



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

ANNEXURE IX (SWAB SAMPLING DETAILS CHEMICAL)

S.No.	Name of Equipment	Area	Equipment ID No	Swab Sample Details		Sampled 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