**APPENDIX I XYZ/CQA/SOP-049/FR-01**

CALIBRATION RECORD OF Showcase CHILLER

Showcase Chiiler ID : -------------------------------

Date of Calibration : -------------------------------

Frequency of Calibration : **QUARTERLY**

Next due date for Calibration : -------------------------------

Thermometer Calibration Valid up to : ------------------------------

**Calibration Record:**

|  |  |  |
| --- | --- | --- |
| Rack No of Showcase Chiller | Observed temperature with thermometer  (in ° C) after calibration | Acceptance criteria |
|  |  | 2 – 8° C |
|  |  |
|  |  |
|  |  |

**Conclusion:** Equipment meets / does not meet the acceptance criteria and is calibrated / not calibrated for use.

**Calibration done by Checked by Authorised by**

**Date: Date: Date:**

APPENDIX II XYZ/CQA/SOP-049/FR-02

CALIBRATION RECORD OF WALK IN COOLING CHAMBER

Walk in cooling chamber ID :---------------------------------

Date of Calibration :----------------------------------

Frequency of Calibration : **QUARTERLY**

Next due date for Calibration :----------------------------------

Thermometer calibration valid up to :----------------------------------

**Calibration Record :**

|  |  |  |
| --- | --- | --- |
| Rack No | Observed temperature with thermometer  (in ° C) after calibration | Acceptance criteria |
|  |  | 2 – 8° C |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Conclusion:** Equipment meets / does not meet the acceptance criteria and is calibrated / not calibrated for use.

**Calibration done by Checked by Authorised by**

**Date Date Date**

**APPENDIX III XYZ/CQA/SOP-049/FR-03**

**DAILY TEMPERATURE MONITORING RECORD OF SHOWCASE CHILLER**

Showcase Chiller ID : --------------------------------------

Location : --------------------------------------

Thermometer ID Number :--------------------------------------

Thermometer Calibration valid up to : -------------------------------------

Acceptance criteria of Showcase Chiiler : ( 2 – 8° C)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time | Temperature | Monitored  by | Checked  by | Remarks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**APPENDIX IV XYZ/CQA/SOP-049/FR-04**

**DAILY TEMPERATURE MONITORING RECORD OF WALK IN COOLING CHAMBER**

Walk in cooling chamber ID ----------------------------

Location ----------------------------

Thermometer ID Number ----------------------------

Thermometer Calibration valid up to ----------------------------

Acceptance criteria of Walk in Cooling Chamber ( 2 – 8° C)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time | Temperature | Monitored  by | Checked  by | Remarks |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**APPENDIX V XYZ/CQA/SOP-049/FR-05**

**LOG BOOK OF SHOWCASE CHILLER**

Showcase Chillier Id. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No | Date | Name of Sample | Name of Section | Rack No. | In Time | Out Time | Signature of person |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**APPENDIX VI XYZ/CQA/SOP-049/FR-06**

**LOG BOOK OF WALK IN COOLING CHAMBER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sr.No | Date | Name of Sample | Rack No | Name of Section | Signature of person |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |