



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Quality Assurance	<b>SOP No.:</b>
<b>Title:</b> Allocation of Room Number	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### 1.0 OBJECTIVE:

To lay down a Procedure for Allocation of Room Numbers.

### 2.0 SCOPE:

This SOP shall be applicable to Allocation of Room Numbers for all Department of.....

### 3.0 RESPONSIBILITY:

QA (Officer/Executive):

### 4.0 ACCOUNTABILITY:

Head QA:

### 5.0 DEFINITIONS:

**5.1** Each room shall have Unique Identification Number. Once a number is allocated to any room, the same identification number shall not be repeated to any other room of block in plant.

### 6.0 PROCEDURE:

**6.1** Serial number shall be started from 001 for Each Floor.

**6.2** Room Numbering System shall be Floor wise.

**6.3** There shall be Six digits alpha numerical numbering system for every room of Floor in plant.

Room Number of Ground Floor shall be given as **GF/001**.

Where,

**GF** : Ground floor

**'-'** : Is Separator

**'/'** : Is Separator

**001** : Last three numeric digits '001' indicate the number sequentially of Room.



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FLOOR CODES	
Floor	Code
Ground Floor	G
First Floor	F
Second Floor	S

### 6.4 PROCEDURE FOR ALLOCATION OF NO. OF NEW ROOM.

- 6.4.1 User department shall send the intimation slip in duplicate to QA department for allocation of room no. as per the **Annexure-I**.
- 6.4.2 After receiving the intimation slip, QA Department shall verify and allocate the room number, and record in the **Annexure-II**.
- 6.4.3 Manager QA shall check the room number and same shall be intimated to the user department for affixing the label.
- 6.4.4 User department shall affix the allocated No. to the room to visualize in front of the particular room.
- 6.4.5 User department shall affix the label of room number to the required room and QA shall cross verify the same.
- 6.4.6 List shall be updated by QA in every six months if there is any addition or deletion of room from the list.

### 7.0 ABBREVIATIONS:

Ltd.	Limited
SOP	Standard Operating procedure
QA	Quality Assurance
No.	Number



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### 8.0 ANNEXURES:

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure-I	Requisition for Allotment of Room Number	.....
Annexure-II	Index of Room Numbers	.....

### 9.0 DISTRIBUTION:

- Master Copy Quality Assurance Department
- Controlled Copy No. 01 Quality Assurance Department.
- Controlled Copy No. 02 Quality Control Department.
- Controlled Copy No. 03 Production Department.
- Controlled Copy No. 04 Warehouse Department.
- Controlled Copy No. 05 Engineering Department.
- Controlled Copy No. 06 Personnel & Administration and Human Resources Department.
- Controlled Copy No. 07 Information and Technology Department.

### 10.0 REFERENCES:

Not Applicable

### 11.0 REVISION HISTORY:

Revision No.	Change Control No.	Details of Changes	Reason of Changes	Effective Date	Done By
00	Not Applicable	Not Applicable	New SOP		



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### ANNEXURE-I REQUISITION FOR ALLOTMENT OF ROOM NUMBER

To : QA - Department

Date:

From :

Sir we have built following New Rooms in our Department. Kindly provide us New Room Number.

S.No.	Name of Room	Floor

**Prepared By:**  
**Officer/Executive**  
(Sign & Date)

**Checked By:**  
**Manger QA**  
(Sign & Date)

**Approved By:**  
**Head QA**  
(Sign & Date)

