

QUALITY ASSURANCE DEPARTMENT

PERFORMANCE QUALIFICATOIN REPORT FOR NITROGEN GAS GENERATION & DISTRIBUTION SYSTEM

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PERFORMANCE QUALIFICATION REPORT

FOR

NITROGEN GAS GENERATION AND DISTRIBUTION SYSTEM

CAPACITY: 10 Nm³/Hr

EQUIPMENT ID. No.	
LOCATION	Utility Block
DATE OF QUALIFICATION	
SUPERSEDE REPORT No.	00



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1.0 **REPORT PRE – APPROVAL:**

INITIATED BY:

DESIGNATION	NAME	SIGNATURE	DATE
OFFICER/EXECUTIVE (QUALITY ASSURANCE)			

REVIEWED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (PRODUCTION)			
HEAD (QUALITY CONTROL)			
HEAD (ENGINEERING)			

APPROVED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (QUALITY ASSURANCE)			



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2.0 **OBJECTIVE**:

- To provide documented evidence that the **Nitrogen Gas Generation & Distribution System** is performing consistently, repeatedly and reproducibly within its established operating range and the results of all the test parameters meet the pre-defined acceptance criteria.
- To confirm the suitability of the Standard Operating Procedures for all routine activities associated with the system.

3.0 SCOPE:

- This report provides all the relevant information of the performance Qualification activity, observations and analytical data of testing of collected samples.



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4.0 RESPONSIBILITY:

The Validation Group, comprising of a representative from each of the following departments, shall be responsible for the overall compliance of this Protocol cum Report:

DEPARTMENTS	RESPONSIBILITIES	
Quality Assurance	 Initiation, Authorization, Approval and Compilation of the Performance Qualification. Co-ordination with Quality Control, Production and Engineering to carryout Performance Qualification Activity. 	
Production	 Monitoring of Performance Qualification. Review of Report. 	
	 To co-ordinate and support Performance Qualification Activity. Post Approval of Performance Qualification report after Execution. 	
Quality Control	 Review of Report. Analytical Support (Microbiological Testing/Analysis) Post Approval of Performance Qualification report after Execution. 	
Engineering	 Reviewing of Qualification Report for correctness, completeness and technical excellence. Responsible for trouble shooting (if occurred during execution). Engineering assistance at the time of execution of PQ Study Maintenance & preventive maintenance as per schedule. Post Approval of Performance Qualification report after Execution. 	



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5.0 EQUIPMENT DETAILS:

Equipment Name	NITROGEN GAS SYSTEM
Equipment ID No.	••••
Model	PSA Based
Manufacturer's Name	MASS GASAIR SYSTEMS PVT. LTD.
Supplier's Name	MASS GASAIR SYSTEMS PVT. LTD.
Capacity	10Nm ³ /hr.
Outlet Pressure	5.5 Kg/cm ²
Location of Installation	UTILITY BLOCK

6.0 SYSTEM DESCRIPTION:

Type : PSA based Nitrogen Plant

Capacity : 10 Nm³/hr

Purity : 99.5%

Outlet Pressure : 5.5 Kg/cm²

Dew Point : (-) 40 $^{\circ}$ C

- PSA (Pressure Swing Adsorption) Based Nitrogen Plant is to produce Nitrogen gas form Atmospheric compressed air. Air passes through Carbon Molecular Sieves (CMS) at a certain pressure, the moisture, Oxygen and CO₂ are selectively adsorbed, and balance nitrogen comes out and collects in the receiver.
- Compressed air first collects in air receiver at 7.0 kg/cm² pressure and then goes to PSA module through air filter module. The air receiver has been providing to avoid air pressure fluctuation so that a constant flow & pressure will available during plant operation. One high efficient air filter has been provided at the outlet of air receiver to arrest dust particles from nitrogen gas before enter in PSA module.
- This is a specially designed composite bed type PSA module having two towers filled with special grade of Activated Alumina and second generation of high efficient Carbon Molecular Sieves (CMS) to produce 99.5% pure Nitrogen. As compressed air passed through PSA module, moisture from compressed air is adsorbed in Alumina Bed and oxygen & carbon



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dioxide are selectively adsorbed in CMS bed, balance Nitrogen collected in surge vessel at the outlet of PSA Module.

