


Corn Starch (Amylum Maydis/Pati Jagung)			
No. : RPB 234	Rev : 01	Eff. date : 17 09 05	Sign : 

1 Quality

- 1.1 USP 39, 2016
- 1.2 Internal Indofarma

2 Additional Requirements

- 2.2 Bulk Density : 0,40 – 0,60 g/ml
- 2.3 Tapping Density : 0,50 – 0,80 g/ml
- 2.4 Arrival Date : NMT. 6 months from manufacturing date

3 Certificate of Analysis from Manufacturer

To be stated on the certificate

- 3.2 Manufacturer name and address
- 3.3 Product name, batch/lot number
- 3.4 Results of test and assays
- 3.5 Compliance with USP 39 and Internal Indofarma
- 3.6 Quality designation
- 3.7 Date of manufacturing, expiration (year-month) and date of released (year-month-day)
- 3.8 Approval/signature of QA/QC responsibility

4 Attached update Good Manufacture Practise Certificate**5 Package**

Sack @ 25 kg, with original seal (inside and outside) from manufacture.

To be stated on goods, label original from manufacture at primary and secondary package each.
Preserve in well – closed containers.

6 Labelling

To be stated on goods **label original from manufacturer**, packing list and invoice :

- 6.1 Name of manufacturer and address
- 6.2 Product name, batch/lot number, manufacturing and expiration date
- 6.3 Quality designation
- 6.4 Gross/net weight
- 6.5 Number of packages

7 Reference Documents

USP 39, 2016

8 History

Purchasing specification is revision of RPB 234 revision 00 with change in the quality of USP 34 to USP 39 and format document.

Corn Starch (Amylum Maydis/Pati Jagung)			
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8 Review

This specification will be reviewed every 2 years or less (if necessary) by the Quality Control Manager, Research & Development Manager and Quality Assurance Manager.

9 Distribution

In general, a copy of this specification is distributed to :

- 9.1 Procurement Dept.
- 9.2 Quality Control Dept.

10 Approval

Preparation steps	Position	Code	Signature	Date
Prepared by	Starting and Packaging Material Testing Assistant Manager	AM	<i>[Signature]</i>	17 09 05
Checked by	Analytical Method Assistant Manager	LB	<i>[Signature]</i>	17 09 05
Approved by	Quality Control Manager	AM	<i>[Signature]</i>	17 09 05
	Research & Development Manager	LB	<i>[Signature]</i>	17 09 05
	Quality Assurance Manager	PM	<i>[Signature]</i>	17 09 05

11 Review

No.	Position	Date	Signature	Recommendation
1.	Quality Control Manager			
	Research & Development Manager			
	Quality Assurance Manager			
2.	Quality Control Manager			
	Research & Development Manager			
	Quality Assurance Manager			