

STANDARD OPERATING PROCEDURE					
Depa	artment: Quality Control	SOP No.:			
Title	: Procedure for Intermediate Checks	Effective Date:			
Supe	upersedes: Nil Review Date:				
Issue	e Date:	Page No.:			
1.0	<b>OBJECTIVE:</b> To lay down a procedure for to provide extra assurance performing intermediate checks.	e to the test/ calibration results by			
2.0	<b>SCOPE:</b> This SOP shall be applicable to Quality Control Depart	rtment.			
3.0	<b>RESPONSIBILITY</b> – Execution - Execution QC Checking - Assistant Manag	ger QC			
4.0	ACCOUNTABILITY - Manager Quality Control				
5.0	PROCEDURE:				
5.1	Executive QC shall prepare the intermediate check plan Annexure-I.	n for all instruments that require calibration as per			
5.2	Assistant Manager QC should check the plan and ensur- coincide with the master calibration plan of the respect				
5.3	Intermediate check shall be performed within 10 days of	of the planned date.			
5.4	Calibration of the instrument shall be performed as per calibration procedures.	intermediate check plan by using their respective			
5.5	All the critical instruments shall be checked, intermedia	ately, at least once in a year.			
5.6	Manager QC shall maintain the record of Intermediate	Checks as per Annexure-II.			
6.0	SAFETY & PRECAUTIONS:				
	Not Applicable				
7.0	<b>REVISION HISTORY:</b>				

Revision No.	<b>Reason for Revision</b>	Superseded from & Date



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## 8.0 **DISTRIBUTION:**

Сору			Issuance Record		Withdrawal Destruction Record Record			
No.	Date	Dept. issued	Name / Signature of receiver	Issued By Name / Signature	Ву	Sign/ Date	By	Sign/ Date

### 9.0 **REFERENCES**:

Not Applicable

### **10.0 ABBREVIATIONS & ANNEXURES:**

- SOP : Standard Operating Procedure
- QA : Quality Assurance
- No. : Number
- QC : Quality Control
- STP : Standard Test Procedure
- AM : Assistant Manager

Annexure I: Intermediate Check Plan

Annexure II: Record of Intermediate Checks



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#### ANNEXURE I

### INTERMEDIATE CHECK PLAN

S.No.	Name of the Instrument	Instrument ID No.	Plan Date



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#### **ANNEXURE II**

### **RECORD OF INTERMEDIATE CHECKS**

S.No.	Name and ID of Instrument	Planned Date	Date of Intermediates check	Done by	Checked by	Remarks