

**Annexure I**

<b>Title:</b> Preventive maintenance schedule	<b>Ref. SOP No.:</b>
<b>Format No.:</b>	<b>Revision No.:</b>

Sr. No	Name of equipment/instrument/utility	Equipment I.D.	Frequency	Activity	Year _____											
					Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept	Oct	Nov.	Dec.
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