



PHARMA DEVILS

QUALITY CONTROL DEPARTMENT

ANALYTICAL SPECIFICATION FOR VANILLA

Manufacturer Name:		Supplier Name:
Manufacturer's Batch No.:		Manufacturer's Batch Size:
Manufacturing Date:		Expiry Date:
Quantity Received:		Test Quantity:
Document No.:	Effective Date:	Change Control No.:
Control No./ A.R. No.:		Retest Date:

Reference: In House

Description: Brownish clear liquid.
Complies/Does Not Comply

S.No.	Test	Reference	Result	Specification	Remark
1.	Specific gravity at 20°C	IH		Between 1.038 and 1.048	
2.	Refractive index at 20°C	IH		Between 1.383 and 1.393	

Raw Data Reference : _____

Analyst Name:

Analyst Name:

Analyst Name:

Analyst Hard Book No.:

Page No.:

Analyst Hard Book No.:

Page No.:

Analyst Hard Book No.:

Page No.:

Results: Sample Conforms / Does Not Conform to Specification

Analyzed By: _____ **Date:** _____

Checked By: _____ **Date:** _____

Approved By : _____ **Date:** _____