



## STANDARD OPERATING PROCEDURE

<b>Department:</b> Quality Assurance	<b>SOP No.:</b>
<b>Title:</b> Layout Numbering System	<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 Layout Numbering System.

### 2.0 SCOPE:

This SOP is applicable for Codification of Layout Numbering System at .....

### 3.0 RESPONSIBILITY:

**QA (Officer/Executive):** Preparation, Distribution, Revision, Retrieval and Destruction of this SOP. Allotment of Layout Numbering System.

**QA (Manager):** Training and effective implementation of this SOP to all concerned Departments.

**Respective Departments:** Review and Checking of Numbering System of Layout.

### 4.0 ACCOUNTABILITY:

**Head QA:** Approval, Ensure Training and Implementation of this SOP's.

### 5.0 DEFINITION:

Not Applicable

### 6.0 PROCEDURE :

#### 6.1 Precautions:

**6.1.1** All the Layout shall be given unique number for it's Identification and Traceability.

**6.1.2** Once Layout number is allotted to any Layout, the same number shall not be assigned to any other Layout.

**6.1.3** Layout number shall be assigned by QA and same shall be recorded in respective Layout number issuance Log Book.

#### 6.2 Area Codes:

Following codes shall be used for Area applicable in Layout Numbering:



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

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S.No.	AREA	CODE
1.	Ground Floor	GF
2.	First Floor	FF
3.	Second Floor	SF

### 6.3 Numbering System For Layout:

**DF/XX/YYY–WW**

**DF:** Plant Code

**/:** Indicates Separator

**XX :** Area Code

**/:** Indicates Separator

**YYY:** Serial No. Starts from 001, 002, 003.....etc.

**–:** Indicates Dash

**WW:** Indicates Revision Number of Layout i.e. 00

If any changes in Layout than Revision Number change from 00 to 01, 02, 03.....etc. though change control.

#### **Examples:**

For Ground Floor Layout: DP/GF/001–00

For First Floor Layout: DP/FF/001–00

For Second Floor Layout: DP/SF/001–00

### 7.0 ABBREVIATIONS:

Pvt.	Private
Ltd.	Limited
SOP	Standard Operating Procedure
GF	Ground Floor
FF	First Floor
SF	Second Floor



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### 8.0 ANNEXURES:

ANNEXURE No.	ANNEXURE TITLE	FORMAT No.
Annexure-I	Layout number issuance Log Book.	

### 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 Engineering Department.
- Controlled Copy No. 05 Warehouse 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		

