


PHARMA APPLICATION

PRODUCTION

STATUS BOARD

 **Dabur**

EQUIPMENT : _____

PRODUCT : _____


B. NO. : _____

MFG. DATE : _____

EXP. DATE : _____

STATUS : _____

SIGN : _____ DATE : _____

 **Ipca**

PRESENT STATUS

PRODUCT: _____


B. NO. : _____

B. SIZE : _____ LOT NO. : _____

STATUS : _____

SIGN : _____ DATE : _____

PREVIOUS PRODUCT : _____

 **LUPIN**

LUPIN LIMITED, MANDIDEEP

EQUIPMENT TAG NO. : _____

EQUIPMENT STATUS

CLEANED : YES NO

IF YES CLEANED ON DATE : _____

UNDER CLEANING : YES NO

TO BE CLEANED : YES NO

UNDER MAINTAINANCE: YES NO

NOT IN USE : YES NO

UNDER OPERATION : YES NO

BATCH STATUS

PRODUCT / STEP: _____

BATCH NO. : _____

DATE : _____ SIGNATURE : _____

BOTTLE PACKING - I

DATE : _____

PRODUCT : _____


B. NO. : _____

PACK STYLE : _____

PACK CODE : _____

STATUS : _____

SIGN : _____

 **LUPIN**


LUPIN LIMITED, MANDIDEEP

ROOM STATUS

PRODUCT : _____

BATCH NO. : _____

STAGE	SIGN/DATE

 **Cipla Kurkumbh**

PRODUCT : _____


BATCH NO. : _____

BATCH SIZE: _____

STATUS : _____

DATE : _____

SIGN : _____

 **Ipca**

PRODUCT NAME : _____

BATCH NO. : _____


BATCH SIZE : _____

MFG. DATE : _____

EXP. DATE : _____

M. R. P. INCLUSIVE OF ALL TAXES : _____

SIGN : _____ DATE : _____

Branded Formulation-I  **DR. REDDY'S**

STATUS LABEL

PRODUCT : _____

B. NO. : _____ B. SIZE : _____

LOT NO. : _____

STAGE

SIGN : _____

DATE : _____

PHARMA APPLICATION PRODUCTION STATUS BOARD

PRODUCT :	Cipla Kurkumbh
BATCH NO. :	
BATCH SIZE:	
STATUS :	
LOT NO. :	
DATE :	
SIGN :	

PRODUCT :	Cipla Kurkumbh
BATCH NO. :	
BATCH SIZE:	
STATUS :	
IPC NO. :	
DATE :	SIGN :

PRODUCT :	Cipla Kurkumbh
BATCH NO. :	
BATCH SIZE:	
STATUS :	
NITROGEN GAS A. R. NO. : KR	
DATE :	
SIGN :	

PRODUCT :	Cipla Kurkumbh
BATCH NO. :	
BATCH SIZE:	
STATUS :	
VTD NO. :	
DATE :	
SIGN :	

WATER PURIFICATION SYSTEM (SEPTRON LINE)	
BATCH NO. OF PURIFIED WATER :	
A. R. NO. OF PURIFIED WATER :	
STATUS OF SYSTEM :	
CHECKED BY :	
DATE :	

PRODUCT :	
BATCH NO. :	
BATCH SIZE:	
STATUS :	
DRYING STARTED ON :	
DATE :	TIME :
DRYING COMPLETED ON :	
DATE :	TIME :
TEMPERATURE :	°C ± °C
LOT NO. :	
SIGN :	

PHARMA APPLICATION

PRODUCTION

UPDATABLE

DEPARTMENT : AEROSOL	
DISINFECTANT :	
A. R. NO. :	
:	
REFILLED ON :	
VALID UPTO :	
SIGN & DATE :	

PRODUCT :		<small>Cipla Goa</small>
PUNCH SET NO. :		
TOOLING TYPE :	SIZE(MM) :	
SIGN :		

CODE NO. :		<small>Cipla Goa</small>
WEIGHING RANGE		
MIN. :		MAX. : _____
CAL ON :		
DUE ON :		
DONE BY :		DATE : _____

<small>LUPIN</small>	WEIGHING BALANCE CALIBRATION STATUS TAG
EQUIPMENT TAG NO. :	
CALIBRATION DONE ON :	
CALIBRATION DUE ON :	
CALIBRATION DONE BY :	
CALIBRATION CHECKED BY :	

<small>GHANSHYAM</small>	PUNCHES & DIES
BOX NO. :	
PRODUCT :	
PUNCH SIZE :	
TYPE :	
NO. OF UPPER PUNCH :	
NO. OF LOWER PUNCH :	
NO. OF DIES :	
MFG. DATE :	
SIGN :	

Cipla	
Location : PATALGANGA	
EQUIPMENT No. _____	
TO BE CLEANED	
PREVIOUS PRODUCT : _____	
BATCH No. : _____	
SIGNATURE :	DATE :
MTO1/LA15	

WORKING RANGE	
MIN. :	
MAX. :	

<small>MACLEODS</small>	
WORK IN PROGRESS	
DEPARTMENT :	
EQUIPMENT :	
PRODUCT :	
B. NO. :	
STAGE :	
DATE :	
SIGN : (PRODUCTION)	QA :

<small>MACLEODS</small>	
TO BE CLEANED	
DEPARTMENT :	
EQUIPMENT :	
PREVIOUS PRODUCT & B. NO. :	
SIGN & DATE (USER DEPT.) :	
QA ATTESTATION :	

<small>MACLEODS</small>	
AREA :	
PRODUCT :	
BATCH NO. :	EXP. DATE :
MFG. DATE :	
BATCH SIZE :	
STAGE OF PRODUCTION	
PREVIOUS PRODUCT	
BATCH NO. :	
SIGN : PRODUCTION :	
QA :	
DATE :	

Cipla	
Location : PATALGANGA	
USE FOR	
Product :	_____
B. No. :	_____
Sign :	Date :
MTO 1/LA17	

