



Medical device Storing facility application
Form

section (1) Details of the storing facility			
Facility name			
Website			
Address			
Email			
Owner name			
Mobile No.			
Name & number of employees (for medical devices) at the company and designation	<u>Attach</u>		
Site Engineering drawing showing the following (receiving area, storage area, delivery area, quarantine area)	<u>Attach</u>		
Brief description of the facility and principal activities occurring at the site			
Store manager Name			
Mobile		Email	
Quality management system (QMS)	<u>Attach</u>		

section (2) Other Governmental
sectors approval

No	Approval date	Governmental sectors
1		
2		
3		
4		
5		

Document procedure

Describe briefly the content of each selected procedure .copy of the document (Glob SOP) procedures shall be enclosed.

Distribution record	
Complaint handling	
Damage/Expired items	
Service contracts	
list all the Equipment and vehicles to be used inside the storing facilities	<u>Attach</u>
list all the Equipment and vehicles to be used for medical devices transportation	<u>Attach</u>

I hereby declare that all the information I have provided is correct and all the attached documents are genuine; I will inform NHRA about any changes to this information

Authorized Person -----

Signature -----

Stamp: -----