## Company Logo Here XX PHARMACEUTICALS LIMITED 117 Adams Street, Brooklyn, NY 11201, USA

## **Machine Trial Report**

From		Quality Control		То	Production	duction / Product development	
Name of Material							
Code No.				Batch	No.	4	
Lab. Control No.							
Manufacturer						O°	
Supplier / Local agent							
Total No. of container				Total Qty.			
Invoice / Challan No. & Date				GRN No. & Date			
Date of Trial Request				Date of Trial			
Test	Name of Machine	Trial reel / Observation container No.					
Sealing Test							
Leakage Test							
Other Test		O					
Result: Satisfactory / Not Satisfactory / Conditionally Satisfactory							
Trial by (Operator)		Checked By (Section Head)			Аррі	Approved By (Dept. Head)	
Signature & Date		Signature & Date		Sign	Signature & Date		
QA Approval:							
Instruction (if any):							
Result: Passed / Failed / Conditionally Passed							
Checked I	By (Quality Compliand	e) Appr		Approved E	proved By (Manager, Quality Assurance)		
Signature & Date				Signature & Date			

Approved by:
Manager, Quality Assurance