



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### 1.0 OBJECTIVE:

To lay down the Procedure for Handling of Microbial Excursion in Water and Environment.

### 2.0 SCOPE:

This SOP is applicable for excursions from alert/action/specified limits as defined in the environmental monitoring program for all dosage from (sterile and non sterile) and aseptic manufacturing areas and microbial excursions from alert/action/specified limits of purified water, WFI and Pure steam condensate in Microbiology Section of Quality Control Laboratory.

### 3.0 RESPONSIBILITY:

Officer / Executive – Microbiology

### 4.0 ACCOUNTABILITY:

Head – QC

### 5.0 ABBREVIATIONS:

BET	: Bacterial Endotoxin Test
CAPA	: Corrective and Preventive Action
Cfu	: Colony Forming Unit
GPT	: Growth Promotion Test
HVAC	: Heating Ventilation and Air Conditioning
HQC	: Head Quality Control
NA	: Not Applicable
No.	: Number
PSC	: Pure Steam Condensate
QA	: Quality Assurance
QC	: Quality Control
RH	: Related Humidity
SOP	: Standard Operating Procedure
TVAC	: Total Viable Aerobic Count
TMC	: Total Microbial Count
TFC	: Total Fungal Count
Temp.	: Temperature
WFI	: Water for Injection
$\Delta P$	: Differential Pressure

### 6.0 PROCEDURE:

#### 6.1 DEFINITION:

**6.1.1 Standard Operating Procedure (SOP):** A written authorized procedure, which gives instructions for performing operations.



**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

- 6.1.2 Microbiological Identification:** Biochemical characterization of isolated colonies to determine the isolate genus and where feasible and appropriate the species.
- 6.1.3 CAPA:** Corrective and Preventive action, a systematic approach that includes actions needed to correct (correction), prevent recurrence (“Corrective Action”), and eliminate the cause of potential non conforming product and other quality problems (preventive action).
- 6.1.4 Alert Limit:** An established microbial or airborne particle limit giving early warning of potential drift from normal operating conditions and triggers appropriate scrutiny and follow-up to address the potential problem. Alert limit are always lower than action limit.
- 6.1.5 Action Limit:** An established microbial or airborne particle limit that, when exceeded, should trigger appropriate investigation and corrective preventive action based on the investigation.
- 6.1.6 Specified Limit:** An specified microbial or airborne particle limit that, when exceeded, should trigger appropriate investigation and corrective action and preventive action based on the investigation.
- 6.1.7 Immediate action:** A response taken to an excursion.
- 6.1.8 Corrective Action:** Action to eliminate the cause of a detected nonconformity or other undesirable situation.
- 6.1.9 Preventive Action:** Action to eliminate the cause of a potential nonconformity or other undesirable situation.
- 6.1.10 Critical Area:** An area designed to maintain sterility of sterile materials. Sterilized product, containers, closures and equipment may be exposed in critical areas.
- 6.1.11 Colony Forming Unit (cfu):** A microbiological term that describes the formation of a single macroscopic colony after the introduction of one or more microorganism to microbiological growth media. One colony forming unit is expressed as 1 cfu.
- 6.1.12 Laboratory error:** An error associated with the performance of a test procedure or due to laboratory instrument failure.
- 6.1.13 Hypothesis/Investigative Testing:** Testing is performed to help confirm or discount a possible root cause i.e. what might have happened that can be tested: - for example it may include further testing regarding sample filtration, sonication /extraction; and potential equipment failures etc. Multiple hypotheses can be explored.

**6.2 PROCEDURE:**

- 6.2.1** If there is any excursion observed in environmental monitoring and water samples microbiologist shall initiate the intimation as per **Annexure-VI** (Notification of Excursion) to QA.
- 6.2.2 Notification Criteria:** Intimate for alert/action/specified limit excursion when:
- Alert limit is exceeded