<small>MACLEODS</small>	
CLEANED	
DEPARTMENT :	
EQUIPMENT :	
PREVIOUS PRODUCT & B. NO. :	
NEXT PRODUCT & B. NO. :	
CLEANED BY :	
CHECKED BY :	
DATE :	QA ATTESTATION :

<small>ALKEM LABORATORIES LTD.</small>	
70% IPA	
BATCH NO. :	
PREPARED ON :	
USED BEFORE :	
PREPARED BY :	DATE :

<small>ALKEM LABORATORIES LTD.</small>	
SANITIZATION SOLUTION	
NAME :	
DATE OF PREPARATION :	
USE BEFORE :	
PREPARED BY :	
CHECKED BY :	

VACUUM CLEANER	
CODE NO. :	_____
LOCATION :	_____
STATUS :	_____
FILTER REPLACED ON (0.3µ) :	_____
DUE ON :	_____
SIGN & DATE :	_____

PHARMA APPLICATION PRODUCTION

Cipla
Vikhrol



**KINDLY DISINFECT YOUR PALMS
AND FEET WITH STERILIUM
SOLUTION BEFORE ENTERING**

OKASA Goa



**KINDLY DISINFECT YOUR HANDS
WITH STERILLIUM OR FILTERED
70% ISOPROPYL ALCOHOL
SOLUTION BEFORE PROCEEDING**

Cipla
Patalganga



**KINDLY DISINFECT YOUR HANDS
WITH STERILLIUM OR FILTERED
70% ISOPROPYL ALCOHOL
SOLUTION BEFORE PROCEEDING**



WEIGHING BALANCE

DEPARTMENT : CAPSULE
AREA : BULK PACKING
BALANCE CAPACITY: 06 KG
BALANCE I. D. : AB / B / 40
BALANCE SR. NO. : G8506110071

ALKEM LABORATORIES LTD.
AMALIYA DAMAN

**INSTRUCTIONS
FOR PURIFIED WATER**
**FLUSH PURIFIED WATER FOR
5 MINUTES BEFORE USE**

LIST OF STANDARD WEIGHT INSIDE

20 KG. WEIGHTS	6 NOS.
10 KG. WEIGHTS	7 NOS.
5 KG. WEIGHTS	4 NOS.
2 KG. WEIGHTS	2 NOS.
1 KG. WEIGHTS	2 NOS.
0.5 KG. WEIGHTS	1 NOS.
0.2 KG. WEIGHTS	1 NOS.
SILICA GEL BARS	2 X 100 GMS. NOS.
COTTON GLOVES	01 PAIRS
SPIRIT LEVEL	1 NOS.
WEIGHT BOX	1 NOS.

STORES : _____

SAMPLING DONE ON : _____ SAMPLING DONE ON : _____

PHARMA APPLICATION PRODUCTION

TOOL BOX CHECK LIST			
ROOM NO. :-			
CONTENTS OF TOOL BOX - FILLING III			
SR. NO.	DESCRIPTION OF TOOLS	SIZE	QUANTITY (NOS.)
1.	SPANNER	18/19 MM	
		10/11 MM	
		22/23 MM	
2.	T ALLEN KEYS	6 MM	
		1.5 MM	
3.	ALLEN KEYS	2.5 MM	
		3 MM	
		4 MM	
		5 MM	
4.	GUAGES	CLOSE LENGTH SIZE 3	
		ALIGNMENT CAP BUSH-3	
		ALIGNMENT BODY BUSH-3	
		ORIENTING BUSH ALIGNMENT	
		GUAGE-3	
5.	DOSATOR PISTON REMOVER	---	
6.	SAFETY BLOCKS	---	
7.	SCREW DRIVER	---	
8.	MALLET HAMMER	---	
9.	FEEDER TUBE REMOVER	---	
10.	SECTOR REMOVER	---	
11.	POWDER BOWL REMOVER	---	
12.	MUSHROOM FILTER REMOVER	---	

NOTE : RECONSILE THE TOOLS BEFORE AND AFTER EVERY USE

CHECKED BY : _____



LINEN ROOM

D
D-1 TO D-21

**VISITORS
CHANGE ROOM**

PREPARATION OF 0.1% DETERGENT SOLUTION (EQUIPMENT CLEANING)	
ADD DETERGENT INTO POTABLE WATER AS PER THE DILUTIONS GIVEN BELOW.	
WATER	DETERGENT
1 KG	1 ML
2 KG	2 ML
5 KG	5 ML
10 KG	10 ML

DOOR NO. 1
**OPEN DOOR NO. 1 ONLY
WHEN DOOR NO. 2
IS CLOSED**

C
C-1 TO C21

DOOR NO. 2
**OPEN DOOR NO. 2 ONLY
WHEN DOOR NO. 1
IS CLOSED**

AREA : _____

**DRAIN THE POTABLE WATER
FOR 10 MINUTES BEFORE
USE IN THE MORNING.**

DRAINED BY : _____

DATE : _____

PHARMA APPLICATION PRODUCTION

ALKEM LABORATORIES LTD.
AMALIYA DAMAN
BETA-LACTUM BLOCK
INSTRUCTIONS

**EXIT PROCEDURE FOR STAFF/
WORKMEN AND VISITOR FROM
DRY SYRUP AND CAPSULE CORE AREA**

FOR STAFF/WORKMEN :

- ◆ REMOVE YOUR SECONDARY OVER GOWN AND HEADGEAR KEEP THEM IN THE PROVIDED LOCKER IF GOING OUT FOR A SHORT BREAK, WHICH IS TO BE REUSED ON RETURN.
- ◆ REMOVE YOUR SECONDARY OVER GOWN AND HEADGEAR, DISCARD THEM IN THE PROVIDED BIN IF GOING OUT AT SHIFT END.
- ◆ TAKE OUT THE HAND GLOVES AND DISCARD THEM IN PROVIDED BIN.
- ◆ SIT ON CROSS OVER BENCH AND REMOVE YOUR CORE AREA SHOES AND KEEP THEM IN THE PROVIDED SHOE RACK, CROSS THE CROSS OVER BENCH AND WEAR YOUR NON CORE AREA SHOES FROM OTHER SIDE OF SHOE RACK OF CROSS OVER BENCH WITHOUT TOUCHING YOUR FEET ON THE FLOOR.
- ◆ PRESS THE GREEN SWITCH FOR EXIT FROM SECONDARY CHANGE ROOM.