- Surge Vessel is a vertical, cylindrical type vertical pressure vessel. Surge vessel has been provided to collect outlet nitrogen before send to storage tank / user point.
- One Oxygen analyzer connected with this vessel to measure oxygen impurity in the product
 nitrogen. Nitrogen from surge vessel now goes to user point through flow meter and
 backpressure control valve at required flow and pressure. To avoid impure high oxygen content
 in nitrogen on 3-way vent valve has been provided with an interlock of oxygen analyzer. In
 case oxygen content high as purity limit nitrogen will vent out in the atmosphere till purity
 comes with in desired limit.

7.0 REASON FOR QUALIFICATION:

8.0 SITE OF STUDY:

Utility Block

9.0 FREQUENCY OF QUALIFICATION:

- Once in a six month.
- After any major breakdown or after major modification.
- After Change of Location.
- New User point added.

10.0 PRE – QUALIFICATION REQUIREMENTS:

Verification for availability, completeness and approval status of all the required relevant documents shall be done and observations shall be recorded in the performance Qualification report.



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10.1 Verification of Documents:

Record the observations for documents in the below mentioned table.

S. No.	Document Name	Document/SOP No.	Completed (Yes/No)	Checked By (Engineering) Sign/Date	Verified By (QA) Sign/Date
1.	Executed and			Sign/Date	Sign/Date
1.	approved Design				
	Qualification cum				
	report				
2.	Executed and				
	approved Installation				
	Qualification cum				
	report				
3.	Executed and				
	approved Operational				
	Qualification cum				
	report				
4.	SOP for operation &				
	Cleaning of Nitrogen				
	Gas Generation &				
	Distribution System				
5.	SOP for Preventive				
	Maintenance Nitrogen				
	Gas Generation &				
	Distribution System.				

Checked By Sign/Date:	Verified By Sign/Date:
Inference:	
	Reviewed By (Manager QA) (Sign/Date)



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10.2 Training Record of Validation Team:

- All the persons involved in the execution of Qualification activity including the persons of outside
 agencies must be trained in all aspects of the Qualification activity including the test methodology,
 acceptance criteria and safety precautions to be followed during working at service floor.
- Verify the training records and record the details below mentioned table.

S.No.	Name of Person	Employee Code	Department	Status of Training	Verified By (QA) Sign/Date
1.0					
2.0					
3.0					
4.0					
5.0					
6.0					
7.0					

Training Given By:	
Sign & Date	
Inference:	
	•••••
	Reviewed By:
	(Manager QA)
	(Sign Date)



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10.3 Calibration of Test Instruments:

• Calibration of all the instruments used for Qualification should be mentioned along with Calibration Certificates.

S.No.	Name of Test Instrument	Date of Last Calibration	Next Due on	Status	Availability of Calibration Certificate	Verified By (QA) Sign/Date
1.						
2.						
3.						
4.						
5.						

Checked By: (Engineering) Sign/Date:	Verified By: (Quality Assurance) Sign/Date:
Inference:	
	Reviewed By
	(Manager QA)
	Sign/Date:



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11.0 TESTS AND CHECKS:

Performance Qualification study shall be carried out using following tests:

11.1 Determination of Oil Content & Moisture content in Nitrogen gas:

S.No.	Date	Area/Location	ID. No.	Observed Oil Content (NMT1.0 mg/m³)	Observed Water Content (NMT500 mg/m³)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Remarks:

Oil & Water content determination shall be performed for other remaining/new introduced critical Nitrogen air supply points and observations for Oil & Water content determination shall be enclosed as addendum with report and photographs of Under Test Gastec Tubes are enclosed as annexure-I with this report.

Checked By Sign/Date:	Verified By Sign/Date:
Inference:	
	Reviewed By (Manager QA) (Sign/Date)



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11.2 CO₂, CO & SO₂ Content Analysis of Nitrogen:

S.No.	Date	Area/Location	ID No.	Observed CO ₂ Content	Observed CO Content	Observed SO ₂ Content
				(NMT500.0ppm)		
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Checked By Sign/Date:	Verified By Sign/Date:
Inference:	
	Reviewed By Manager QA) Sign/Date



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11.3 O₂, Hydrocarbon & NO₂ Content Analysis of Nitrogen:

S.No.	Date	Area/Location	ID. No.	Observed O ₂ Content (NMT0.5%)	Observed Hydrocarbon (NMT500 ppm)	Observed NO ₂ Content (NMT2.0 ppm)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

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Inference:	
	Dowlowed De
	Reviewed By
	Manager QA)
	Sign/Date:



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11.4 Assay of Nitrogen, Dew Point & Sterility:

S.No.	Date	Area/Location	ID No.	Dew Point (NMT-40°C)	Sterility (no growth Observed)	Nitrogen content (NLT 99.5%)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						

