

Oral Liquid Batch Manufacturing Record

Product Name: _____

Batch Number: _____

Batch Size: _____

Manufacture Date: _____

Expiry Date: _____

Mfg. License No.: _____

Manufacturing Details

Sr. No.	Raw Material	Qty. Required	Qty. Issued	AR No.	Issued By	Checked By

Production Steps

Step No.	Procedure Details	Date & Time	Done By	Checked By	Remarks
1					
2					
3					

Yield Details

Theoretical Yield: _____

Actual Yield: _____

% Yield: _____

In-process Controls / Test Results

Test Parameter	Specification	Result	Tested By	Date

Final Product Details

Number of Containers: _____

Volume per Container: _____

Total Volume: _____

Prepared By: _____

Date: _____

Checked By: _____

Date: _____

Approved By: _____

Date: _____