

# Pharmaceutical Document Control Checklist

# **Document Creation & Approval**

Ensuring proper authorization and version control during document creation.

Write something	
Trino comotimigni	
Document Purpose/Scope	
Write something	
Document Type (SOP, Form, Report, etc.)	
SOP	
Form	
_	
Report	
Report Record	

Document Classification (C	Confidential, Public, etc.)	
☐ Public ☐ Confidential		
Restricted		
Date of Creation		
Enter date		
Document Version Number		
Enter a number		
Author Signature		
Reviewer Signature		

## **Document Review & Revision**

Verification of accuracy and completeness by designated personnel.

Reviewer Role Subject Matter Expert Quality Assurance Regulatory Affairs  Review Comments/Observations  Write something  Revision Number (if applicable) Enter a number  Review Result Approved Requires Revision Rejected  Reviewer Signature	Review Date
Subject Matter Expert Quality Assurance Regulatory Affairs  Review Comments/Observations  Write something  Revision Number (if applicable)  Enter a number  Review Result Approved Requires Revision Rejected	Enter date
Subject Matter Expert Quality Assurance Regulatory Affairs  Review Comments/Observations  Write something  Revision Number (if applicable)  Enter a number  Review Result Approved Requires Revision Rejected	
Quality Assurance Regulatory Affairs  Review Comments/Observations  Write something  Revision Number (if applicable)  Enter a number  Review Result Approved Requires Revision Rejected	Reviewer Role
Review Comments/Observations  Write something  Revision Number (if applicable)  Enter a number  Review Result  Approved  Requires Revision  Rejected	Subject Matter Expert
Review Comments/Observations  Write something  Revision Number (if applicable)  Enter a number  Review Result  Approved  Requires Revision  Rejected	Quality Assurance
Revision Number (if applicable)  Enter a number  Review Result  Approved  Requires Revision  Rejected	Regulatory Affairs
Revision Number (if applicable)  Enter a number  Review Result  Approved  Requires Revision  Rejected	
Revision Number (if applicable)  Enter a number  Review Result  Approved  Requires Revision  Rejected	Review Comments/Observations
Review Result Approved Requires Revision Rejected	Write something
Review Result Approved Requires Revision Rejected	
Review Result Approved Requires Revision Rejected	
Review Result Approved Requires Revision Rejected	
Review Result Approved Requires Revision Rejected	Revision Number (if applicable)
Review Result Approved Requires Revision Rejected	Enter a number
Approved Requires Revision Rejected	
Approved Requires Revision Rejected	
Requires Revision Rejected	Review Result
Requires Revision Rejected	Approved
Rejected	<del></del>
Reviewer Signature	
Reviewer Signature	
	Reviewer Signature

Enter date		
ocument	Distribution & Access	
	ion and limited access to approved documents.	
Distribution Me	thod	
Electronic (Co	ntrolled)	
Printed (Contr	olled)	
Recipients (Do	cument Distribution List)	
Manufacturing		
Validation Tea		
Regulatory Aff		
Distribution No	tes/Comments	
Write something		
Date of Distrib	ıtion	

## **Document Storage & Retention**

Secure and compliant storage of all documents for the required retention period.

#### **Total Number of Documents Stored**

Enter a number...

### **Last Storage System Review Date**

Enter date...

## **Physical Storage Location (if applicable)**

Set My Current Location



Write something		
Retention Period (Y	ears)	
Enter a number		
Nacument Dectmost	on Ctart Data (if applicable)	
	on Start Date (if applicable)	
Enter date		
Storage Media Type	(Electronic/Physical)	
Electronic		
Physical		
Physical		
	tuioval O Availabi	
ocument Re	trieval & Availabi	-
ocument Re	trieval & Availabi	-
ocument Resuring readily availab	le access to necessary docum	-
ocument Resuring readily availab	le access to necessary docum	-
ocument Resuring readily availab	le access to necessary docum	-
ocument Resuring readily availab	le access to necessary docum	-
ocument Resuring readily available  Date of Last Document	le access to necessary docum	-
ocument Resuring readily availab	le access to necessary docum	-

Retrieval Method (e.g., Electronic, Paper)  □ Electronic □ Paper
Number of Decuments Detrieved
Number of Documents Retrieved  Enter a number
Location of Document Retrieval (e.g., Server, Archive)
Set My Current Location  ONew Haven OBridgeport ONew Rochelle

New York

Long Island

Map data ©2025 Google

**Time of Retrieval** 

Google

Allentown

## **Obsolete Document Control**

Proper identification and removal of obsolete documents from circulation.

287

Princeton

195

Date of Document Identification as Obsolete
Enter date
Reason for Document Obsolescence
Superseded by newer version
Process Change
Regulatory Change
Other
Description of the reason for obsolescence
Write something
Upload Document for Review (Optional)  ① Upload File
Document Status Post-Obsolescence  Archived
Removed from Active Distribution
Scheduled for Destruction
Reviewer Signature

Document ID
Write something
Change Management (Documents)  Tracking and documenting all changes made to controlled documents.
Change Request Date
Enter date
Reason for Change
Write something
Detailed Description of Change
Write something
Affected Document(s)  SOP  Manufacturing Record  Validation Protocol  Other (Specify)

Enter a number.		
Document Rev	ision Number (After Change)	
Enter a number.		
Supporting Do	cumentation	
♣ Upload File		
Preparer Signa	ture	
Reviewer Sign	ature	
	Master Record (DMR) Review proval of DMRs for manufacturing processes.	
DMR Review D	ate	
Enter date		
Enter date  DMR Version N	umber	

Review Status Approved Rejected Requires Revision
Review Comments/Observations  Write something
Reviewer Signature
Deviation Identified?  Yes No
Supporting Documentation (if applicable)  ① Upload File