



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

CERTIFICATE OF ANALYSIS FOR BLISTER FOIL

Item Name: Blister foil	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	Breadth / Width	Min. _____ mm Max. _____ mm	_____ mm \pm _____ mm
3	Grammage of Foil (A)	_____ GSM	65 to 77 GSM
4	Grammage of Alu.(B)	_____ GSM	62 to 73 GSM
5	Thickness of Alu.(B)	_____ mm	0.025 mm \pm 10 %
6	Grammage of VMCH	_____ GSM	3 to 8 GSM
7	Printing Text		As per Approved Standard
8	Design of Cleaning		As per Specification
9	Visual Inspection		As per Specification
10	Colour and Ink shade		As per approved standard

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

Analyzed By / Date

Checked By / Date

QC Manager