

PHARMA DEVILS ENGINEERING DEPARTMENT

| Title: Preventive Maintenance of Measuring Cup Placement Machine | | | | |
|------------------------------------------------------------------|----------------|--------|--|--|
| SOP No.: | Revision No.: | 00 | | |
| Effective Date: | Supersedes No. | Nil | | |
| Review Date: | Page No. | 1 of 3 | | |

1.0 OBJECTIVE

1.1 To describe a procedure for the preventive maintenance of measuring cup placement machine.

2.0 SCOPE

2.1 This procedure applies to the Engineering department.

3.0 **RESPONSIBILITY**

3.1 Engineering

4.0 ACCOUNTABILITY

4.1 Plant Head

5.0 **REFERENCE** (S)

5.1 In-house.

6.0 **PROCEDURE**

- 6.1 Procedure for mechanical work:
 - 6.1.1 Switch off the power supply of the machine and put "under maintenance" label.
 - 6.1.2 Check for vibrator assembly.
 - 6.1.3 Check the alignment of complete path of the measuring cup.
 - 6.1.4 Check the alignment of the measuring cup holder.
 - 6.1.5 Check for the tension of various springs.
 - 6.1.6 Check the height of the bottle and alignment with the conveyor belts.
 - 6.1.7 Check the alignment of the measuring cup pressing machine.
 - 6.1.8 Check the height of the belt of measuring cup presser with the bottle & tightness of the measuring cup above bottles.
- 6.2 Procedure for electrical work:
 - 6.2.1 Check the motor connections and direction.
- 6.3 Procedure for trial run:
 - 6.3.1 Switch on the main power supply.
 - 6.3.2 Start the machine as per the SOP.
 - 6.3.3 Check & record the observations as per Annexure No.1.
 - 6.3.4 Remove "under maintenance" label & affix the preventive maintenance status tag and inform the concerned department.
- 6.4 Frequency of preventive maintenance is monthly.

7.0 HISTORY

7.1 Details are given below.

| SOP No. REASON FOR CHANGE EFFECTIVE DAT | E |
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| SOP No.: | Revision No.: | 00 |
|-----------------|----------------------|--------|
| Effective Date: | Supersedes No. | Nil |
| Review Date: | Page No. | 2 of 3 |

8.0 ABBREVIATIONS: The abbreviations used in the SOP are as follows:

- 8.1 SOP Standard Operating Procedure
- 8.2 No. Number
- 8.3 QA Quality Assurance



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| Review Date: | | Page No. | 3 of 3 | | |

ANNEXURE-I

PREVENTIVE MAINTENANCE CHECK LIST FOR MEASURING CUP PLACEMENT MACHINE

Equipment ID No._____

Date: _____

| S.No. | Particulars | Done/Not Done | Remarks |
|-------|----------------------------------------------------------------------|---------------|---------|
| 1 | Check the vibrator assembly. | | |
| 2 | Check motor for alignment & direction. | | |
| 3 | Check all electrical connections. | | |
| 4 | Check the height of the bottle and alignment with the conveyor belt. | | |
| 5 | Check the tension of various springs. | | |
| 6 | Check the alignment of measuring cup holder arms. | | |

Done by (Sign & date) Checked by (Sign & date)