

File Name

PHARMA DEVILS

Pharma Devila				•	SURANCE DEPARTMENT			
Inst	allation and	Oı	peratio	nal Qualification	Test Datasheet #	#03.1 for Infrar	ed Ray D	ryer
Identification No.:					Document Number:			
Effective Date:					Revision No.: 00			
Test ID : 01					•	Test Date	:	
Name of Component : Base				Assembly		ID Number	:	
Parameter	Specifi	icat	tion	Actual		Verification method (Visual/Document reference)		
MOC	SS304							
External Cladding	SS304							
Wheel								
MOC	Polyurethan nylon cast							
Quantity	04 Nos.							
				Compliance	Doo	ument Referen	00	
Acceptance Criteria			Yes/ No/ NA	Document Name/ Type	Documen	Document No. &/ or Location		
Component identified by tagging								
Component as drawing	shown on P&	ķΙD) /					
The component specification available								
The component comply design specification								
Contact part made of inert material and conformation document available Material:								
Elastomers used are food grade and conformation document available Material:								
Elastomers are replaceable								
Component inta	act (no dama	ge))					
Measuring instrument (as applicable) calibrated and calibration certificate available								
Component is so		leaı	ning,					
Checked By (signature / date)					Verified By (signature / date)			

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