad Health Menu section of this application.*
Message:	*Click the plus sign to list the requirements from which you are requesting a variance.*
This submission includes an application for a variance from certain requirements.	
Item	No Information Provided.
Provide an explanation and attach supporting files, if necessary. Click on the plus sign below to attach files.	
Details	
Stop:	*For all Variance requests, two submissions must be made to the FDA.* *The electronic version should be submitted following the Packaging Files for Submission instructions located under Output in the Menu bar, and explained in subsection 4.3 of the User Manual. If sending a CD & submittal letter, please mail to:* *U.S. Food and Drug Administration* *Center for Devices and Radiological Health* *Attn: eSubmitter Team*

	Document Mail Center - WO66-0609 *10903 New Hampshire Avenue* *Silver Spring, MD 20993-0002* *Additionally, a paper version (hard-copy) of the signed Variance request document should be submitted to:* *Food and Drug Administration* *Division of Dockets Management (HFA-305)* *5630 Fishers Lane, Room 1061* *Rockville, MD 20857*

Responses to Communications from FDA

Does this document or any of its attachments contain:		
A response to an FDA inspection?	*	
What was the date of the inspection?		
A response to a Warning letter or a Notification of Noncompliance or Defect from the FDA?	*	
What was the date of the Warning Letter or other notification letter?		
A response to a report review inquiry from the CDRH (the inquiry may have been in the form of a letter, email, or phone call)?	*	
What was the date of the inquiry?		
A response to any other communication from FDA?	*	
What was the date of the communication?		
Provide an explanation:		

Additional Information

Here's your opportunity to add anything else to this submission that you want to tell the FDA! Is there any other relevant information or additional comments that would help expedite the review of this submission? Click the plus sign below to attach any supporting files.	
Details	

Private Labeling

Is the product sold by other companies under different brand names?	*	

Medical Devices

Provide the premarket 510(k), IDE, HDE, PDP, or PMA filing numbers related to this medical product, if one of these numbers has been assigned by FDA yet.

If it has not been submitted yet, or if your device is exempt from premarket clearance or approval, please provide an explanation. The device regulations can be found in 21 CFR 807 - device manufacturer registration and device listing.

Laser Show Notification

Contact Information

FDA Docket Number:	
Accession Number:	
Date of Issue:	
Date of Expiration:	

Identify the name of the event(s): *

Item	Show Name	Projector	Brand Name

Please provide the contact information for the venue:	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	
FDA Establishment Identifier (FEI)	
Central File Number (CFN)	
Registration Number	
Owner/Operator Number	
D&B D-U-N-S Number	
Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	

Venue Contact Information

Laser Safety Officer

Projector and Show Information

Please provide the following product information:	
Projector manufacturer:	
Contact Information:	
Contact Name	
Occupation Title	
Email Address	
Establishment Information:	
Establishment Name	
Division Name	
FDA Establishment Identifier (FEI)	
Central File Number (CFN)	
Registration Number	
Owner/Operator Number	
D&B D-U-N-S Number	
Physical Location:	
Address	
Telephone Number	
Fax Number	
Mailing Location:	
Address	
Telephone Number	
Fax Number	
Comments:	

Projector model:	*	
Product accession number:		
Maximum anticipated output:	*	

Select the Agencies notified:	
Item	No Information Provided.

If "Other" has been selected, please explain further:

Description of Effects Utilized:	*
Item	No Information Provided.

If "Other" has been selected, please explain further:

Please provide a description of safety factors and attach show diagrams. Click the Add... button below to attach any supporting files.	*
Details	

Provide any necessary comments below:

Stop:	*You have reached the end of this report. Please verify that all PDFs that are to be included in this submission are correctly attached to a specific file attachment question. Otherwise, they will not be packaged with your report. Check to make sure you have no missing data (select Missing Data Report from the Output menu). Once you have confirmed that there is no missing data and all your files are attached, click on the Package Submission icon on the tool bar.*