Checked By Sign/Date:	Verified By Sign/Date:		
Inference:			
	Reviewed By Manager QA) Sign/Date:		



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Sign/Date:

11.5 Non – Viable Particle Count:

Name of equipment :

Particle Counter ID :

Date of Calibration :

Due on Calibration :

Make :

Date of Performance Qualification :

Date	Area/Location	Observation		Acceptance Criteria
		At Rest		
		$0.5\mu < d \le 1.0\mu$	$1.0\mu < d \le 5.0\mu$	
				Confirms to ISO Class 2
				$0.5\mu < d \le 1.0\mu$
				≤ 6000 particles
				_
				$1.0\mu < d \le 5.0\mu$
				- ≤ 100 particles
				≤ 100 particles
				1

Checked By Sign/Date:	Verified By Sign/Date
Inference:	
	Reviewed By
	Manager QA)



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Reviewed By (Manager QA)

Sign/Date.....

11.6 Sy	ystem Supply R	Reliability Te	st:					
Instru	ment Name							
Make								
Model	No.							
Instru	ment ID. No.							
Calibr	ation Date							
Calibr	ration Due Date	2						
Calibr	ation Certifica	te attached						
S.No.	Date of Observation	Area/Loc	cation	ID. No.	Observ	ved Pressu (1 st to 5 th		cm ²)
1.0								
2.0								
3.0								
4.0								
5.0								
6.0								
7.0								
8.0								
9.0								
10.0								
			ty Test for o	ther remaining/new	introduced Nit	rogen supply	y points sh	all be
Checke Sign/Da	d By ite:					Verified l Sign/Date		••••
Inferen	ce:							



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12.0 CHECKLIST OF ALL TESTS & CHECKS:

S.No.	Name of Test or Check	Execution (Yes/No.)	Remark	Verified By (Sign & Date)
1.0				_
2.0				
3.0				
4.0				
5.0				
6.0				
7.0				
8.0				
9.0				
10.0				
11.0				
12.0				
13.0				

Checked By Sign/Date:	Verified By Sign/Date:		
Inference:			
	Reviewed By		
	Manager QA)		
	Sign/Date:		



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13.0 REFERENCES:

The Principle Reference is the following:

- Validation Master Plan
- Schedule-M "Good Manufacturing Practices and Requirements of Premises, Plant and Equipment for Pharmaceutical Products."
- WHO Technical Report Series 961, Annexure 05.
- EU Guidelines to Good Manufacturing Practice Medicinal Products for Human and Veterinary Use Annex -1 Manufacture of Sterile Medicinal Products.- February 2008.
- ISO 14644-1 of Clean Rooms and Associated Controlled Environments.

14.0 DOCUMENTS TO BE ATTACHED:

- Copy of SOPs.
- Raw data of QC analysis

NON COMPLIANCE.

• Any Other Relevant Documents.

13.0	NON COMI LIANCE.
16.0	DEVIATION FROM PREDEFINED SPECIFICATION IF, ANY:



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17.0	CHANGE CONTROL, IF ANY:
18.0	REVIEW (INCLUSIVE OF FOLLOW UP ACTION, IF ANY):
10.0	REVIEW (INCLUSIVE OF FOLLOW OF ACTION, IF ANT).
19.0	CONCLUSION:



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21.0 ABBREVIATIONS:

CFM : Cubic feet Meter

HEPA : High Efficiency Particulate Air Filter

ID. : Identification

DYP : Nitrogen Gas Generation & Distribution System

Ltd : Limited

mm : Millimeter

MOC : Material of construction

No. : Number
Pvt. : Private

QA : Quality Assurance

WHO : World Health Organization

GMP : Good Manufacturing practice

 μ : Micron % : Percent

FDA : Food & drug administration

IB : Injection block

 μg : micro gram ft^3 : Cubic feet

min : Minute

m³ : meter cube

SCA : Soyabean casein agar

CFU : Colony forming unit

& : And

WFI : Water for injection

EU : European union

ISO : Indian standard of organization

SOP : Standard operating procedure

PPQ : Protocol performance qualification



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22.0 REPORT POST-APPROVAL:

INITIATED BY:

DESIGNATION	NAME	SIGNATURE	DATE
OFFICER/EXECUTIVE (QUALITY ASSURANCE)			

REVIEWED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (PRODUCTION)			
HEAD (QUALITY CONTROL)			
HEAD (ENGINEERING)			

APPROVED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (QUALITY ASSURANCE)			