**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

- Action limit is exceeded
- Specified limit is exceeded

- 6.2.3** If microbial result exceeds the alert limit, constitute a warning and do not necessary require a corrective action. However, sampling point shall be monitored for three consecutive days.
- 6.2.4** Water Sampling shall be done from the affected point(s), generation, storage and return loop sampling point.
- 6.2.5** If water system microbial result exceeds action limit, an immediate corrective action shall be taken to bring the process back to normal operating range.
- 6.2.6** In case alert limit excursions observed three times in succession from the same location, same shall be treated as action limit excursion.
- 6.2.7** In case of any excursion observed from the microbial alert/action/specified limits in Environment monitoring and water samples; inform concerned department Manager/Designee, Quality Control Head/Designee, Quality Assurance Head/Designee, and Production Head/Designee through **Annexure-VI** (Notification of Excursion).
- 6.2.8** Executive/Officer-QA shall enter the details of excursion in excursion logbook.
- 6.2.9** Result of excursion in Water/Environmental Monitoring shall be documented in **Annexure-V** and Notification Number shall be generated by Quality Assurance.
- 6.2.10** Assign the Notification Number as follows;  
“**XX/TOE /YY/NNN**”
- Where,
- XX: Denotes Facility Code
- TOE:** Denotes type of Excursion (EME for Environment Monitoring Excursion and WME indicating Water Excursion)
- YY: Denotes year, i.e. 21 for 2021.
- NNN: Denote to serial Number of allotted notification.
- 6.2.11** The product manufactured on the day when action limit exceeds shall be kept under hold till the completion of investigation. Head- Quality Assurance (Head-QA) shall take appropriate decision regarding the release/rejection.
- 6.2.12** After creation of a "**Notification of Excursion**" a sequential detailed Phase I Investigation process shall be conducted to determine the root cause.
- 6.2.13** Each step of the investigation process shall be clearly defined, including the number of replicates and the outcome of each investigational step shall be evaluated.

**6.3 IDENTIFICATION OF THE MICROORGANISMS AND ITS SOURCE:**



**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

- 6.3.1 Micro flora observed during environmental monitoring and water samples shall be isolated as per SOP.
- 6.3.2 Convey the information about identified microorganism to the head of the affected area through Annexure-VII "Identification of microorganism".
- 6.3.3 Operating Manager Micro/Designee with the concerned Microbiologist shall conduct laboratory Investigation.

**6.4 PHASE-I INVESTIGATION: (INVESTIGATION OF MICROBIOLOGY LABORATORY)**

- 6.4.1 Initiate investigation as per **Annexure-VIII** (in case of three times alert excursion in succession from the same location/action limits in the settle plate samples, active air samples, contact plate samples (wall/floor/surface), swab samples, personnel monitoring samples and water testing) for determine the root cause (But not limited to).
- 6.4.2 Operating Manager Micro shall investigate for potential laboratory errors which can occur while analysis.
- 6.4.3 Check if samples were incorrectly stored at inappropriate temperature or containers are not properly closed or possibly not sampled in the correct designated sampling container.
- 6.4.4 Investigation in the microbiology laboratory shall a review of relevant records as per the **Annexure-VIII**. Record observation in the given space in 'Observation' column. Wherever the observations are not complying, give details.
- 6.4.5 Check for the sampling error, ensure the sampling is done as SOP correctly.
- 6.4.6 Quality Assurance shall give the approval for Re sampling of water samples.
- 6.4.7 Retesting shall be performed by two microbiologists.
- 6.4.8 The microbiologist who performed the original testing shall be preferably selected to perform reanalysis as one of the analyst.
- 6.4.9 If found that the person made error in any of the particular microbiological testing or aspects, training shall be imparted to the responsible person and necessary evaluation shall be taken.
- 6.4.10 If laboratory error found or any mechanical failure is identified inform to Head-Quality Assurances (Head-QA) to Document the corrective action taken and perform the re-analysis (if required).
- 6.4.11 If results of re-analysis are complying (within the appropriate limit individually), then the initial results shall be invalidated and substituted with the average of retest results, conclude the investigation with the probable root cause.
- 6.4.12 If cause of excursion is identified at laboratory limit, carry out corrective action and re-analyze (if required)
- 6.4.13 If cause of excursion is not identified at the laboratory limit, than forward the investigation report to Quality Assurance for investigation in the production or concerned area.



## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### 6.5 PHASE-II INVESTIGATION: (INVESTIGATION OF MANUFACTURING FACILITY)

