



Title: Annual Preventive Maintenance Plan

SOP No.:		Revision No.:	00
Effective Date:		Supersedes No.	Nil
Review Date:		Page No.	1 of 4

1.0 OBJECTIVE:

To lay down a procedure for sop for annual preventive maintenance plan.

2.0 SCOPE:

This SOP is applicable for sop for annual preventive maintenance plan of

3.0 RESPONSIBILITY:

Technician is responsible for maintained the annual preventive maintenance plan. Engineer is responsible for checking the annual preventive maintenance plan.

4.0 ACCOUNTABILITY:

Head of Department / His Designee.

5.0 DEFINITION:

Not Applicable

6.0 PROCEDURE:

- 6.1 Checking before preventive maintenance
- 6.2 Check the all utility valves should be closed condition.
- 6.3 Switch off the input power and control panel.
- 6.4 Remove the parts and taken on trolley.
- 6.5 Isolates the parts in work shop done the alignment and change the required parts and done the proper lubrication in the system.
- 6.6 Annual preventive maintenance shall be done as per Annexure-I (Annual Preventive Maintenance Plan) and preventive maintenance schedule shall be done as per Annexure-II.
- 6.7 After completion of Preventive Maintenance status label on the equipments shall be changed accordingly.
- 6.8 Carry out the preventive maintenance schedule as per checklist mentioned in Annexure-II.
- 6.9 **Tolerance limit for Preventive Maintenance:**
 - Annual Preventive maintenance - \pm one month from due date.
 - Half Yearly Preventive maintenance - \pm 15 days from due date.
 - Quarterly Preventive maintenance - \pm 7 days from due date.
 - Monthly Preventive maintenance - \pm 3 days from due date.



PHARMA DEVILS

ENGINEERING DEPARTMENT

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7.0 ABBREVIATIONS:

SOP Standard Operation Procedure

Ltd. Limited

No. Number

QA Quality Assurance

P.M. Preventive maintenance

H.P.P. High pressure Pump

A.P.M.P. Annual Preventive maintenance Plan

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



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ANNEXURE-I



PHARMA DEVILS

ENGINEERING DEPARTMENT

ANNUAL PREVENTIVE MAINTENANCE PLAN

Location:

Year:

Revision No.:

Equipment Name	Equipment ID	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec	
		Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date	Done Date	Due Date

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

Checked By
(Engineering Head)
Sign & Date:

Approved By:
(Head QA)
Sign & Date:



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ANNEXURE II



PHARMA DEVILS

ENGINEERING DEPARTMENT

PREVENTIVE MAINTENANCE SCHEDULE

EQUIPMENT ID:

EQUIPMENT NAME:

YEAR:

REVISION No.:

S.No.	Activity	Frequency	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
			Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date	Due Date

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

Checked By
(Engineering Head)
Sign & Date:

Approved By:
(Head QA)
Sign & Date: