

Process Batch Record

Ophthalmic Product Manufacturing

Product Name: _____

Batch Number: _____

Batch Size: _____

Strength: _____

Manufacturing Date: _____

Expiry Date: _____

Ingredients

Ingredient Name	Lot No.	Quantity Required	Quantity Used	Checked By

Equipment Used

Equipment Name / ID	Cleaned (Y/N)	Checked By

Manufacturing Steps

Step	Performed By	Date/Time	Remarks
Weighing/dispensing			
Mixing			
Sterilization			
Filling/Sealing			

In-process Checks

Parameter	Specification	Result	Checked By
pH			
Appearance			

Final Yield

Theoretical Yield: _____

Actual Yield: _____

Checked By: _____

Remarks / Deviations

Signatures

Manufactured By: _____ Date: _____

Checked By: _____ Date: _____