



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

CERTIFICATE OF ANALYSIS FOR LEAFLET

Item Name: Leaflet	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.	Grammage (in GSM)	_____ GSM	NLT- _____ GSM
5.	Printing Text		As per approved standard
6.	Grain Direction		As per Specification
7.	Visual Inspection		As per Specification
8.	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