- 6.5.1** Phase-II investigation team shall be identified by Head QA from QA, QC, Microbiology, Production, Engineering, SME, etc. as appropriate.
- 6.5.2** On receipt of the Phase-I Laboratory Investigation report from microbiology lab, investigate the cause of excursion as per **Annexure-IX** "Investigation of Microbial Excursion in Water" (PW/WFI/PSG, and as per **Annexure-X** "Investigation of Microbial Excursion in Environment".
- 6.5.3** Phase-II Investigation will include review of following records (but not limited to):
- Cleaning and sanitization
  - Changing of filters/ regeneration records
  - Disinfectant qualification record
  - Area cleaning sanitization record
  - Personnel qualification record
  - Area Qualification reports
  - HVAC qualification
  - Storage and distribution
  - Pretreatment and purification system and document of production parameters
  - Other checks on the generation and distribution system.
- 6.5.4** Identify the root cause or most probable cause.
- 6.5.4.1** Executive/Officer-Microbiology, Head QA and Head production will make complete review of trend data (Environment or Water) and other information & comments regarding the trend data.
- 6.5.4.2** Based on the location of excursion and the type of sample, following are the suggested additional investigational checks but not limited to:
- Review aseptic technique of personnel.
  - Evaluate mechanical equipment in area as possible source of contamination.
  - Evaluate integrity of the room (e.g. peeling paint, cracks in ceiling, walls and floor)
  - Investigate for possible sources of contamination.
- 6.5.4.3** If the investigation reveals the source or probable source of contamination, identify the root cause and plan appropriate corrective & preventive action.
- 6.5.4.4** If cause for excursion cannot be identified and excursions are occurring repeatedly, check the integrity of filters of the HVAC system of the affected area. An aseptic process stimulation (media fill) may be required.
- 6.5.4.5** If production is discontinued under impact assessment, it shall be commenced once the environmental results of the aseptic processing area/personnel are within the alert/action limits.
- 6.5.5** Investigation report shall be closed within 30 working days of its initiation. In case the report is not closed, an interim report shall be prepared with the justification for extension and new proposed timelines. Fill Extension form as per **Annexure-XI**. If any extension required.



**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

**6.5.6 Corrective Action and its implementation for Microbial Excursion in Water:**

- 6.5.6.1** Plan appropriate corrective action such as flushing of the storage tank and the distribution loop, sanitization of the storage tank and distribution loop, quarantining the product, Area cleaning and fumigation etc.
- 6.5.6.2** After implementation of corrective action, collect samples (if required) from the particular usage point, return and supply of the water storage and distribution system and send it for analysis.
- 6.5.6.3** Record the details in the respective sampling log/register.
- 6.5.6.4** Based on the QA approval water usage may be stopped in the production to identify the failure and any further risk to the product.
- 6.5.6.5** If the re-sample of water taken meets the requirements of the test within the limits appropriate for the parameters. Resume the usage of water/steam.
- 6.5.6.6** If the sample still fails, plan further corrective action which may include checks and sampling at the pre-treatment stages and the generation and purification stages.
- 6.5.6.7** After appropriate corrective action, again sample from the same user point, return and supply of the storage and distribution system.
- 6.5.6.8** Based on the impact assessment, the sampling location can be increased.
- 6.5.6.9** If the results of retesting is complying (Within the appropriate limits), usage of water can resumed.
- 6.5.6.10** Appropriate decision regarding the release/rejection of the product manufactured on the day of excursion shall be taken by Head- Quality Assurance (Head-QA).
- 6.5.6.11** Provide the details of the investigation in chronological order. Assess the impact of water used during the period of excursion.
- 6.5.6.12** Any discussion that review data and make recommendations should be documented.

**6.5.7 Corrective Action and its implementation for Microbial Excursion in Personnel Monitoring:**

- 6.5.7.1** When the results from personnel monitoring and finger dabs are found to exceed alert(three times) or action limit and objectionable organisms are recovered when identified as per identification of isolates SOP, record the detail with appropriate operator/ personnel name in specific format attached with environmental monitoring reports and inform to production department/concern department.
- 6.5.7.2** If a person exceeds action limit, he/she shall not be allowed to enter the critical area and shall be re-qualified as per respective SOP and shall be only allowed to enter after successful completion of qualification program.

**6.5.8 Corrective Action and its implementation for Microbial Excursion in Environment Monitoring:**



**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

**6.5.9** If the notification for Environmental Monitoring results exceeding alert for three consecutive days or action limit then based on sampling location (Critical/Non-critical) further decision for stopping of production can be taken by Head-Quality Assurance (Head-QA) and appropriate corrective action shall be taken as given below (but not limited to).

- Extensive cleaning and sanitization with disinfectant.
- Fogging of area if required
- Re-training/Qualification of the personnel if count are exceeding in personnel monitoring.

**6.5.10** If production is stopped, production activity shall be resumed after getting satisfactory results for 3 consecutive days of the environmental monitoring.

**6.5.11** If the objectionable organism is repeatedly identified, appropriate corrective action shall be taken as given below (but not limited to).

- Source of contamination to be studied.
- Possibility of impact on product in filling areas.
- Extensive mopping with disinfectants. If appropriate, disinfectants with specific activity such as sporocidal can be used.
- Fumigation of area.
- Re-training & Qualification of the personnel if recovered in personnel monitoring.

**6.5.12** If the results of Environmental monitoring for 3 consecutive days found satisfactory production activity shall be resumed.

