



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

CERTIFICATE OF ANALYSIS FOR CARTON

Item Name: Cartons	A.R. No.:
Item Code:	GRN No.:
Received Date:	Challan No.: Dt.:
Received Qty.:	Date of Sampling:
Date of Analysis:	Date of Release:
Manufacturer's Name:	Supplier's Name:
Ref. Specs No.:	Sample Qty.:

S.No.	Test	Observation	Specification
1.	Description		Confirm with the approved standard
2.	Length	Min. _____mm Max. _____mm	_____mm \pm _____mm
3.	Breadth / Width	Min. _____mm Max. _____mm	_____mm \pm _____mm
4.	Height	Min. _____mm Max. _____mm	_____mm \pm _____mm
5.	Grammage (in GSM)	_____GSM	NLT-_____GSM
7.	Poundage(in Ibs)	_____Ibs	NLT-_____Ibs
8.	Printing Text		As per approved standard
9.	Grain Direction		As per specification
10.	Visual Inspection		As per specification
11.	Colour and Ink shade		As per approved standard

Remark: The above Packing material Complies / Does not complies with the standards of the Packing Material Specification.

Analyzed By / Date

Checked By / Date

QC Manager