

TITLE: Annual Preventive Maintenance Plan			
SOP No.:	Revision No.:	00	
Effective Date:	Supersedes No.	Nil	
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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 theproper 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 changedaccordingly.



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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.

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

8.0 ANNEXURES:

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure -I	Annual Preventive Maintenance Plan	
Annexure -II	Preventive Maintenance Schedule	

9.0 **DISTRIBUTION:**

Master Copy	Quality Assurance
Controlled Copy No. 01	Engineering

10.0 REFERENCES:

In House/ Equipment Manual

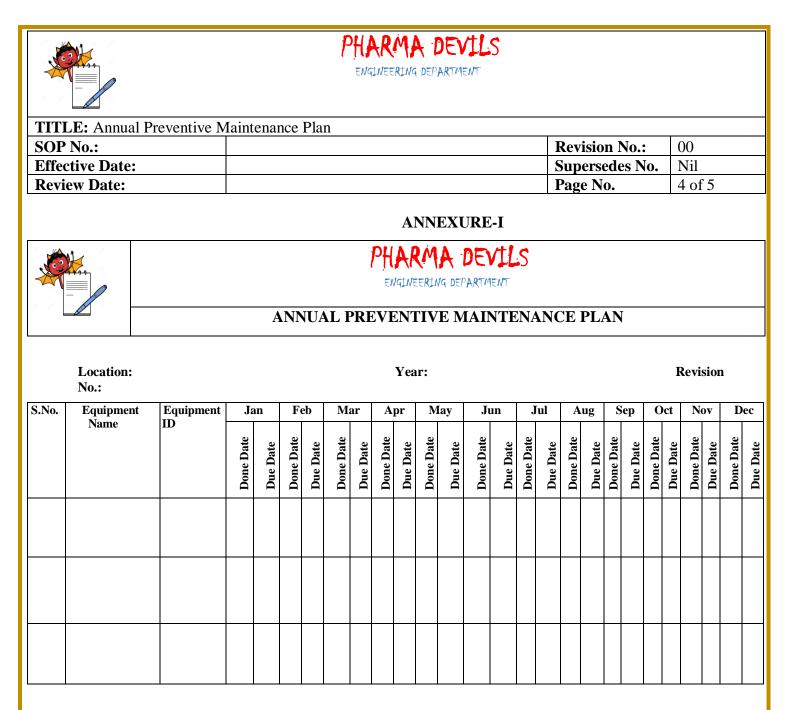


PHARMA DEVILS ENGINEERING DEPARTMENT

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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		



Prepared By (Engineering Officer/Executive) Sign & Date: Checked By (Engineering Head) Sign & Date: Approved By: (Head QA) Sign & Date:



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