PHARMA DEVILS

PERSONNEL AND ADMINISTRATION DEPARTMENT

| STANDARD OPERATING PROCEDURE | | |
|---|-----------------|--|
| Department: Personnel and Administration | SOP No.: | |
| Title: Out Going from Factory Premises during working hours | Effective Date: | |
| Supersedes: Nil | Review Date: | |
| Issue Date: | Page No.: | |

1.0 OBJECTIVE

The objective of this SOP is to describe a procedure for going out from factory premises during working hours either for official work or personal work.

2.0 SCOPE:

| This SOP is applicable for going out from factory premise | s during working hours either for office | ial work or personal |
|---|--|----------------------|
| work at | | |

3.0 RESPONSIBILITY:

- 4.1 The Officer Personnel shall be:
 - 4.1.1 Responsible for adhering to standard practice as per SOP.
 - 4.1.2 Responsible for overall verification of out going movement.
 - 4.1.3 Responsible for verification of record
- 4.2 Assistant Security Officer/Security Supervisor shall be:
 - 4.2.1 Responsible for following procedure as per SOP.
 - 4.2.2 Responsible for maintaining of record.

4.0 ACCOUNTABILITY:

Head - Human Resources

5.0 PROCEDURE:

- **5.1** Outgoing gate pass shall be filled with clearly showing personal or official work Signature of Departmental Head shall be done on the pass, after that get signature of personnel from Personnel and Administration Department.
- **5.2** Outgoing gate pass shall be handover to security personnel & then exit from factory Premises.
- **5.3** Any person shall not be permitted to go out from factory premises without outgoing gate pass.
- **5.4** Out going gate pass shall not be required for General Manager and above.

6.0 ANNEXURES:



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Annexure I: Format for outgoing pass.

7.0 References (S)

In House

8.0 Glossary

SOP: Standard Operating procedure



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| ANNEXURE I | | | | |
| | | | | |
| OUT GOING PASS | | | | |
| Department: | Date: | | | |
| To The Personnel Dept./Security Dept. | | | | |
| Please allow Mr | E. C. No. | | | |
| To go out for personal/Official work, at | | | | |
| Sign of Employee | Signature of Dept. | Signature A D M Dept. | | |
| | (For Security Use Only) | | | |
| Time: Out: | In: | Signature of Security | | |