## MATERIAL STATUS SHEET

Month:....

Date							Date Received
SOP OWNER  Adio Sakiru  Date: D U 2003							Name of Material
_							Lead Time (days)
HSE APPROVAL							Expected release date
VAL							GRN #
QA APF							Batch #
QA APPROVAL							Supplier
AUTHORISATION  SITE QA: Allawode Olujide  Date: 10 62 3-523							Laboratory Receipt #
AUTHORISATION  OA: Allawode Olu  10 62 3-23							Analyst(s)
ION Olujide							Disposition Date
							Status 1
							COMMENT(S) IF ANY

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SOP OWNER	HSE APPROVAL	QA APPROVAL	AUTHORISATION
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Adio Sakiru /			SITE QA: Alawode Olujide
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