**6.5.13** Appropriate decision regarding the release/rejection of the product manufactured on the day of excursion shall be taken by Head- Quality Assurance (Head-QA).

**6.6 TRENDING OF EXCURSION RESULTS:**

**6.6.1** Prepare the trends of Excursion on yearly basis by QA with Bar / Pie chart for better understanding to identify contributory factor causing Excursion test results i.e. Analyst, Instrument, Product/Material, Inconclusive for review and recommendation as per format in “Trending of Excursion Data” as shown in **Annexure –XII**.

**7.0 ANNEXURES:**

<b>ANNEXURE No.</b>	<b>TITLE OF ANNEXURE</b>	<b>FORMAT No.</b>
Annexure-I	Flow chart for Microbiological Monitoring Excursions	
Annexure-II	Flow chart for Investigation of Environment Monitoring Excursion.	
Annexure- III	Flow Chart for investigation for Water Excursion (TVAC)	



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

Annexure- IV	Flow chart for investigation for water excursion (Bacterial Endotoxin Test)	
Annexure-V	Result of Excursion in Water/Environment/Personnel Monitoring	
Annexure- VI	Notification for Excursion	
Annexure-VII	Identification of Microorganism	
Annexure- VIII	Investigation of Microbial Excursion in Water/ Environment	
Annexure- IX	Investigation of Microbial Excursion in water (PW/WFI/PSG/Raw). (Phase-II Investigation)	
Annexure- X	Investigation of Microbial Excursion in Environment. (Phase-II Investigation)	
Annexure- XI	Extension form for Investigation of Microbial Excursion in water / Environment.	
Annexure- XII	Trending of Excursion Data	

### ENCLOSURE: SOP Training Record

#### 8.0 DISTRIBUTION:

- Controlled Copy No. 01                      Quality Assurance
- Controlled Copy No. 02                      Microbiology
- Master Copy                                      Quality Assurance

#### 9.0 REFERENCES:

- USP Chapter No. 1116  
PDA TR#13

#### 10.0 REVISION HISTORY:

##### CHANGE HISTORY LOG

Revision No.	Change Control No.	Details of Changes	Reason for Changes	Effective Date	Updated By

