

Pharmaceutical Line Clearance Checklist

Batch & Line Details

Product Name	<input type="text"/>	Batch/Lot No.	<input type="text"/>
Line/Area	<input type="text"/>	Date	<input type="text"/>
Time	<input type="text"/>	Performed By	<input type="text"/>

Line Clearance Checklist

No.	Checkpoints	Yes	No	Remarks
1	Previous product/material removed from the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Work area cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Equipment cleaned and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Line clearance label affixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Empty container and waste removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Relevant documents available & updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Other materials, tools, accessories removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments / Observations

Authorization

Checked By

Date

Verified By

Date