**APQR Annual Plan for** *YYYY*

Add or substrate lines in the following table as required.

| **Product name/code/type** | **Review schedule** |
| --- | --- |
| **Jan** | **Fab** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** |
| Product name/ code / type |  |  | Review period MM.YYYY-MM-YYYY |  |  |  |  |  |  |  |  |  |
| Product name/ code / type |  |  |  |  |  | Review period MM.YYYY-MM-YYYY |  |  |  |  |  |  |

**Document approval**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Date** | **Signature** |
| **Reviewer’s designation****QC Manager** |  |  |  |
| **Reviewer’s designation****Manufacturing Head** |  |  |  |
| **Reviewer’s designation****e.g., Regulatory Affairs Head** |  |  |  |
| **Reviewer’s designation****Qualified Person** |  |  |  |
| **Approver’s designation****Quality Management Director** |  |  |  |