

Annexure-II
Self Inspection Report

Company Logo Here	XX PHARMACEUTICALS LIMITED <small>117 Adams Street, Brooklyn, NY 11201, USA</small>
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Self Inspection Report

Month:		Year:	
Department:			
Self Inspection Reference No.	[Department/YY/MM/XX]		
Self Inspection Coordinator:	[Name]		
Self Inspection Team:	[Name]		
Types of the inspection:	Checklist		
Date of inspection:	[DD/MM/YY]		
Date of Report Issue:	[DD/MM/YY]		
Executive Summary	Number of Findings		Nos
	Critical	Major	Minor
	Number of CAPA:		Number of JDI:
Observations/Findings:			

Self Inspection Report
Detailed Report

Sl. No.	Finding Details	Class	CAPA	Owner	Target Date	JDI Completion Date
		[Crit/Maj/ Min/Note]				
		[Crit/Maj/ Min/Note]				
		[Crit/Maj/ Min/Note]				
		[Crit/Maj/ Min/Note]				

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