**EVALUATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. #** | **Description** | **Details** | | | |
| 1 | Name & Address of the Unit |  | | | |
| 2 | Date of inspection |  | | | |
| 3 | Date of previous/last inspection |  | | | |
| 4 | Location | Industrial | Commercial | Residential | Others |
| 5 | Technical Persons | **Production Incharge** | |  | |
| **Quality Control Incharge** | |  | |
| **Quality Assurance Incharge** | |  | |
| **Production** | |  | |
| **Quality Control** | |  | |
| **Quality Assurance** | |  | |
| 6 | General Maintenance | **Building** | | Yes | ~~No~~ |
| Good/Weak Points: | | | |
| **Equipment** | | Yes | ~~No~~ |
| Good/Weak Points: | | | |
| **General Cleanliness:** | | Yes | ~~No~~ |
| Good/Weak Points: | | | |
| **Worker hygiene & uniform** | | Yes | ~~No~~ |
| Good/Weak Points: | | | |

**(To be repeated for every section separately)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1). | **SECTION (NAME):**  **NAME OF SECTION** | | | | | | | | | | | | |
| a). | No. OF DRUGS REGISTERED…… NO. OF DRUGS MANUFACTURED…..**List attached provided by firm.** | | | | | | | | | | | | |
| B) | **INSTALLED CAPACITY (NO. OF UNITS) PER WORKING DAY**: | | | | | | | | | | | | |
| C) | UNITS ACTUALLY MANUFACTURED. (Average)… | | | | | | | | | | | | |
| d). | **Covered Area:** | | | | | | | | | | | | |
| e). | **DETAILS (Major Machinery).** | | | | | | | | | | | | |
| NAME OF MACHINE | | | | | | NO. | | | | TOTAL CAPACITY | | | |
| i). | | **As per Annexure.** | | | | ………………………… | | | | ……………………… | | | |
| f). | **SOPS** | | OBSERVED | |  | | YES | | | |  | NO | |
|  | Good/Weak Points | |  | | | | | | | | | | |
| g). | **GENERAL MAINTENANCE**  **(of sections)** | | | SATISFACTORY | | | |  | YES | | |  | NO |
|  | Good/Weak Points | |  | | | | | | | | | | |

**QUALITY CONTROL**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| i). | **EQUIPMENT** | | SATISFACTORY | |  | | YES | |  | | NO |
| Good/Weak Points: | | | | | | | | | | | |
| ii). | | Q.C METHOD AVAILABLE | |  |  | YES | |  | | NO | |
| Good/Weak Points: | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| iii) | Q.C PROCEDURES |  |  |  |  |
|  | a) RAW MATERIAL TESTED |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | b) FINISH DRUGS AVAILABLE  RELEASE ORDERS. |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | c) BATCH HISTORY  MAINTAINED |  | YES |  | NO |
| Good/Weak Points: | | | | | | |

**STORES** **SATISFACTORY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a) | SPACE |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b) | PLACEMENT OF MATERIALS |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c) | LABELING |  | YES |  | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| d) | TEMPERATURE HUMIDITY |  | YES |  | NO |

**Good/Weak Points**:

**OVERALL EVALUATION OF THE INSPECTION REPORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RATING |  | VERY GOOD |  | SATISFACTORY/AVERAGE |
|  |  |  |  |  |
|  |  | GOOD |  | UNSATISFACTORY |