



PHARMA DEVILS

QUALITY CONTROL DEPARTMENT

STANDARD OPERATING PROCEDURE

Department: Quality Control	SOP No.:
Title: Daily Work Allotment	Effective Date:
Supersedes: Nil	Review Date:
Issue Date:	Page No.:

1.0 OBJECTIVE:

To lay down the procedure for Daily Work Allotment.

2.0 SCOPE:

This SOP is applicable for Daily Work Allotment in Quality Control Department.

3.0 RESPONSIBILITY:

Officer, Executive– Quality Control Department.

Head – Quality Control Department.

4.0 PROCEDURE:

4.1 Section Head of each department shall Allot work as per Annexure-I to the Analyst/Reviewer on daily basis.

4.2 The Section Head will plan the work as per Urgency of company or On the basis of FIFO (First in first out)

4.3 For non routine section (GLP), Section head will Allot work as per Departments requirement.

4.4 At the time of work allocation Analyst has to sig. on the Work Allotment Logbook and complete the work with on line documentation as per daily work allotment and make an entry of status of work at the time of end of the shift.

4.5 Analyst shall handover the pending work to the analyst coming in next shift along with complete documentation through section head.

4.6 Daily work allotment logbooks shall be retained for last 3 months.

5.0 ANNEXURE (S) :

Annexure I: Daily work allotment.

6.0 REFERENCE (S):

SOP: Preparation, approval, distribution control, revision and destruction of Standard Operating Procedure (SOP).



PHARMA DEVILS
QUALITY CONTROL DEPARTMENT

STANDARD OPERATING PROCEDURE

Department: Quality Control	SOP No.:
Title: Daily Work Allotment	Effective Date:
Supersedes: Nil	Review Date:
Issue Date:	Page No.:

7.0 **ABBREVIATION (S)/DEFINITION (S):**

Nil

REVISION CARD

S.No.	REVISION No.	REVISION DATE	DETAILS OF REVISION	REASON (S) FOR REVISION	REFERENCE CHANGE CONTROL No.
01	00	---	---	New SOP	---



PHARMA DEVILS
QUALITY CONTROL DEPARTMENT

STANDARD OPERATING PROCEDURE

Department: Quality Control	SOP No.:
Title: Daily Work Allotment	Effective Date:
Supersedes: Nil	Review Date:
Issue Date:	Page No.:

ANNEXURE I
DAILY WORK ALLOTMENT

Section: _____

Name	Work Allotment	Analyst Sign.	Status	Checked By