



PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

Area:

Manufacturing

Room Name:

Blister packing area

| S.No. | Description | Specification | Observation | Acceptability (Yes/No) | Checked By (Sign/Date) |
|-------|------------------------------|--|-------------|------------------------|------------------------|
| 1. | Area in Sq Meter | 8.24 | | | |
| 2. | Height in Meters | 3.0 | | | |
| 3. | Length in Meters | 4.12 | | | |
| 4. | Wirth in Meters | 2.00 | | | |
| 5. | Wall Details (Colour/Finish) | Furnished smooth surface | | | |
| 6. | North Wall | 80 mm Aluminium Panel | | | |
| 7. | South Wall | 80 mm Aluminium Panel | | | |
| 8. | East Wall | 80 mm Aluminium Panel | | | |
| 9. | West Wall | 80 mm Aluminium Panel | | | |
| 10. | Floor Type | Dark Grey Colour Epoxy furnished smooth surface, | | | |
| 11. | Ceiling Type | RCC | | | |
| 12. | Door Type | Double door | | | |
| 13. | Number of Door | 01 | | | |
| 14. | Window Type | Double glass window | | | |
| 15. | Number of Window | 03 | | | |
| 16. | Coving Floor to Wall | Resin hardener with silica sand | | | |
| 17. | Coving Wall to Wall | Resin hardener with silica sand | | | |
| 18. | Coving Ceiling to Wall | Aluminium coving | | | |



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|-------|--|---------------|-------------|------------------------|------------------------|
| 19. | Number of Electrical Switch Board | 02 | | | |
| 20. | Light Fixture Type | Ceiling | | | |
| 21. | Number of Light Fixture | 02 | | | |
| 22. | Number of Supply Risers | 02 | | | |
| 23. | Number of Return Risers | 01 | | | |
| 24. | Number of Drain Points | NA | | | |
| 25. | Number of Purified Water Supply Points | NA | | | |
| 26. | Number of Soft Water Supply Points | NA | | | |

Compiled By: _____

Reviewed By: _____

Date: _____

Date: _____