



# PHARMA DEVILS

## PRODUCTION DEPARTMENT

### STANDARD OPERATING PROCEDURE

<b>Department:</b> Production	<b>SOP No.:</b>
<b>Title:</b> SOP for Receipt of the material and GRN preparation	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

**Purpose:** - To lay down operating procedure for the receipt of the Raw and packing material

**Scope:** This procedure is applicable for .....

**Responsibility:** Chemist stores  
To follow the receipt procedure

**Procedure:** -

1. After the material were undergone de dusting
2. Transfer all the material to the quarantine area
3. Check the status of material for the excise purpose
4. See that the goods received of excisable or non excisable
5. If those material are excisable then make entry to the excise register
6. Check once again the quantity physically.
7. Prepare a Good Receipt Note (GRN) mentioning the following details.
  1. Name of the material and description
  2. Item code
  3. Manufacturer
  4. Manufacturer's batch number
  5. Supplier
  6. Mfg.
  7. Exp.
  8. Challen number
  9. Excise details
  10. Quantity
  11. Number of container
  12. Date of receipt
  13. Observations
8. Check it and duly sign it and give this copy to the Quality control department

**DISTRIBUTION:** QUALITY ASSURANCE  
PLANT HEAD  
PRODUCTION  
STORES



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<b>From :- RM Stores</b>		<b>Doc. No. RM/GRR/**/**_**</b>	
<b>To :- Quality Control Department</b>		<b>Date :- **/**/****</b>	
Kindly arrange for sampling of the following materials received and submit/organize the Analytical Report to the respective department for further course of action :-			
<b>Goods Receipt No.</b>	<b>:-RM-</b>		
<b>Material Description:-</b>			
Batch No.	:-		
Item Code No.	:-		
Supplier	:-		
Mfg./Exp. Date	:-		
Challan No.	:-		
Date	:-		
Ex. GPI No.	:-		
Packing/Container	:-		
<b>Observations</b>	<b>:-</b>	<b>Remarks</b>	<b>Sign</b>
1) Label with proper identification on each pack			
2) Physical Qty. match with documents			
3) Condition of pack (Record any abnormality)			
4) Any special condition for storage & handling suggested			
Physical Inspection done by :-			
		Sign :-	
		Date :	
Note :- COA of manufacturer enclosed		Yes/No/NA	