

(Ref. SOP QMS-075; QMS-085; QMS-090)

Production is to complete Sections 1 & 2 Quality Assurance Department is to complete Section 3

SECTION 1		
PRODUCT NAME:	BPN:	CODE:

Tick appropriate boxes	\checkmark
Put a N/A against boxes which are NOT APPLICABLE	N/A

SECTION 2

The following manufacturing documents and samples must accompany the checklist:

	Production	Prod	QA √	
	✓	Initial	N A 1	
MI Sheets for all the process phases				
Form-450 Deviation Report Form (If any DR raised)				
Form-120 Printed Material Sample Sheet/s				
Form-035 Bulk Tablet Sampling Form/s (if applicable)				
Form-160 Line Clearance, Opening and Cleaning Form/s				
Finished Good Retention Samples				
Form-055 Material Transfer Order Form/s				
Form-175 Vacuum Leak Test - Hourly Form				
Form-180 Vacuum Leak Test - New Foil and PVC Roll Form				
Form-195 In-Process Check - Shipper Form				
Form-200 In-Process Check-Blister and Carton form				
Form-125 Batch Reconciliation Sheet for Tablet Packing				
Form-145 IBC Cleaning Tag/s				
Form-380 IBC Identification Label/s				
Form-155 Checkweigher Weight Record (if applicable)				
Form-540 Pallet Booking Information				

If any deviation raised write the DR Number/s: (Attach the copy of deviation report/s)

If any work-order raised during the batch write the order number/s:

Name of authorised production person (print name):	
Signature of Authorised	Date:
production person:	Date.

Comments:

Form-555



Issue date: Batch Documentation Checklist For Tablet Packing (Ref. SOP QMS-075; QMS-085; QMS-090)

SECTION: 3									
PRODUCT NAME:			CODE:						
EXPIRY DATE:			BATCH (BPN) NO:						
DEVIATION REPORT:			PROCESS LINE:						
MANUFACTURING INSTRUCTION:									
All Phases Complete Checked (MI Sheet			Time / Date Blistering Fini		ing Finished				
Status must be completed and Signed off)		.)			Time / Date Packing Started				
Expiry Date Checked			Tim		Time / Date Packing Finished				
Incomplete Entries Checked			Carto		Carton % Yield Checked				
PI Sheet Comments Checked				Leafle	Leaflets % Yield Checked				
Manufacturing Date (C of A)				Label % Yield Checked			cked		
Time / Date Blistering Started			Tablet %		% Yi	eld Che			
Retention Samples & Printed Materials Checked– Product Code, Description, BPN, Expiry Date, Pack Size, Temperature									
Shipper Label Checked – Product Code, Description, BPN, Expiry Date, Pack Size, Temperature,									
QUANTITY Retention		tion Samples:			Packs to "Quarantine":				
Batch Size:		Stability Samples						s to Quarantine :	
Checklist Checked By	Checklist Checked By Print Name:								
Signature: Date:									
Batch Document and QA Inspection Sheet Reviewed B	5y	Initia	itial: Date:		ite:				
Name of Authorised QA Person (Print Name):									
Signature of Authorised QA Person:			Release Date:						

Form-555