FOR VISITOR :

- ◆ REMOVE YOUR SECONDARY OVER GOWN AND DISCARD THEM IN THE PROVIDED BIN.
- ◆ TAKE OUT THE HEAD GEAR AND HAND GLOVES AND KEEP THEM IN THE PROVIDED BIN.
- ◆ SIT ON CROSS OVER BENCH AND REMOVE THE III rd PAIR OF SHOE COVER OF THE CORE AREA AFTER CROSSING THE CROSS OVER BENCH.
- ◆ PRESS THE GREEN SWITCH FOR EXIT FROM SECONDARY CHANGE ROOM.

REF. SOP NO. : A1/BI/005

PREPAERD BY	CHECKED BY	APPROVED BY

ALKEM LABORATORIES LTD.
AMALIYA DAMAN
BETA-LACTUM BLOCK

**CLEANING & SANITIZATION OF
PACKING HALL, CHANGE ROOM,
OFFICE, CORRIDOR, RECEIVING BAY
AND STORAGE AREA**

DO'S & DONT'S

- ◆ CLEAN HANDS WITH SOAP SOLUTION.
- ◆ CLEAN HIDDEN & COVERED PLACES.
- ◆ DO NOT CARRY THE COLLECTED DIRT OF ONE AREA TO ANOTHER AREA.
- ◆ START CLEANING FROM THE INNERMOST TO THE OUTER AREA.
- ◆ CLEAN THE MOST UNCLEAN ROOM FIRST & PROCEED FOR CLEANING OF RELATIVELY CLEANER AREA.
- ◆ START CLEANING FROM THE UPPER LEVEL OF THE ROOM TO THE LOWER LEVEL & CLEAN THE FLOOR LAST.
- ◆ CLEAN / SANITIZE SPECIFIED HORIZONTAL SURFACES DAILY & VERTICAL SURFACES WEEKLY.

REF. SOP NO. : A1/BG/023

PREPAERD BY	CHECKED BY	APPROVED BY

ALKEM LABORATORIES LTD.
AMALIYA DAMAN
BETA-LACTUM BLOCK
INSTRUCTIONS

**ENTRY PROCEDURE FOR STAFF/
WORKMEN AND VISITOR TO
DRY SYRUP AND CAPSULE CORE AREA**

FOR STAFF/WORKMEN :

- ◆ USE AUTORIZATION CARD TO ENTER SECONDARY CHANGE ROOM.
- ◆ SIT ON THE CROSS OVER BENCH.
- ◆ REMOVE NON CORE AREA SHOES AND KEEP THEM IN SHOES RACK OF CROSS OVER BENCH.
- ◆ TAKE CLEAN CORE AREA SHOES FROM SHOE RACK OF OTHER SIDE OF CROSS OVER BENCH AND WEAR THEM WITHOUT TOUCHING YOUR FEET ON THE FLOOR.
- ◆ WEAR CLEAN HEADGEAR, SECONDARY GOWN THEN HAND GLOVES WITHOUT TOUCHING ANY SURFACES.
- ◆ CHECK PROPER GOWNING IN PROVIDED MIRROR.
- ◆ SANITIZE YOUR HANDS WITH 70% IPA.
- ◆ ENTER INTO THE RESPECTIVE CORE AREA.

FOR VISITOR :

- ◆ TO ENTER SECONDARY CHANGE ROOM ACOMPANY WITH AUTHORIZED PERSON.
- ◆ SIT ON THE CROSS OVER BENCH, PUT ONE PAIR OF FRESH SHOES COVER TAKING CARE THAT THE NEW SHOES COVER SURFACE DOES NOT TOUCH GROUND SURFACE BEFORE CROSS OVER BENCH SIDE OF THE CROSS OVER BENCH AND CROSS IT.
- ◆ WEAR CLEAN HEADGEAR, SECONDARY GOWN THEN HAND GLOVES WITHOUT TOUCHING ANY SURFACES.
- ◆ CHECK PROPER GOWNING IN PROVIDED MIRROR.
- ◆ SANITIZE YOUR HANDS WITH 70% IPA.
- ◆ ENTER INTO THE RESPECTIVE CORE AREA.

REF. SOP NO. : A1/BG/005

PREPAERD BY	CHECKED BY	APPROVED BY

ALKEM LABORATORIES LTD.
AMALIYA DAMAN
BETA-LACTUM BLOCK
**LINEAR VIAL WASHING MACHINE
(EQUIPMENT NUMBER: AB/IM/01)
WASHING CYCLE PATTERN**

1st WASH : PURIFIED WATER + WFI (RECYCLED)
2nd WASH : COMPRESSED AIR
3rd WASH : PURIFIED WATER + WFI (RECYCLED)
4th WASH : COMPRESSED AIR
5th WASH : PURIFIED WATER
6th WASH : COMPRESSED AIR
7th WASH : PURIFIED WATER
8th WASH : COMPRESSED AIR
9th WASH : WFI WATER
10th WASH : COMPRESSED AIR

