



PHARMA DEVILS
QUALITY ASSURANCE DEPARTMENT

SITE ACCEPTANCE TEST (SAT) CHECKLIST OF STABILITY CHAMBER

Document No.:

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Reference Document No.:

Revision No.: 00

| Equipment Name: Stability Chamber | | Equipment Make: Neutronics | |
|--|---------------------------------|-----------------------------------|---------|
| S.No. | Name of Components/Change parts | Observation | Remarks |
| 1. | Stability Chamber | | |

Comments:

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|----------------------------|---------------------|-------------------|--------------------|
| Name | | | |
| Designation | | | |
| Sign/Date | | | |
| Name of the Company | | | |
| | Represent By | Checked By | Verified By |

FORMAT No.: