

XYZ Pharmaceutical (Pvt) Ltd.

Logo	Title: <i>Line Clearance for Filling area</i>	Document Number	XY/QA/SOP/001 (Annex. 1)
		Revision Number	00
		Effective Date	DD.MM.YYYY
		Form No.	MA /001/YYYY
		Page No.	1 of 1

Date: _____

Product Name: _____

Batch No. _____ **Batch Size:** _____

Production Officer _____ **Sign:** _____

Sr.#	Parameters to be Checked	Observation
1	General Cleanliness i. Floor/Walls/Ceiling/Racks	Yes/No
2	Filling machine is cleaned and in proper working And Swab test sampling from filling machine done	Yes/No
3	Utensils/equipment are cleaned	Yes/No
4	Staff wearing clean uniform/mask/ gloves/ caps/shoes	Yes/No
5	BMR of concerned batch is present and filled by officer	Yes/No
6	Previous product/ Raw material and empty bags removed	Yes/No
7	All the ingredients kept properly in separate labeled bags	Yes/No
7	All the machines contain labels of product identification for batch no; batch size	Yes/No
8	At the time of Filling, production officer/ concerned person present And ensure that bulk storage vessels holding the bulk affix "APPROVED" status label	Yes/No
9	Cleaning of aluminum filter of return grill	Yes/No
10	Record the temperature and humidity	
11	Label indicating the status of area is at the door of room	Yes/ No

Remarks: _____

Q.A Officer _____ **Date:** _____

Re-Clearance On: _____ **Re-Clearance By:** _____