COLLECTED IN TANK AND USED AS A RECYCLED WATER

DRAIN

PREPAERD BY	CHECKED BY	APPROVED BY

PHARMA APPLICATION

QUALITY CONTROL

CALIBRATION LABEL

Cipla Goa
CHEMICAL CALIBRATION

CODE NO : _____

CAL. ON : _____

DUE ON : _____

SIGN : _____

Cipla Goa

CODE NO : _____

CAL. ON : _____

DUE ON : _____

SIGN : _____

Cipla-Baddi
WEEKLY CALIBRATION

CODE NO.: _____

DONE BY : _____

DATE : _____

SUN
WEIGHING BALANCE CALIBRATION STATUS

BALANCE ID : _____

LEAST COUNT : _____

CAL. DONE ON : _____

DONE BY : _____

FREQUENCY BEFORE USE : _____

FORMAT NO. : _____

Centaur
INSTRUMENT CALIBRATION RECORD

INSTRUMENT CODE : _____

INSTRUMENT NAME : _____

CALIBRATION DATE : _____

NEXT CALIBRATION DATE : _____

CALIBRATED BY : _____

SIGN : _____

Format No.: A-ADL/F/003-

SUN
CALIBRATED

NAME OF INSTRUMENT : _____

IDENTIFICATION NO. : _____

CALIBRATION DATE : _____

CALIBRATION DUE : _____

INSTRUMENT STATUS : _____

SOP NO. : _____

CHECKED BY : _____ APPROVED BY : _____

DATE : _____ DATE : _____

FORMAT NO. : _____

LUPIN LTD.
AURANGABAD
QUALITY CONTROL DEPARTMENT
CALIBRATION STATUS

Instrument Name : _____

Instrument No. : _____

Calibrated On : _____

Next Calibration Due On : _____

CALIBRATED BY Name : _____ Sign : _____

LUPIN-MANDIDEEP

Instrument Name : _____


Tag No. : _____

Calibration Done On : _____

Calibration Done By : _____

Next Calibration Due On : _____
(± 15 Days of Schedule)

Format No. INS-002/F07-02

CALIBRATION STATUS 

INSTRUMENT NO. : _____

CALIBRATED ON : _____

CALIBRATION DUE ON : _____

DONE BY : _____

Ipcal Ipcal Laboratories Limited, Athal.
QUALITY ASSURANCE DEPT.
CALIBRATION TAG

EQUIPMENT NAME			
EQUIPMENT NO.			
CALIBRATED ON	MONTHLY	BY	
	HALF YEARLY		
STATUS	O.K.	NOT TO BE USED.	
CALIBRATION PROCEDURE NO.			
CALIBRATION CHECKED BY.			
NEXT CALIBRATION DUE ON	MONTHLY		
	HALF YEARLY		
Q. A. EXECUTIVE _____			

SUN **SPARC**
PHARMACEUTICAL INDUSTRIES LTD. **ANALYTICAL DEVELOPMENT DEPARTMENT**
INSTRUMENT CALIBRATION DETAILS

INSTRUMENT	
MODEL NO.	
CODE NO.	
CALIBRATED ON	
NEXT CALIBRATION DUE	
CALIBRATED BY	

PHARMA APPLICATION

QUALITY CONTROL

UPDATABLE LABELS

CIPLA

PLUNGER FLUSHING

SOLVENT :

SIGN :

DATE :

M

PURIFIED WATER

DATE :

SIGN :

LUPIN LIMITED
QUALITY CONTROL DEPARTMENT

VACUUM CLEANER

EQUIPMENT NO. :

MODEL :

STATUS :

CHECKED BY :

DATE :

UNICHEM
GHAZIABAD
QUALITY ASSURANCE DEPTT.

VOLUMETRIC SOLUTION

NAME OF VOLUMETRIC SOLUTION :

MOLARITY :

DATE OF PREPARATION :

DATE OF STANDARDIZATION :

DATE OF RESTANDARDIZATION :

USE BEFORE DATE :

PREPARED BY : CHECKED BY :

Format No. :

SUN

VOLUMETRIC SOLUTION

SOLUTION :

LOT NO. :

MOLARITY FACTOR :

PREPARED ON :

STANDARDISED ON :

VALID UPTO :

SIGN :

FORMAT NO. :

Centaur

RINSING SOLVENT

PRODUCT :

COMPOSITION :

PREPARED ON :

VALID UPTO :

ANALYST :

HPLC MOBILE PHASE

PRODUCT :

TEST :

PREPARED ON :

PREPARED BY :

(DATE / SIGN.)

LUPIN LIMITED, AURANGABAD
QUALITY CONTROL DEPARTMENT

SUN

MOBILE PHASE

FOR :

PREPARED BY :

DATE :

NOTE : USE BEFORE 24 HOURS

Cipla
Goa

MOBILE PHASE

FOR :

PREPARED BY :

DATE :

ARL
USV LIMITED

USV

INSTRUMENT : DATE :

PROJECT :

MOBILE PHASE :

START TIME :

ANALYST :

Centaur

MOBILE PHASE

FOR :

COMPOSITION :

DATE OF PREPARATION :

VALID UP TO :

PREPARED BY :

M

MOBILE PHASE

FOR :

PREPARED BY :

DATE :

SUN

WASTE

SIGN :

DATE :

M

WASTE

SIGN :

DATE :

Centaur

WASTE

SIGN :

DATE :

PHARMA APPLICATION

QUALITY CONTROL

UPDATABLE LABELS

DISSOLUTION TESTER 725

INST. NO. :
 PRODUCT :
 MEDIUM :
 BATCH NO. :
 TIME :
 DATE :

Inst. No. : I - 82
 PRODUCT :
 B. NO./A.R. NO. :
 COL. NO. : COL. FLUSHING :
 SOLVENT :
 FLOW RATE : ML/MIN.
 SIGN : DATE :

DISSOLUTION BATH ipca

CLEANED BY :
 CHECKED BY :
 CLEANED ON :
 NEXT DUE ON :

DESICCATOR NO. :
 DUE DATE FOR CHANGING :
 SIGN :

DT APPARATUS WATER BATH ipca

CLEANED BY :
 CHECKED BY :
 CLEANED ON :
 NEXT DUE ON :

DESSICATOR FOR L. O. D. Cipla Good

SILICA GEL CHANGED ON :
 DUE ON :
 SIGN :

DESSICATOR FOR TLC PLATES Cipla Good

SILICA GEL CHANGED ON :
 DUE ON :
 SIGN :

Cipla Good CODE NO. :
CLEANING OF WATER BATH FOR DISSOLUTION TESTER

CLEANED ON :
 WATER FILLED ON :
 DUE ON :
 CLEANED BY :

ipca Laboratories Limited, Athal.
 QUALITY CONTROL DEPARTMENT
DISSOLUTION MEDIUM

PRODUCT :
 MEDIUM :
 PREPARED BY :
 DATE :

