


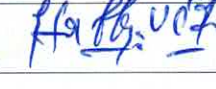
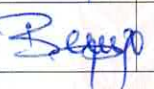



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 <b>RWANDA FDA</b> Rwanda Food and Drugs Authority	Title: Receiving, Archiving and Retrieving Documents in file room	Revision Number : 0
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Signature						

## 1.0 Purpose

This standard operating procedure (SOP) is to provide instructions for archiving inactive files and administrative documents in a secure and professional method while maintaining access for review by authorized staff.

## 2.0 Scope

This SOP is used to archive the treated files and administrative documents that are retained for at least ten (10) years or for longer duration if specifically mandated after completion of the view so that the records are accessible to authorized persons. Copying files and documents for or by authorized staff of Rwanda FDA authority is allowed when required

## 3.0 Definitions and Abbreviations

- SOP: Standard Operating Procedure
- DAHR: Director of Administration and Human Resource
- Rwanda FDA: Rwanda Food and Drugs Authority

- Administrative Documents: Import and export licences, narcotics and different correspondences
- Inactive files: documents which are no longer referenced on a regular basis and tend to be stored in a less accessible place since they are not used frequently.

## **4.0 Responsibility**

**4.1** Director of Administration and HR

**4.2** Archives and Documentation Officer

## **5.0 Principle**

- Files and records stored in Archive remain as the property of the department of origin and can be retrieved at any time requested by authorized staff.

### **5.1 The files should be identified.**

Each file / document should be detailed as following:

- a. Name, title and/or number of the file to be retrieved;
- b. Unique, identifying box number of the file is contained in;
- c. Shelf location number.

### **5.2 Contact Archive and Documentation Officer to provide the file request.**

Considering the authorized request of any Rwanda FDA Office, concerned staff who requests for the file should provide his/her information as detailed below:

- Name and position / title of the person making the request;
- Name of department/;  
Room number of archive;
- File name and title.

Note that, if a file retrieved and reviewed out from archives, staff who requests a file, should fill the form requesting files so that they can be returned to the correct location. This form indicates that the named person is responsible for the files and for returning them to archives.

### **5.3 Return files to Archive**

Once the requested material is no longer required, concerned staff should return it as soon as possible and dropping it off at the Archives and Documentation Office. Confidential material should be reviewed

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in the Archives and Documentation Office. The Archives and Documentation Officer will follow up regarding outstanding files that have not been returned.

## **6.0 Distribution**

6.1 Director General

6.2 Deputy Director General

6.3 Chief Finance Officer

6.4 Head of Departments

6.5 DAHR Unit

## **7.0 Reference**

Approved SOP

## **8.0 Appendix**

### **81. Document Request Form**

Name:

Position:

Division:

Title of Document requested	Ref. number	Motive of requisition	Issue Date	Returning Date

Requested by

Names: .....

Position: .....

Date: .....

Signature.....

Issued by

Names: .....

Archives and Documentation Officer

Date.....

Signature.....

### **82. Format records**

End of Document

7

8 3 9

# Details of filing headings

## correspondances

Incoming										Outgoing			
S/N	Ref. number	sender Institution	Subject/Title	Receiving date	Orientation in a specific department	File number / location	S/N	Ref. number	Receiving Institution	Subject/Title	signed date	Destination	File number/ location
Import License										Outgoing			
S/N	Ref. number	Applicant Institution	Subject/Title	Receiving date	S/N	Ref. number	Supplier Names	Invoice Number	Receiving Institution	Subject/Title or reason	signed date	Sending date	File number/ location
Export License										Outgoing			
S/N	Ref. number	Applicant/ Institution	Subject/Title	Receiving date	S/N	Ref. number	Supplier Names	Invoice Number	Receiving Institution	Subject/Title or reason	signed date	Sending date	File number/ location
Import Visa										Outgoing			
S/N	Ref. number	Applicant Institution	Subject /Title	Receiving date	Orientation in a specific department	File number / location	S/N	Invoice number	Receiving Institution	signed date	Filing location room	File number	
Narcotic										Outgoing			
S/N	Ref. number	Applicant institution	Subject/Title	Receiving date	Orientation in a specific department	File number / location	S/N	Invoice number	Receiving Institution	signed date	Filing location room	File number	
Registration Department										Outgoing			
S/N	Ref. number	Applicant	Subject	Receiving date	S/N	Ref. number	Applicant	signed date	Filing location room	File number			
S/N	Ref. number	Applicant	Subject	Receiving date	S/N	Registration Number	Bland Name	Manufacturer		signed date	Filing location room	File number	