



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

ANNEXURE VI (SWAB SAMPLING DETAILS MICROBIOLOGY)

| S.No. | Name of Equipment | Area | Equipment ID No | Micro Swab Sample Details | | Samples By (Sign & Date) |
|------------|-------------------------|------|-----------------|---------------------------|------|--------------------------|
| | | | | Time | Date | |
| Batch No.: | | | | | | |
| 1. | SS Scoop | * | * | * | * | * |
| 2. | Sampling Thief | * | * | * | * | * |
| 3. | Vibratory Sifter | * | * | * | * | * |
| 4. | Conta Bin (250 Ltr.) | * | * | * | * | * |
| 5. | Compression m/c | * | * | * | * | * |
| 6. | Tablets Deduster | * | * | * | * | * |
| 7. | Metal Detector | * | * | * | * | * |
| 8. | Blister Packing Machine | * | * | * | * | * |
| 9. | Deblistering M/c | * | * | * | * | * |

*to be recorded in the report