Centaur
AMC STATUS BOARD

AMC NO. : DATE :
 NAME OF THE INSTRUMENT :
 SR. NO. OF THE INSTRUMENT :
 AMC START DATE : END DATE :
 NO OF VISITS :

AMC SIGN/DATE	I VISIT	II VISIT	III VISIT

Cent/ADL-

Cipla Good
 INSTRUMENT NO. :
 PRODUCT :
 B. NO./A.R. NO. :
 COL. NO. : COL. FLUSHING :
 SOLVENT :
 FLOW RATE : ML/MIN.
 SIGN : DATE :

Centaur
INSTRUMENT STATUS CARD

INSTRUMENT ID :
 PRODUCT CODE :
 MOBILE PHASE :
 COLUMN NO. :
 COLUMN :
 ANALYST :
 DATE : / /

10% METHANOL

FILLED ON :	USE BEFORE :	SIGN :
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90% METHANOL

FILLED ON :	USE BEFORE :	SIGN :
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PHARMA APPLICATION

QUALITY CONTROL


UPDATABLE LABELS

 AIR

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY/FILLED SIGN : _____

 AIR

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY / FILLED SIGN : _____

 HYDROGEN

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY/FILLED SIGN : _____

 HYDROGEN

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY / FILLED SIGN : _____

 HELIUM

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY/FILLED SIGN : _____

 HELIUM

RECD. ON : _____

OPENED ON : _____


STATUS : EMPTY / FILLED SIGN : _____

 NITROGEN

RECD. ON : _____

OPENED ON : _____

STATUS : EMPTY/FILLED SIGN : _____

 NITROGEN

RECD. ON : _____

OPENED ON : _____

STATUS : EMPTY / FILLED SIGN : _____



EQUIPMENT :

CODE :

AUTHORISED USERS	CALIBRATION STATUS	USAGE STATUS
	<p>CALIBRATED ON : _____</p> <p>NEXT CALIBRATION DUE ON : _____</p> <p>CALIBRATED BY : _____</p>	<p>PRODUCT :</p> <p>A. R. NO. :</p> <p>TEST :</p> <p>SIGN :</p> <p>DATE :</p>

PHARMA APPLICATION

BULK DRUG

CM-101

R-120

DT-120

CF-111

EQUIPMENT CODE	:		STATUS
PREVIOUS PRODUCT	:		
PRESENT PRODUCT	:		
BATCH NO.	:		
SIGNATURE	:		
DATE	:		SOP NO. : CQA/B-24

ST - 101

ITEM :

A. R. NO.:

STATUS :

DATE :

SIGN :

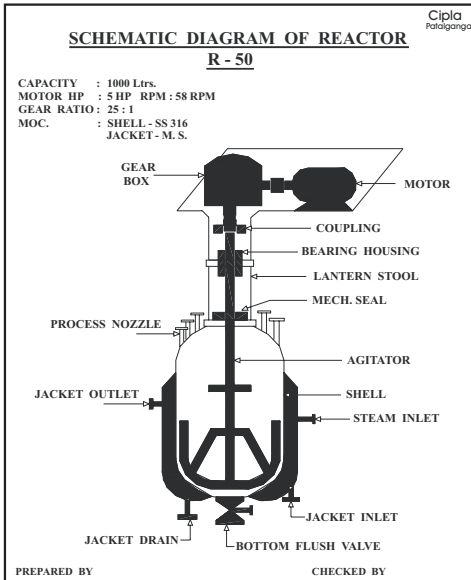
PHARMA APPLICATION

BULK DRUG

SSV-65

PRESSURE VESSELS			
DATE :	/	/	TIME : HRS
STATUS			
TAG NO.	CLEANED	TO BE CLEANED	IN USE
PV - 04			
TICK IN BOX (✓) WHICHEVER IS APPLICABLE			
FORMAT NO. :		SIGN :	

REACTORS			
DATE :	/	/	TIME : HRS
R-401 AND CHARGING FUNNEL		R-403	
STATUS		STATUS	
<input type="checkbox"/>	TO BE CLEANED	<input type="checkbox"/>	TO BE CLEANED
<input type="checkbox"/>	READY FOR USE	<input type="checkbox"/>	READY FOR USE
<input type="checkbox"/>	IN USE	<input type="checkbox"/>	IN USE
TICK IN BOX (✓) WHICHEVER IS APPLICABLE			
FORMAT NO. :		SIGN :	



1	REACTOR CODE :	R - 315
2	TYPE :	STAINLESS STEEL REACTOR
3	NAME OF MANUFACTURER :	M/S. OMEGA-KEMIX PVT. LTD.
4	TYPE OF AGITATOR :	TURBINE WITH GAS INDUCTION
5	JACKET SERVICES :	STEAM/C.W.
6	R. P. M. :	200 RPM
7	MOTOR H.P. :	3 HP
8	GEAR BOX MODEL AND RATIO :	OMEGA MAKE
9	MINIMUM STERRING VOLUME :	50 LTRS.
10	WORKING CAPACITY OF REACTOR :	500 LTRS.
11	DESIGN PRESSURE OF SHELL :	FV TO 6 Kg/Cm ²
12	DESIGN PRESSURE OF JACKET / LIMPET :	6 Kg/Cm ²
13	HYD. TEST PRESSURE OF SHELL CARRIED ON :	
14	HYD. TEST PRESSURE OF SHELL DUE ON :	
15	HYD. TEST PRESSURE OF JACKET CARRIED ON :	
16	HYD. TEST PRESSURE OF JACKET DUE ON :	

CHARGING VESSELS			
DATE :	/	/	TIME : HRS
STATUS			
TAG NO.	SOLVENT	VOLUME	BATCH NO.
V - 406			
V - 407			
FORMAT NO. :			
SIGN :			

HYDRAULIC TEST

DONE ON.: / /

DUE ON. : / /

PHARMA APPLICATION

BULK DRUG

Cipla
Kurkumbh

CALIBRATION RECORD OF RECEIVER

DEPARTMENT : BULK DRUG-V DATE OF CALIBRATION : _____

CODE NO. NO. : V-113 CAPACITY : 500 LIT.

