



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

Area:

Injectable

Room Name:

Vial filling room

S.No.	Description	Specification	Observation	Acceptability (Yes/No)	Checked By (Sign/Date)
1.	Area in Sq Meter	22.82			
2.	Height in Meters	3.80			
3.	Length in Meters	5.58			
4.	Wirth in Meters	4.09			
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	80 mm Aluminium Panel			
12.	Door Type	Double door			
13.	Number of Door	01			
14.	Window Type	Double glass window			
15.	Number of Window	02			
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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S.No.	Description	Specification	Observation	Acceptability (Yes/No)	Checked By (Sign/Date)
19.	Number of Electrical Switch Board	01			
20.	Light Fixture Type	Ceiling			
21.	Number of Light Fixture	03			
22.	Number of Supply Risers	03			
23.	Number of Return Risers	06			
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: \_\_\_\_\_