XYZ Pharmaceutical (Pvt) Ltd.					
Logo	Title: Daily Check Record	Document Number	XY/QA/SOP/001		
	· ·		(Annex. II)		
	(Reference to COVID-19)	Revision Number	00		
		Effective Date	DD.MM.YYYY		
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Date: -----

Sr#	Name of Employees	Observation COVID 19		Checked By
		Temperature	Other Conditions	