

QUALITY ASSURANCE DEPARTMENT

PERFORMANCE QUALIFICATION REPORT FOR MULTI MILL

PERFORMANCE QUALIFICATION

REPORT

FOR

MULTI MILL

EQUIPMENT ID No.	
LOCATION	
DATE OF QUALIFICATION	
SUPERSEDE REPORT No.	NIL



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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			
(ENGINEERING)			

APPROVED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD			
(QUALITY ASSURANCE)			



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2.0 OBJECTIE:

 To provide documented evidence that the Equipment is performing consistently, repeatedly and reproducibly within its established operating range and the results of all test parameters meet the predefined acceptance criteria

3.0 SCOPE:

- The Report covers all aspects of Performance Qualification for the **Multi Mill (Make –Elicon Pharma,)** installed in the **Granulation.**
- The Multi Mill is a standalone unit with plug in type electrical connections for operation and is on castor wheel. Hence, may be moved as per requirement to other area of operation which shall not change the performance of equipment.
- The report provides all the relevant information of Performance Qualification Activity for Multi Mill and all the observation of in-process checks and analytical results of analyzed 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 Report.

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



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5.0 EQUIPMENT DETAILS:

Equipment Name	Multi Mill
Equipment ID.	
Manufacturer's Name	Elicon Pharma
S.NO.	EP/P&CHPL/MM-3HP/8/AUG/2014
Supplier's Name	Elicon Pharma
Location of Installation	Granulation

6.0 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.

- Executed and approved Design Qualification document.
- Executed and approved Installation Qualification document.
- Executed and approved Operational Qualification document.
- SOP for Operation & Cleaning of Multi Mill.
- SOP for Preventive Maintenance Multi Mill.



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	7.0 TEST	'S AND	CHECKS
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7.1 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 (QUALITY ASSURANCE) SIGN/DATE		
1.	Executed and approved						
	Design Qualification						
	document						
2.	Executed and approved						
	Installation						
	Qualification document						
3.	Executed and approved						
	Operational						
	Qualification document						
4.	PQ Protocol approved						
5.	SOP for Operation &						
	Cleaning of Multi Mill						
6.	SOP for Preventive						
	Maintenance						
Inference:							

D : 1D
Reviewed By
(Manager QA)
Reviewed By (Manager QA) Sign & Date:



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7.2 TEST PRODUCT BATCH INFORMATION:						
S.No.	PRODUCT NAME	ВАТСН	BATCH	MFG.	EXPIRY	
Placebo 1	Formulation					
Drug Pro	oducts					
Compile (QA) Sign/Dat	d By					
Inference	e:					
•••••				• • • • • • • • • • • • • • • • • • • •		
•••••		•••••		• • • • • • • • • • • • • • • • • • • •	•••••	
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••••••				• • • • • • • • • • • • • • • • • • • •		
••••••		•••••	•••••	• • • • • • • • • • • • • • • • • • • •	••••••	
			(Mar	ewed By nager QA) /Date:		



SCREEN

SPECIFIED

AS PER BMR

SIEVE

SPECIFIED

AS PER BMR

PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

% GRANULES

RETAINED

BLACK

PARTICLES

INTEGRITY OF

SCREEN &

SIEVE

PERFORMANCE QUALIFICATION REPORT FOR MULTI MILL

7.3 REPORT OF PERFORMANCE EVALUATION USING PLACEBO FORMULATION:

Product Name: Batch No:

%

GRANULES

PASSED

		1110022				
					BEFORE	AFTER
Checked By				Verified 1		
(Production)					Assurance)	
Sign/Date:				Sign/Date	2•	
Inference:						
imerence.						
•••••	•••••				• • • • • • • • • • • • • • • • • • • •	•••••
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	• • • • • • • • • • • • • • • • • • • •					
				Reviewed	By	
				(Manager Sign/Date	• QA) •	
				Sign/Date	•	• • • • • • • • • • • • • • • • • • • •



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7.4 REPORT OF PERFORMANCE EVALUATION USING DRUG PRODUCTS:

In-Process Observations:								
Product name	Batch No.	Screen specified	Sieve specified	% Granules	% Granules	Black Particles	Integ	rity of & sieve
		As per BMR	As per BMR	passed	retained		Before	After
Direction of rotat	tion of blade	es:						
Acceptance Crit	teria							
% Retain Grant	ules	NMT 5%						
Black Particles		Should be absent						
Integrity of Scre	een &	Should be In	tegrated					
Checked By					${f V}$	erified By		
(Production)					((Quality Assu	ırance)	
Sign/Date:	• • • • • • • • • • • • • • • • • • • •	•••				ign/Date:		
Inference:								
	• • • • • • • • • • • • • • • • • • • •		•••••			• • • • • • • • • • • • • • • • • • • •		
						• • • • • • • • • • • • • • • • • • • •		
					•			
						eviewed By Ianager QA)	
						gn/Date:		
Digitizate:								



TESTS OR CHECKS

PHARMA DEVILS

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EXECUTED

(YES/NO)

REMARKS

8.0 CHECKLIST OF ALL TESTS & CHECKS: This checklist is provided to ensure that all tests or checks required for this protocol have been executed.

Verification of DQ, IQ & OQ & other	
documents.	
Verification of performance using Placebo	
Formulation.	
Verification of Performance using Drug	
Products.	
Checked By (Production) Sign/Date:	Verified By (Quality Assurance) Sign/Date
Inference:	



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9.0	DOCUMENTS TO BE ATTACHED:
	Any other relevant document
10.0	NON COMPLIANCE:
11.0	DEVIATION FROM PRE-DEFINED SPECIFICATION, IF ANY:
12.0	CHANGE CONTROL, IF ANY:



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13.0	REVIEW (INCLUSIVE OF FOLLOW UP ACTION, IF ANY)
14.0	CONCLUSION
15.0	RECOMMENDATION



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16.0 ABBREVIATIONS:

DQ : Design Qualification

ID. : Identification

IQ : Installation Qualification

Kg : Kilogram

mm : Millimeter

NLT : Not Less Than

OQ : Operational Qualification

PQ : Performance Qualification

QA : Quality Assurance

SOP : Standard Operating Procedure



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17.0 REPORT POST- APPROVAL:

INITIATED BY:

DESIGNATION	NAME	SIGNATURE	DATE
OFFICER/EXECUTIVE (QUALITY ASSURANCE)			

REVIEWED BY:

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

APPROVED BY:

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (QUALITY ASSURANCE)			