

Month / year

Laboratory / site

Instrument ID

Location

Owner

SOP / reference

DAILY CHECK	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Clean product-contact and test areas																
Correct method and accessory																
Readiness, zero and conditions																
Test and result behaviour																

DAILY CHECK	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Clean product-contact and test areas															
Correct method and accessory															
Readiness, zero and conditions															
Test and result behaviour															

WEEKLY CHECKS - complete once each week

Cleaning and accessory review: Clean product-contact, feed and moving areas; inspect jaws, drums, baskets, discs, vessels and measuring surfaces for residue or

W1

W2

W3

W4

Function and records: Review movement, alignment, timing, speed and bath temperature observations with failed checks, repeats and errors.

W1

W2

W3

W4

MONTHLY REVIEW

☐ Performance and qualification review: Review applicable force, distance, speed, time, temperature and mass checks with accessory, environment

POST-MAINTENANCE / RETURN TO USE

☐ Reassembly, function and qualification impact assessed and recorded.

Concerns / task reference:

Annual servicing is one important control - not a year-round maintenance strategy.

Tablet physical-testing equipment experiences product dust, fragments, repeated mechanical loading, bath use and accessory change throughout the year. Its condition needs maintaining between service visits through prompt cleaning, setup checks, performance review and timely response to drift, damage or abnormal movement.

DAILY

Clean product-contact and test areas

Confirm breaking-force jaws or platens, measuring surfaces, drums, baskets, tubes, discs, vessels, trays and sample paths are clean, dry where required and free from retained fragments.

DAILY

Correct method and accessory

Select the approved test, units, orientation, sample quantity, drum or basket, disc use, bath medium and other accessories for the product and method.

WEEKLY

Detailed cleaning

Remove tablet dust, coating, fragments and medium residue from accessible product-contact, feed and moving areas using the compatible OEM procedure; prevent debris entering mechanisms.

WEEKLY

Accessories and geometry

Inspect jaws, platens, drums, baffles, baskets, tubes, mesh, discs, shafts, vessels, trays and measuring surfaces for wear, deformation, damage or incorrect fit.

MONTHLY

Performance and verification status

Review approved force, distance, speed, time, temperature, mass or other reference checks and their trends for each test function in use.

MONTHLY

Accessory identity and control

Confirm drums, baskets, discs, weights, standards, gauges and other accessories are identified, complete, undamaged, stored safely and matched to the approved method.

SHUTDOWN

Clean, secure and leave the instrument in its defined state.

POST-MAINTENANCE

Check reassembly and function; assess verification or qualification impact.

METHOD CONTROL

Current standard, method, OEM manual and SOP remain controlling.

PAUSE AND INVESTIGATE WHEN YOU SEE

• Force, dimension or zero drift

A reference or routine result moves from its established trend, zero will not hold or measurement repeatability deteriorates.

• Timing, speed or movement concern

A rotation, stroke, feed or cycle hesitates, varies, rubs, vibrates or triggers an error.

• Irregular break or tablet positioning

Tablets chip, stick, rotate, break atypically or enter the measuring station inconsistently.

• Temperature or bath concern

A disintegration bath is slow to equilibrate, differs across positions, loses circulation or shows contamination or evaporation effects.

• Drum, basket or accessory damage

Mesh, tubes, discs, baffles, shafts, drums, jaws or measuring surfaces are bent, worn, loose, obstructed or incomplete.

• Data, print or communication gap

A result, sample identity, audit evidence, printout or transfer is missing, duplicated or inconsistent with the observed test.

MONTH-END REVIEW

Reviewed by: _____ Date: _____ Outcome / follow-up: _____