

 INDOFARMA	Catatan Hasil Kalibrasi Internal <i>Internal Calibration Note</i> HPLC Shimadzu	No. : F-PM-01-55
		Rev. : 00
		Berlaku/ Date : 03 September 2014

No. Fasilitas / <i>Facility No.</i>	:	Kapasitas / <i>Capacity</i>	:	-
No. Kode Kalibrasi / <i>Cal. Code</i>	:	Lokasi / <i>Location</i>	:	
Merek / <i>Brand</i>	:	Bidang / <i>Dept.</i>	:	LITBANG
Tipe / <i>Type</i>	:	No. Protap Cara Kalibrasi/ <i>SOP</i>	:	PKVK047
No. seri / <i>Serial Number</i>	:	Nama Petugas / <i>Name</i>	:	

Kalibrator yang digunakan <i>Calibrator</i>	Tanggal Kalibrasi Kalibrator <i>Cal. date of Calibrator</i>	Tanggal Rekalibrasi Kalibrator <i>Recal. date of Calibrator</i>
Stopwatch (KP007)		

1. Kalibrasi Pompa / Pump Calibration

A Tes batas tekanan maksimum / Maximum Pressure Limit test

Tanggal/ <i>Date</i>	Kondisi pompa pada tekanan maksimum/ <i>Pump Condition at P MAX</i>	Syarat/ <i>Requirement</i>	Kesimpulan/ <i>Conclusion</i>	Paraf Petugas/ <i>Signature</i>	Paraf Asman/ <i>Sign. of Asst. Man</i>
		Pompa berhenti/ <i>Pump Stop</i>			

B Tes batas tekanan minimum / Minimum Pressure Limit test

Tanggal/ <i>Date</i>	Kondisi pompa pada tekanan minimum/ <i>Pump Condition at P MIN</i>	Syarat/ <i>Requirement</i>	Kesimpulan/ <i>Conclusion</i>	Paraf Petugas/ <i>Signature</i>	Paraf Asman/ <i>Sign. of Asst. Man</i>
		Pompa berhenti/ <i>Pump Stop</i>			

C Tes ketepatan aliran / Flow rate accuracy

Tanggal/ <i>Date</i>	Flowrate (ml/min)	Syarat/ <i>Requirement</i>	Kesimpulan/ <i>Conclusion</i>	Paraf Petugas/ <i>Signature</i>	Paraf Asman/ <i>Sign. of Asst. Man</i>
		1,0 ± 0,02 ml/min			

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2. Kalibrasi Detektor / Detector Calibration

A. Kalibrasi Akurasi Panjang Gelombang (data manual dari detector) / Wavelength Accuracy

Tanggal/ Date	Hasil / Result	Syarat/ Requirement	Kesimpulan/ Conclusion	Paraf Petugas/ Signature	Paraf Asman/ Sign.of Asst. Man
		CHECK GOOD (656 ± 1 nm, or 486 ± 1 nm)			

B. Tes Validasi System Instrument (data dari software) / System Instrument Validation

Tanggal/ Date	Hasil / Result	Syarat/ Requirement	Kesimpulan/ Conclusion	Paraf Petugas/ Signature	Paraf Asman/ Sign.of Asst. Man
		PASS			

3. System Performance Test

Tanggal/ Date :

Room Temp.: °C RH: %

No. Inject	Retention time (min.)		Area		Resolution
	Methyl Paraben	Propyl Paraben	Methyl Paraben	Propyl Paraben	
1					
2					
3					
4					
5					
6					
Rata-rata / Average					
%RSD					
Syarat / Requirement	< 1.0%		< 1.0%		>1,5
Kesimpulan/ Conclusion					
Paraf Petugas/ Signature					
Paraf Asman / Sign.of Asst. Manager					