



PHARMA DEVILS
QUALITY CONTROL DEPARTMENT

STANDARD OPERATING PROCEDURE

Department: Quality Control	SOP No.:
Title: Calibration of Measuring and Test Equipments	Effective Date:
Supersedes: Nil	Review Date:
Issue Date:	Page No.:

1.0 OBJECTIVE:

To lay down the procedure for calibration of Measuring and Test equipments.

2.0 SCOPE:

This procedure applies to carry out calibration of Measuring and Test equipments in Quality Control Department.

3.0 RESPONSIBILITY:

Officer, Executive – Quality Control Department
Head – Quality Control Department

4.0 DEFINITION(S):

NA

5.0 PROCEDURE:

5.1 Carry out calibration of equipment /instrument assigned as per annexure-I.

5.2 Calibration shall be performed before or within 7 days after the due date of calibration.

5.3 Carry out calibration of equipment following the standard operating procedures of respective equipment format of calibration and record the results in respective equipments format of calibration and get the results verified by second person.

5.4 Attach all printout of calibration along with the report and get the calibration report approved. Affix calibration status tag (as per Annexure -III) on equipment.

5.5 On observation of any abnormal results, the “UNDER MAINTENANCE” label on equipment and call service engineer and investigate the reason for abnormal results

5.6 Review the previous observation on equipment received during which the functioning is suspected.



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- 5.7 Re calibrate equipment after servicing break down maintenance or any replacement of parts, accessories etc(mention in history card of respective on instrument as per Annexure –II) except the minor rectification of problems like change of power cables, fuses.
- 5.8 Calibration calendar shall be prepared at the start of the new year.
- 5.9 Calibration calendar shall be updated as & when new instrument is added or deleted.

6.0 ABBREVIATION(S):
QCD - Quality Control Department
SOP - Standard Operating Procedure

7.0 REFERENCE(S):
NA

8.0 ANNEXURE(S):
Annexure-I Calibration calendar (Calibration Schedule & frequency)
Annexure-II Instrument History card
Annexure-III Calibration status

9.0 REVISION CARD:

S.No.	REVISION No.	REVISION DATE	DETAILS OF REVISION	REASON (S) FOR REVISION



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Issue Date:	Page No.:

ANNEXURE II

INSTRUMENT HISTORY CARD

Reference SOP No.:	Page No.: 1 of 5
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INSTRUMENT:

MAKE:

MODEL:

LOCATION:

CODE No.:

DATE INSTALLED:

UNDER AMC: Yes / No

CONTACT No.:

S.No.	BREAK DOWN DETAILS	DATE	REPLACEMENT OF PARTS, IF ANY	RESUMED DATE	REPAIRED BY SIGN./DATE	CHECKED BY SIGN.



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ANNEXURE III

Dept.:	
CALIBRATION STATUS	
INSTRUMENT:	
ID No.:	
CALIBRATED ON:	
CALIBRATION DUE ON:	
REF. SOP No.:	
CALIBRATED BY:	DATE: