**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  |