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FACILITY DESIGN QUALIFICATION

(_____BLOCK)

Annexure	No.:

Page: 1 of 3

Reference Protocol No.:

Area Name:	Area Code:	Department Name:

Pre-Approval

Prepared by:	Checked by:	Reviewed by:	Reviewed by:	Reviewed by:	Approved by:
User Department	User Dept. Head	EHS	Engineering Head	Quality Assurance	QA Head
Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:

1.0 Design Parameters:

Category	S. No		Particulars	Acceptance Criteria (Based on FDS or Technical Discussion)	Observation
Room	1	Project			
Description	2	Room Numb			
	3	Room Locat			
	4		se of the room		
_	5		m) (L x W x H)		
_	6	Area (m²)			
_	7	Volume (m ³	,		
	8		Occupancy (Nos.)		
Finishes and MOC	9		ll (Panel/ Brick)		
	10	MOC of Flo			
	11	Epoxy Coati			
	12	Corners &	Tiles to tiles		
		Joints	Floor to wall		
		Finish	Wall to wall		
-	10	747 11 TD	Ceiling to wall		
-	13		ent / Painting		
	14	MOC of Cei	ling		
	15	Cracks & Crevices	on Walkable Ceiling		
			On Wall		
	16		On ceiling On floor		
	17	Door Datail			
	17	Door Detail	M.O.C.		
			Dimension (mm)		
		Doors	Opening side		
		Doors	Inter lock		
			Flushed with wall		
-	18	View Panel			
	10	view i aliei	Nos		
		View	Dimension		
		Panel	Inert gas		
		1 difer	Flushed with wall		
Drainage	19	Drain Points			
(Type)	20				
Electrical	21		s: 3Phase /1Phase		
		UPS / Auto			
	22	Lighting Lev			
	23		Numbers		
		Tube light/	Sizes (mm)		
		Lamp	Flame proof		
		1	Flushed with ceiling		
	24	Sodium Vap			
Communication	25	Telephone	<u> </u>		
	26	Data Link/ c	able		
	27	Digital/ Ana			



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Reference Protocol No.:

Page: 2 of 3

Area 1	Name:	Area	Code:	Department Name:		
		Pre-App	oroval			
Prepared by:	Checked by:	Reviewed by:	Reviewed by:	Reviewed by:	Approved by:	
User Department	User Dept. Head	EHS	Engineering Head	Quality Assurance	QA Head	
Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	

Category	S. No	Particulars		Acceptance Criteria (Based on FDS or Technical Discussion)	Observation
	28	Public Addr	ess System (Speakers)		
Safety	29	Alarm			
-	30	Fire Extingu	ishers		
	31	Noise & Vib	rations		
	32	Smoke Dete	ctor		
	33	Manual Call	Point		
Utilities	34	Potable wate	er supply		
	35	Purified wat			
	36		jection supply		
	37	Chilled water			
	38	Boiler Stean			
		Pure Steam			
	39	Compressed			
	40	Nitrogen gas			
	41	Vaccum sup	L 5		
	42	Exhaust/Dus			
	43	Steam Cond			
Environment	44	Standard Fo			
	45	Class of Roo			
	46	Temperature			
	47	Relative Hu			
Air Supply	48	Air Changes per hour (ACPH)			
	49	Forced/Natu			
	50		dient (Pascal)		
	51	Pressure	a. Corridor		
		difference	b. Adjacent Area		
		(Pascal)	c. Wash Area		
		w.r.t	d. Change room		
	52	Filtration	Pre filters (10μ) TFA		
		system	Micro Vee Filter (3μ)		
			HEPA Filter		
			HEPA Sizes		
			Type of system		
			Recirculation (%)		
		_	Air flow pattern		
	53	Supply air	Numbers		
		cutouts	Sizes		
	54	Return air	Numbers		
		cutouts	Sizes		
			Low Rise/ Ceiling		
_	+		mounted		
Access	55	Man entry th			
	56	Material ent			
	57	Emergency	exit		
-	58	Clothing	. 1		
Equipments	59		to be installed		
Furniture and	60	Details (if ar	ıy)		



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	(Page: 3 o	of 3		
Area	Name:	Area Code:		Department Name:	
		Pre-App	proval		
Prepared by:	Checked by:	Reviewed by:	Reviewed by:	Reviewed by:	Approved by:
User Department	User Dept. Head	EHS Engineering Head		Quality Assurance	QA Head
Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:	Sign. & Date:

Category	S. No	Particulars	Acceptance Criteria (Based on FDS or Technical Discussion)	Observation
Miscellaneous				

118	scellaneo	us							
	2.0	Abbre	viations	s:					
AA= Anodised Aluminium db= Decibel MOC= Material of construction M= Meter P= Phases RCC= Reinforcee HEPA= High Efficiency Particulate Air Pa= Pascal;						Cement Concrete	NMT= N	anised Iron ot more than bic foot per minute;	
	3.0 Recommendations/ Conclusion:								
									••
	•••••	• • • • • • • •	••••••		•••••••	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	••
	•••••				•••••		•••••		
					• • • • • • • • • • • • • • • • • • • •				

Post Approval: 4.0

Checked by: User Department	Checked by: Engineering	Checked by: Health, Safety and Environment	Reviewed by: Quality Assurance	Approved by: QA Head
Date:	Date:	Date:	Date:	Date:

Format No.