

XYZ Pharmaceutical (Pvt) Ltd.

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| Logo | Title: <i>Line Clearance for Manufacturing 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:** _____ **Kg**

Production Officer _____ **Sign:** _____

| Sr.# | Parameters to be Checked | Observation |
|------|--|-------------|
| 1 | General Cleanliness i. Floor/Walls/Ceiling/Racks | Yes/No |
| 2 | Balances used for weighing are cleaned and being calibrated | 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 manufacturing, production officer/ concerned person present | 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: _____