SR. NO.	QUANTITY OF WATER CHARGED LIT.	LEVEL ON LEVEL INDICATOR
1	0	0
2	3	10
3	31	20
4	73	30
5	113	40
6	152	50
7	186	60
8	233	70
9	271	80
10	308	90
11	355	100
12	402	110

DONE BY (SIGN):

CHECKED BY (SIGN):

SOP NO.: GP-21/F2

Cipla
Kurkumbh

CALIBRATION RECORD OF RECEIVER

DEPARTMENT : BULK DRUG-I DATE OF CALIBRATION : _____

CODE NO. NO. : V-120 CAPACITY : 750 LIT.

SR. NO.	QUANTITY OF WATER CHARGED LIT.	LEVEL ON LEVEL INDICATOR
1	5.00	10
2	40.00	20
3	110.00	30
4	180.00	40
5	250.00	50
6	320.00	60
7	390.00	70
8	460.00	80
9	530.00	90
10	600.00	100
11	670.00	110
12	1060.00	OVERFLOW VOLUME

DONE BY (SIGN):

CHECKED BY (SIGN):

SOP NO.: GP-21/F3

Cipla
Kurkumbh

CALIBRATION OF DT-116

CAPACITY : LTRS.

SR. NO.	SCALE READING	QTY. IN LTRS.
1	0	0
2	10	10
3	20	45
4	30	80
5	40	115
6	50	150
7	60	185
8	70	220
9	80	255
10	90	290

DONE BY :

CHECKED BY :

CALIBRATION ON :

DATE :

Cipla
Kurkumbh

CALIBRATION RECORD OF DOSING TANK

DEPARTMENT : BULK DRUG-I DATE OF CALIBRATION : _____

CODE NO. NO. : DT-13 CAPACITY : 405 LIT.

SR. NO.	QUANTITY OF WATER CHARGED LIT.	LEVEL ON LEVEL INDICATOR
1	15.00	10
2	45.00	20
3	90.00	30
4	135.00	40
5	180.00	50
6	225.00	60
7	270.00	70
8	315.00	80
9	360.00	90
10	405.00	100
11	445.00	OVERFLOW VOLUME

DONE BY (SIGN):

CHECKED BY (SIGN):

SOP NO.: GP-21/F3

PHARMA APPLICATION

BULK DRUG

Cipla
Patalganga

ब्राईन सरक्युलेशन चालू करताना
कुलिंग वॉटर इनलेट, आउटलेट व
ड्रेन व्हॉल्स नेहमी बंद ठेवा.


**ENSURE THAT FOR BRINE CIRCULATION
WATER INLET, OUTLET & DRAIN
VALVES SHOULD BE CLOSED.**

सेंट्रिफ्युज करण्याची पध्दत

1. सेंट्रिफ्युजची सर्व जागा व सेंट्रिफ्युज मशीन स्वच्छ असल्याची खात्री करा.
2. सेफ्टी लॉक व्यवस्थित काम करत आहे, याची खात्री करा.
3. सेंट्रिफ्युज बॅग्ज बसवण्यापूर्वी बॅग फाटली नाही, हयाची खात्री करून घ्या.
बॅग फाटली असल्यास सुपरवायझरांना सांगा.
4. सेंट्रिफ्युज बॅग सेंट्रिफ्युजमध्ये बसवल्यानंतर दोन मिनिटे मशीन फिरवून बॅग घट्ट बसली आहे, हयाची खात्री करा.
5. बॅच मटेरियल सेंट्रिफ्युजमध्ये टाकण्यापूर्वी सर्व पाईप घट्ट बसले आहेत,
हयाची खात्री करा.
6. सेंट्रिफ्युज भरतांना फक्त अर्धा भरा, जास्त भरू नका.
7. सेंट्रिफ्युज एकदम चालू करू नका, हळूहळू स्पीड वाढवा.
8. मदर लिकर काचेच्या भांडयात घेऊन त्यामध्ये मटेरियल येत नाही,
हयाची खात्री करा.
9. काहीही अनपेक्षित आढळून आल्यास सुपरवायझरांना सांगा.
10. गॉगल्स व नोज मास्कचा वापर करा.

PHARMA APPLICATION

ENGG.

 **USV LIMITED**
DAMAN

SAMPLING POINT

NO. : _____

UP08

UP09

SUPPLY BLOWER

CODE NO : _____

FILTER RATING : _____

CLEANED ON : / /

DUE ON : / /

SIGN : _____

EXHAUST BLOWER

CODE NO : _____

FILTER RATING : _____


CLEANED ON : / /

DUE ON : / /

SIGN : _____

SP07

SP08

 **M. J. BIOPHARM PVT. LTD.**
TALOJA

AHU STATUS LABEL

AHU NO. : _____ SCOPE : _____

CFM : _____

FILTER CLEANING DETAILS

SR. NO.	FILTER	CLEANED ON	DUE ON	REMARKS
1	FRESH AIR FILTER (20)			
2	PRE - FILTER (10)			
3	MICRO-VEE FILTER (5)			

AHU PREVENTIVE MAINTENANCE HEPA FILTER DOP TEST

DONE ON : _____ DONE ON : _____

DUE ON : _____ DUE ON : _____

DONE BY : _____ CHECKED BY : _____

Lupin Pharmacare Ltd.
Pithampur SEZ

AHU FILTER STATUS

AHU CODE : AHU - 01 - 106

AREA : LOBBY, ENTRY AIR LOCK, CHANGE ROOM-1, CHANGE ROOM-2, CHANGE ROOM-3, MIST. SHOWER, PLANT OFFICE

CAPACITY : 1000 CFM

SR. NO.	FILTER TYPE/ RATING / EFF.	FILTER SIZE (MM)/ QTY. (NOS)			
1	FRESH AIR FILTER 10 , 90%	275X275X50/1			
2	PRE - FILTER 10 , 90%	510X510X75/1			
3	RELIEF AIR FILTER 10 , 90%	275X275X50/1			
4	MICRO-V FILTER 5 , 95%	510X510X300/1			

