Management de la Revue du statut BPF des installations, des équipements et des Utilités



Annexe 3 : Formulaire pour Certificat de Revue BPF

GMP-Status Review for Concept Approval GMP-Status Review for Investment Project Approval			
GMP-Status Review for Handover to Operation			
If performed individually for separate buildings, areas, facilities: noof			
Division	Site Plant & Bui	Iding Technical System	m Operation
Project Title:			
Project/A.R.Number:			
The GMP-Status Review has been accomplished according to GSOP 146. By signing below the members of the review team agree and confirm that the documents/reports quoted accurately reflect this review.			
Documents/Reports reviewed (ind. title, version number, effective date and location): \$60 Action list and responsibilities and timelines): \$60 Remarks: \$60 Walk-through required: □yes □no - if yes: done on			
Attendees:			
Nam e	Department	Name	Department
APPROVAL			
Technical System Owner	Project Manager		Local QA
Date/Signature	Date/Si	gnature	Date/Signature
Global QA*			
(*)	A		
Date/Signature	* if applicable		

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RESTRICTED