## Pharmaceutical Equipment Compliance TQ Template

Equipment Name		
Equipment ID / Serial Number		
Manufacturer		
Model		
Location		
Date		
Description/Function of Equipment		
	Compliant (Yes/No)	Remarks
Compliance Checklist	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance  Calibration Status	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance  Calibration Status  Maintenance Schedule	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance  Calibration Status  Maintenance Schedule  Cleaning Validation  SOP Approval	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance  Calibration Status  Maintenance Schedule  Cleaning Validation  SOP Approval	Compliant (Yes/No)	Remarks
GMP Compliance Calibration Status Maintenance Schedule Cleaning Validation	Compliant (Yes/No)	Remarks
Compliance Checklist  Requirement  GMP Compliance  Calibration Status  Maintenance Schedule  Cleaning Validation  SOP Approval	Compliant (Yes/No)	Remarks

Date of Review	