SIGN : _____

AHU NO. : 147 AHU MODEL : _____

AHU UNIT : SAMPLING-I Cipla Kurkumbh

CAPACITY : 1000 CFM MCC NO. : _____

SR. NO.	FILTER'S RATING	FILTER'S SIZE	QTY.	FILTER'S CODE NO.	CLEANING FREQUENCY	CLEANED ON	DUE ON
1	10 FRESH AIR FILTER FLANGE BOX	24" X 14" X 6"	1	147/10/FA-01/			
2	10 PRE FILTER FLANGE BOX	24" X 24" X 6" 24" X 12" X 6"	1 1	147/10/PR-01/ 147/10/PR-02/			
3	3 FLANGE BOX	24" X 24" X 6"	1	147/03/PF-01/			

SIGNATURE : _____ DATE : _____

Cipla Kurkumbh

VENTILATION UNIT

TYPE : EXHAUST BLOWER CODE NO. : EB - 01A


CAPACITY : 16275 CFM AREA : II FIRST FLOOR

SR. NO.	FILTER'S RATING	FILTER'S SIZE	QTY.	FILTER CODE NO.	CLEANING FREQUENCY	CLEANED ON	DUE ON
1	3	24"X24"X12"	9	EB01A/3/01/ EB01A/3/02/ EB01A/3/03/ EB01A/3/04/ EB01A/3/05/ EB01A/3/06/ EB01A/3/07/ EB01A/3/08/ EB01A/3/09/			

SIGNATURE : _____ DATE : _____

PHARMA APPLICATION

ENGG.



PREVENTIVE MAINTENANCE


EQUIPMENT NO. / TAG. NO. : _____

NATURE OF JOB : _____

DONE ON : _____

DUE ON : _____

DONE BY : _____

Format No.: F04-EN022-00 

PREVENTIVE MAINTENANCE STATUS

EQUIPMENT NAME : _____

EQUIPMENT I. D. NO.: _____

PREVENTIVE MAINTENANCE DONE ON : _____

NEXT PREVENTIVE MAINTENANCE DUE ON : _____

SIGN (STATUS CHECKED BY) : _____

○

WATER FILTER

LOCATION : _____

CODE NO : WF / 5.0 / _____

CLEANED ON : _____ / _____ / _____

DUE ON : _____ / _____ / _____

REPLACED ON : _____ / _____ / _____

TO BE REPLACED ON : _____ / _____ / _____

RATING : 5μ _____

SIGN : _____

○

STEAM FILTER

LOCATION : _____

CODE NO : SF / 1.0 / _____

CLEANED ON : _____ / _____ / _____

DUE ON : _____ / _____ / _____

RATING : 1μ _____

SIGN : _____

○

COMPRESSED AIR FILTER

LOCATION : _____


CODE NO : AF / 5.0 / _____

CLEANED ON : _____ / _____ / _____

DUE ON : _____ / _____ / _____

RATING : 5μ _____

SIGN : _____

 EQUIPMENT NAME : _____ EQUIPMENT NO : _____


PREVENTIVE MAINTENANCE

DONE ON : _____

DUE ON : _____

DONE BY : _____ CHECKED BY : _____
(ENGG.) (USER DEPT.)

SIGN : _____


FLY-O-CIDE 

LOCATION : _____ CODE NO : _____

TUBE LAMP

REPLACED ON : _____ DUE ON : _____

SIGNATURE : _____

AIR CURTAIN 

LOCATION : _____ CODE NO : _____

CLEANED ON : _____ DUE ON : _____

VEL. CHECKED ON : _____ DUE ON : _____

SIGNATURE : _____

PHARMA APPLICATION

ENGG.



LUPIN LIMITED
Mandideep

SAFETY VALVE

Tag No. : _____
Calibration Done On : _____
Set Pressure : _____
Calibration Done By : _____
Next Calibration Due On: _____



LUPIN

FILTER STATUS

FILTER LOCATION : _____
CATALOGUE NO. : _____
FILTER PORE SIZE : _____
CHANGED ON : _____
NEXT DUE ON : _____
CLEANED ON : _____
NEXT CLEANING DUE ON: _____
SIGNATURE : _____

Above Ground Water Storage Tank (Compartment - 2)

Capacity : 116 KL

Cleaning & Sanitization

Done On :

Due On :

PHARMA APPLICATION

ENGG.



AIR FLOW DIRECTION



AIR FLOW DIRECTION

RO Sanitization

Hot Water Sanitization

Done On :

Due On :

Chemical Sanitization

Done On :

Due On :

EDI Sanitization

Hot Water Sanitization

Done On :

Due On :

Chemical Sanitization

Done On :

Due On :

Ipca Laboratories Limited, Pithampur

**DO NOT USE
EQUIPMENT / SYSTEM IS
UNDER PREVENTIVE MAINTENANCE**

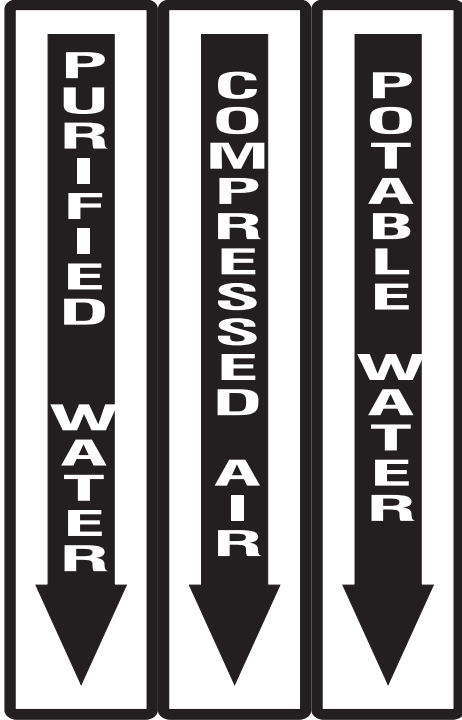
Signature : _____ Date : _____

Time : _____

Format No. : PIT/ENG/052/F05-00

PHARMA APPLICATION

ENGG.



