



**Title:** Preventive Maintenance of Filling Machine

<b>SOP No.:</b>		<b>Revision No.:</b>	00
<b>Effective Date:</b>		<b>Supersedes No.</b>	Nil
<b>Review Date:</b>		<b>Page No.</b>	1 of 3

**1.0 OBJECTIVE**

1.1 To describe a procedure for the preventive maintenance of filling 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 vacuum pump oil level, if required top up with SAE 90 oil.
- 6.1.3 Clean air filter regulator.
- 6.1.4 Check for any leakage of air.
- 6.1.5 Check condition of the Pneumatic pipe for air supply.
- 6.1.6 Clean compressed air filter and top the oil level in the FRL unit.
- 6.1.7 Check condition of dust collector pipe
- 6.1.8 Clean and lubricate the bearing.

6.2 Procedure for electrical work:

- 6.2.1 Clean the panel and tighten the wire connection.
- 6.2.2 Clean the filling sensor and check the proper functioning of the sensor.

6.3 Procedure for trial run:

- 6.3.1 Switch on the main power supply & also switch on the compressed air supply.
- 6.3.2 Check motor & vacuum pump for any abnormal sound and vibration.
- 6.3.3 Check & record the observations as per AnnexureNo-1.

6.4 Procedure for handover of the machines:

- 6.4.1 Switch off the power supply.
- 6.4.2 Remove “under maintenance” label & affix the preventive maintenance status tag and inform the concerned department.

6.5 Frequency of preventive maintenance is monthly.



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## 7.0 HISTORY

7.1 Details are given below

SOP No.	REASON FOR CHANGE	EFFECTIVE DATE

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

- SOP - Standard Operating Procedure
- No. - Number
- QA - Quality Assurance



# PHARMA DEVILS

ENGINEERING DEPARTMENT

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## ANNEXURE-I

### PREVENTIVE MAINTENANCE CHECK LIST FOR FILLING MACHINE.

Equipment ID No. \_\_\_\_\_

Date: \_\_\_\_\_

S.No.	Particulars	Done/Not Done	Remarks
1.	Checking of vacuum pump oil level.		
2.	Checking of direction of suction.		
3.	Checking of electrical connections.		
4.	Check Rotex solenoid valves.		
5.	Checking of pneumatic tubing connections.		
6.	Check air filter regulators.		
7.	Others.		

\_\_\_\_\_  
Done by  
(Sign & date)

\_\_\_\_\_  
Checked by  
(Sign & date)