

 <b>DRUG INTERNATIONAL LIMITED (UNIT-2)</b>	<b>Form : Equipment Information</b>	<b>Document No.</b>	FM-GN-071
		<b>Revision No.</b>	00
		<b>Effective Date</b>	15 Jan 2020

**Equipment Name** : test equipment  
**Equipment Type** : Storage  
**Brand** :  
**Source/ Manufacture** :  
**Capacity (If Have)** :  
**Current Location** : abcd

**Equipment ID** : eq09  
**Model No** :  
**Local Agent Name** :

**L/C Model No** :  
**MS Model No** :  
**Manufacturing Date** : 01-Dec-2019  
**Detector Model No** :  
**Software Version No** :  
**Electric Power** :  
**Reference Material** :  
**Adjustment** :  
**Acceptance Criteria** :

**Serial No** :  
**MS Serial No** :  
**Pump Model No** :  
**Software Name** :  
**Software Firmware No** :  
**Nitrogen Consumption** :

**Evidence of Verification** :

**Calibration Date** : 03-Dec-2019  
**Calibration Interval** :  
**Performance Qualify Date** : 11-Dec-2019  
**Qualification Done By** :

**Next Calibration Date** : 02-Dec-2020  
**Operational Qualification Date** : 03-Dec-2019  
**Installation Qualification Date** : 24-Dec-2019