	USV LIMITED DAMAN
HEPA FILTER (AHU)	
CODE NO. : _____	
HEPA FILTER REPLACED ON : _____	
REPLACEMENT DUE ON : _____	
DOP TESTING DONE ON : _____	
DOP TESTING DUE ON : _____	
SIGN : _____	
<p>NOTE :- HEPA FILTER SHOULD BE REPLACED WHEN DIFFERENTIAL PRESSURE SIGNAL ACROSS HEPA FILTER SHOWS ALARM (RED SIGNAL) ON BMS SYSTEM, OR AFTER EVERY ONE YEAR.</p>	

	ALKEM LABORATORIES LTD. AMALIYA, DAMAN
FILTER DESCRIPTION :	
FILTER PART NO. :	
FILTER LOT NO./SR. NO. :	
PORE SIZE :	
APPLICATION :	
INSTALLED ON :	
REPLACEMENT DUE ON :	

HOIST		
CAPACITY-2000 KG.		
INSPECTION OF HOIST		
DONE ON :	/	/
DUE ON :	/	/

FORMAT NO. F03-EN063-00
EQUIPMENT UNDER MAINTENANCE
SIGN / DATE ENGINEERING DEPT.

	ALKEM LABORATORIES LTD. AMALIYA, DAMAN
FILTER REPLACEMENT DETAILS	
SIZE OF FILTER :	
POROSITY :	
MAKE :	
LAST REPLACEMENT DONE ON :	
DONE BY :	
CHECKED BY :	
NEXT REPLACEMENT DUE ON :	
SIGN :	

PHARMA APPLICATION

MISCELLANEOUS

COMPRESSION - I

PACKING HALL

RESTRICTED ENTRY

DOCUMENTS

2208242

MISCELLANEOUS ITEMS

CSLG 016

HAND GLOVES

CLEANED APRONS

USED SHOE COVERS

CLEANED SHOE COVERS



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PHARMA APPLICATION

MISCELLANEOUS

Logo

USE OF CARBON DI OXIDE EXTINGUISHER

1. KEEP EXTINGUISHER UPRIGHT AND HOLD THE HORN HANDLE IN HAND FIRMLY.
2. REMOVE SAFETY PIN AND TURN THE CYLINDER WHEEL ANTI-CLOCKWISE.
3. DIRECT DISCHARGED AT THE BASE OF FLAME.

कार्बन डाय ऑक्साईड अग्निशामक उपयोग पध्दती

- . कार्बन डाय ऑक्साईड अग्निशामक सीधा रखे और होज हाथ मे पकडे।
- . सेफ्टी पिन निकाले और सिलेंडरका व्हील घडी के विरुद्ध दिशा मे घुमा दे।
- . आग की सतह मे फव्वारा मारे।

Logo

USE OF CARBON DI OXIDE EXTINGUISHER

1. KEEP EXTINGUISHER UPRIGHT AND HOLD THE HORN HANDLE IN HAND FIRMLY.
2. REMOVE SAFETY PIN AND TURN THE CYLINDER WHEEL ANTI-CLOCKWISE.
3. DIRECT DISCHARGED AT THE BASE OF FLAME.

कार्बन डाय ऑक्साईड अग्निशामक वापरण्याची पध्दत

- . कार्बन डाय ऑक्साईड अग्निशामक उभे ठेवा आणि त्याचा होज हातात घट्ट पकडा.
- . सेफ्टी पिन काढा आणि सिलेंडरचे व्हील घड्याळाच्या विरुद्ध दिशेला फिरवा.
- . आगीच्या तळाशी फवारा मारा.

Logo

USE OF DCP EXTINGUISHER

1. KEEP EXTINGUISHER UPRIGHT. HOLD THE NOZZEL IN HAND FIRMLY AND DIRECT TOWARDS THE FIRE
2. REMOVE SAFETY CLIP AND STRUCK THE KNOB.
3. DIRECT DISCHARG TOWARDS NEAR EDGE OF FIRE WITH RAPID SWEEPING MOTION. DRIVE THE FIRE TOWARDS THE FAR EDGE UNTIL THE FLAMES ARE EXTINGUISHED.

डी. सी. पी. अग्निशामक वापरण्याची पध्दत

- . अग्निशामक उभे ठेवा आणि होज हातात धरून नोझल आगीच्या दिशेला घरा.
- . सेफ्टी क्लिप काढा आणि तळहातानी नॉबवर जोरात फटका मारा.
- . होज हलता ठेऊन आगीच्या तळाशी चहुबाजूने फवारा मारा.



Logo

USE OF FOAM EXTINGUISHER

1. TAKE THE EXTINGUISHER TO THE SCENE OF FIRE.
2. PULL & UNLOCK THE PLUNGER OF CYLINDER.
3. SHAKE WELL TURN UPSIDE DOWN AND DIRECT JET SUCH THAT FOAM SPREADS EVENLY AND FORMS FOAM BLANKET ON BURNING LIQUID.

फोम अग्निशामक वापरण्याची पध्दत

- . आग लागलेल्या ठिकाणी अग्निशामक न्यावे.
- . सिलेंडरचा प्लंजर ओढून तो अनलॉक करा.
- . अग्निशामक व्यवस्थित हलवा. वरील बाजू खाली फिरवा आणि अग्ना प्रकारे फवारा मारा जेणेकरून फोम जळणा-या द्रवाच्या पृष्ठभागावर पसरून आग विझेल.



WEAR PPE WHILE OPERATING THE MACHINE

DANGER

ELECTRIC PRESSURE
415/460 VOLTS



खतरा
बिजली का दबाव
४१५/४६० व्होल्ट्स



USE FACE SHIELD AND HAND GLOVES WHILE OPERATING THE MACHINE

PRODUCTION OFFICE