

EBM No:

Performed ☐
Not Performed ☐

Attachment:

Reference: SOP-219

EBM No:

Date:


Attachment:

TE-002-03

pharmaxis	FM-164-08	Date Effective: 26-Nov-21	Page 4 of 4
EQUIPMENT BREAKDOWN AND MODIFICATION RECORD			

10. Checks Following repair / replacement or modification		EBM No: _____
A.	Described equipment (Section 1) fit for use?	Yes <input type="checkbox"/> /No <input type="checkbox"/>
	If No, deleted from Calibration/Maintenance Log(s):	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
B.	Equipment returned to Service, if removed as per Section 2?	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
	Date equipment returned to Service(N/A if not applicable)	Date: _____
C.	Replaced equipment released for use?	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
	ELB-019 Updated with equipment details(Date released/decommissioned)?	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
D.	Faulty equipment disposed of:	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
	Finance notified of disposal:	Yes <input type="checkbox"/> /No <input type="checkbox"/> / N/A <input type="checkbox"/>
Sign: _____		Date: _____

11. EBM Record Closure Approval	
Approved By (Equipment Owner or Delegate):	Date: _____
Approved By (QA Department):	Date: _____
ELB-012 Updated By:	Date: _____

Authorisation signature and date:  12 Nov 21	Reference: SOP-219
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