

PHARMA DEVILS QUALITY ASSURANCE DEPARTMENT

Area:	Room Name:
Store	Dispensing room

S.No.	Description	Specification	Observation	Acceptability (Yes / No)	Checked By (Sign/Date)
1.	Area in Sq Meter	13.82			
2.	Height in Meters	2.50			
3.	Length in Meters	4.15			
4.	Width in Meters	3.33			
5.	Wall Details (Colour/Finish)	80 mm Aluminium Panel furnished smooth surface			
6.	North Wall	Brick wall furnished smooth surface			
7.	South Wall	80 mm Aluminium Panel			
8.	East Wall	80 mm Aluminium Panel			
9.	West Wall	Brick wall furnished smooth surface			
10.	Floor Type	Dark Grey Colour Epoxy furnished smooth surface,			
11.	Ceiling Type	80 mm Aluminium panel with light creamy colour			
12.	Door Type	Single door			
13.	Number of Door	02			
14.	Coving Floor to Wall	Resin hardener with silica sand			
15.	Coving Wall to Wall	Resin hardener with silica sand			
16.	Coving Ceiling to Wall	Aluminium coving			
17.	Number of Electrical Switch	03			



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S.No.	Description	Specification	Observation	Acceptability (Yes / No)	Checked By (Sign/Date)
	Board				
18.	Light Fixture Type	Ceiling			
19.	Number of Light Fixture	04			
20.	Number of Supply Risers	03			
21.	Number of Return Risers	04			

Compiled By:_____

Date:_____

Reviewed By:_____

Date:_____