



PHARMA DEVILS

ENGINEERING DEPARTMENT

Title: Equipment/Instrument History Card

SOP No.:		Revision No.:	00
Effective Date:		Supersedes No.	Nil
Review Date:		Page No.	2 of 6

9.0 REFERENCES:

Not Applicable.

10.0 REVISION HISTORY:

CHANGE HISTORY LOG

Revision No.	Change Control No.	Details of Changes	Reason for Change	Effective Date	Updated By



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ANNEXURE-I

EQUIPMENT / INSTRUMENT HISTORY CARD

Equipment / Instrument P.O. No. & Date:

Make:

Equipment / Instrument Invoice No. & Date:

Model No. :

Vendor Address & Contact No.

Installed On:

Equipment / Instrument Name:

Location:

Equipment / Instrument ID No.:

Area:

S. No.	Date	Details of Modification / Maintenance/ Part Replacement	Done By Sign & Date	Checked By Sign & Date	Remarks

Done By:
Engineering Officer/Executive
Sign & Date

Checked By:
Head Engineering
Sign & Date



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ANNEXURE-II

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EQUIPMENT / INSTRUMENT HISTORY LOG

Name of Equipment/ Instrument	
I.D. No.	
Area	
Location	



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DETAIL OF EQUIPMENT / INSTRUMENT

INDEX

P.O. No. & Date	
Invoice No. & Date	
Vendor Name	
Vender Address	
Vendor Contact No.	
Make	
Model No.	
Installed Date	
Qualification (DQ/OQ/PQ) Date	
Name of Equipment/ Instrument	
I.D. No.	
Location	
Area	



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EQUIPMENT / INSTRUMENT HISTORY LOG

S.No.	Date	Details of Modification / Maintenance/ Part Replacement	Done By Sign & Date	Checked By Sign & Date	Remarks