Annexure IV Machine Trial Report

Company Logo Here

XX PHARMACEUTICALS LIMITED

117 Adams Street, Brooklyn, NY 11201, USA

Machine Trial Report

From	Quality Control	**To**	Production / Product development
Name of Material			
Code No.		**Batch No.**	
Lab. Control No.			
Manufacturer			
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 / container No.**	**Observation**
Sealing Test			
Leakage Test			
Other Test			

Result: **Satisfactory / Not Satisfactory / Conditionally Satisfactory**

Trial by (Operator)	Checked By (Section Head)	Approved By (Dept. Head)
Signature & Date	Signature & Date	Signature & Date

QA Approval:	
Instruction (if any):	
Result: **Passed / Failed / Conditionally Passed**	
Checked By (Quality Compliance)	Approved By (Manager, Quality Assurance)
Signature & Date	Signature & Date

Approved by:_____

Manager, Quality Assurance

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