

ENGINEERING DEPARTMENT

Title: Equipment/Instrument History Card

SOP No.:	Revision No.:	00
Effective Date:	Supersedes No.	Nil
Review Date:	Page No.	1 of 6

1.0 OBJECTIVE:

To lay down a procedure for Equipment / Instrument History Card.

2.0 SCOPE:

This SOP is applicable for Equipment / Instrument History Card and how to maintain Equipment / Instrument History.

3.0 RESPONSIBILITY:

Officer / Executive – Engineering

4.0 ACCOUNTABILITY:

Head – Engineering

5.0 ABBREVIATIONS:

Ltd. Limited No. Number

QA Quality Assurance

SOP Standard Operating Procedure

6.0 PROCEDURE:

- **6.1** History card/ Log of all Equipment / Instrument shall be maintained by Engineering Departments as shown in **Annexure-I/II**.
- 6.2 All the details regarding any Modification / Maintenance work (Viz. Preventive Maintenance & Breakdown Maintenance shall be noted in Equipment / Instrument History card/ Log as per Annexure-I/ II.
- **6.3** All the details regarding any Part replacement in respective equipments / instrument shall be noted in Equipment / Instrument History card/ Log as per **Annexure-I/ II**.

7.0 ANNEXURES:

ANNEXURE No.	TITLE OF ANNEXURE	FORMAT No.
Annexure-I	Equipment / Instrument History Card	
Annexure-II	Equipment / Instrument History Log	

ENCLOSURES: SOP Training Record

8.0 DISTRIBUTION:

• Controlled Copy No. 01 Quality Assurance

• Controlled Copy No. 02 Engineering

• Master Copy Quality Assurance



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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	



PHARMA DEVILS

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DETAIL OF EQ	<u>UIPMENT / INSTRUMENT</u>
	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