

XYZ Pharmaceutical (Pvt) Ltd.			
Logo	Title: <i>Internal Audit Performa</i>	Document Number	XY/QA/SOP/001 (Annex. 1I)
		Revision Number	00
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Company Name	
Address	
DRAP Enlistment NO.	
Date of Audit	
Area of Audit	
Purpose of Audit	
Name of Auditee	
Name Of Auditors	

Detail of Manufacturing Sections

Pharmacological Category	Dosage Form

Grading

A	Satisfactory
B	Minor
C	Major
D	Critical

Sr#	Condition	Grading (A,B,C and D)	Remarks
Section I			
	Packing Store		
1	Whether the storage area is adequately designed for better storage conditions? (i.e. temperature, light, humidity & cleanliness).		
2	Whether Cleaning record is maintained or not.		

Signature of Auditee: _____

Signature of Auditors: _____

Date: _____

Date: _____