



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

## ANNEXURE XV (RINSE RESULT RECORD FOR METHANOL TRACES)

S.No.	Name of the Equipment	Equipment ID No	Acceptance Criteria (mg/equipment)	Batch No.	Checked By (Sign & Date)	Verified By (Sign & Date)
				..... Observation/ Result		
1	SS Scoop	*	1.40	*	*	*
2	Sampling Thief	*	0.55	*	*	*
3	Vibratory Sifter	*	8.89	*	*	*
4	IPC	*	8.24	*	*	*
5	Multimill	*	5.51	*	*	*
6	RMG	*	23.72	*	*	*
7	FBE	*	48.96	*	*	*
8	Conta Bin (250 Ltr.)	*	46.68	*	*	*
9	Compression m/c	*	9.66	*	*	*
10	Tablets Deduster	*	2.18	*	*	*
11	Metal Detector	*	0.33	*	*	*
12	Blister Packing Machine	*	7.56	*	*	*
13	Deblister Machine	*	1.49	*	*	*

\*to be recorded in the report