

Lab Name:		Document No:	
Title	Equipment Acceptance Form	Page No:	Page 1 of 1

Date and Time Equipment Acceptance	
Acceptance check done by	
Acceptance check reviewed by	
Equipment Name/SR. No	
Model No:	
Installation Date	

S. No	Acceptance Activity	Yes	No	If No, mention details
1	Pre-Installation Report & Installation plan is provided by equipment supplier			
2	Delivery Note/Quotation / Offer copy is provided			
3	Installation Report is provided by supplier			
4	IQ OQ PQ is provided for the equipment			
5	Warranty Certificate is provided			
6	Preventive Maintenance Schedule is defined			
7	Operators Training is completed			
8	Technical Training is provided to Lab Biomed			
9	Equipment User Manual is provided			
10	Equipment Service Manual is provided			
11	PM Checklist is provided			
12	MSDS & Risk Assessment Sheet is provided			

Acceptance Review Done by Name & Signature	
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Signature Quality Manager	Signature Laboratory Director
Date & Time:	Date & Time:

Issue No: 01	Issue Date: 19.11.2022	Amend No: 00	Amend Date:	Copy No: 01
Prepared/Issued by:	Quality Manager	Approved by	Laboratory Director	
Signature		Signature		