### ANNEXURE I

#### FLOW CHART FOR MICROBIOLOGICAL MONITORING EXCURSIONS





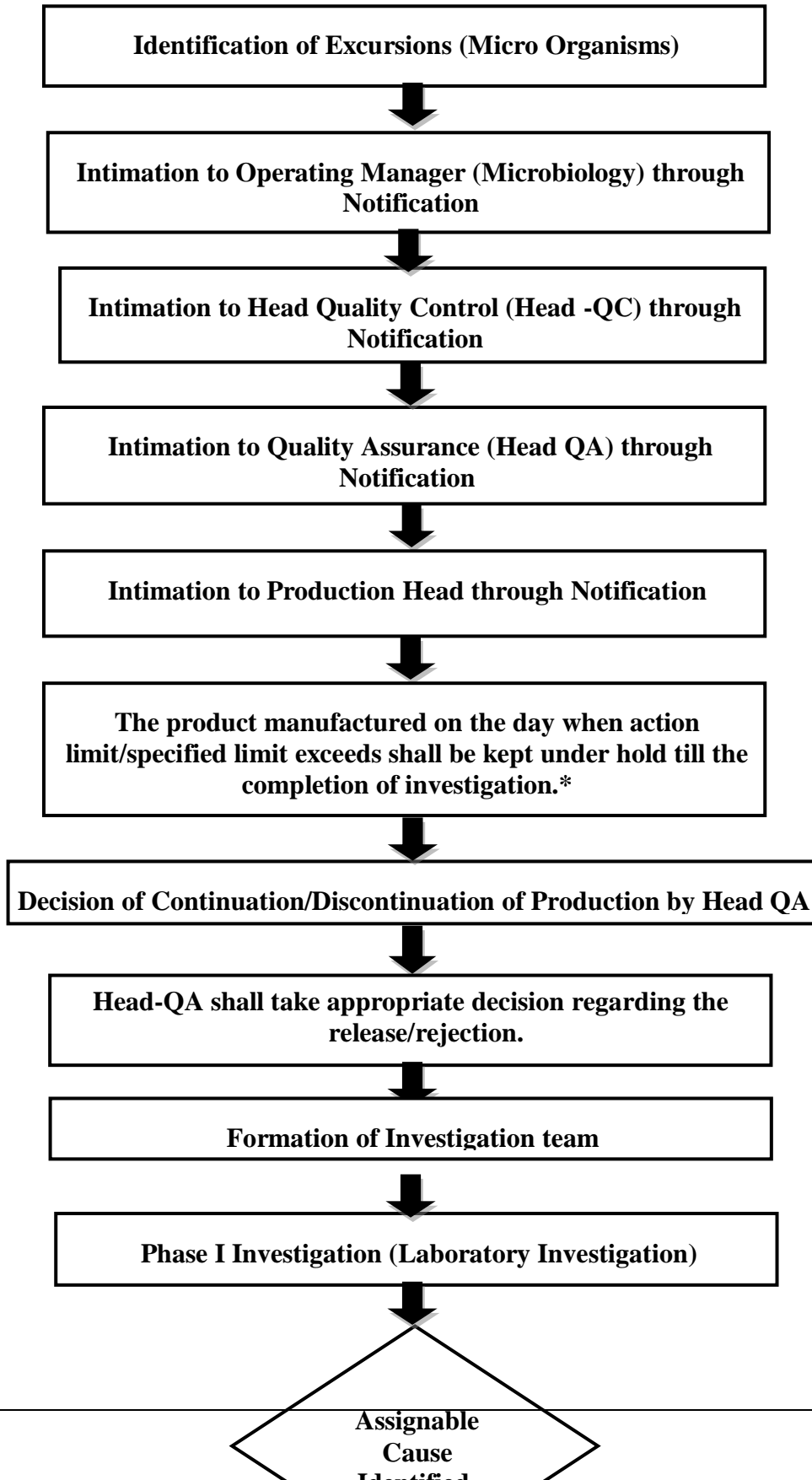


# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>



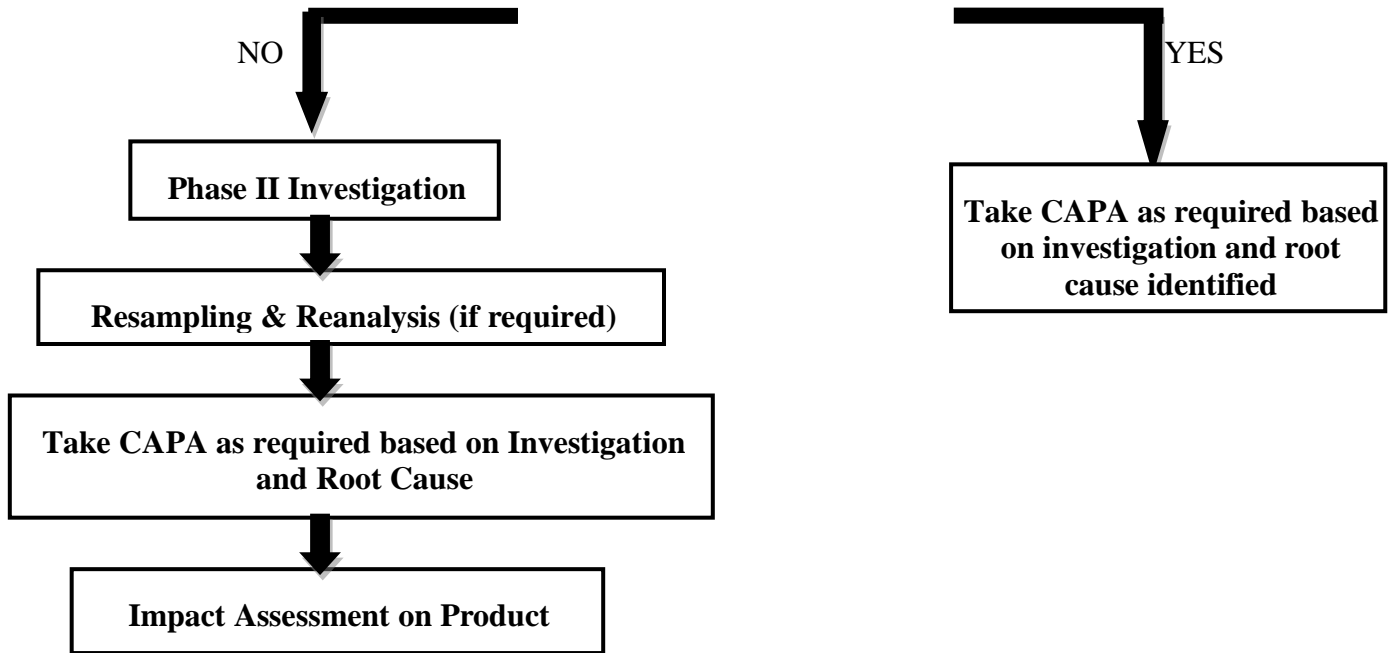


# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>



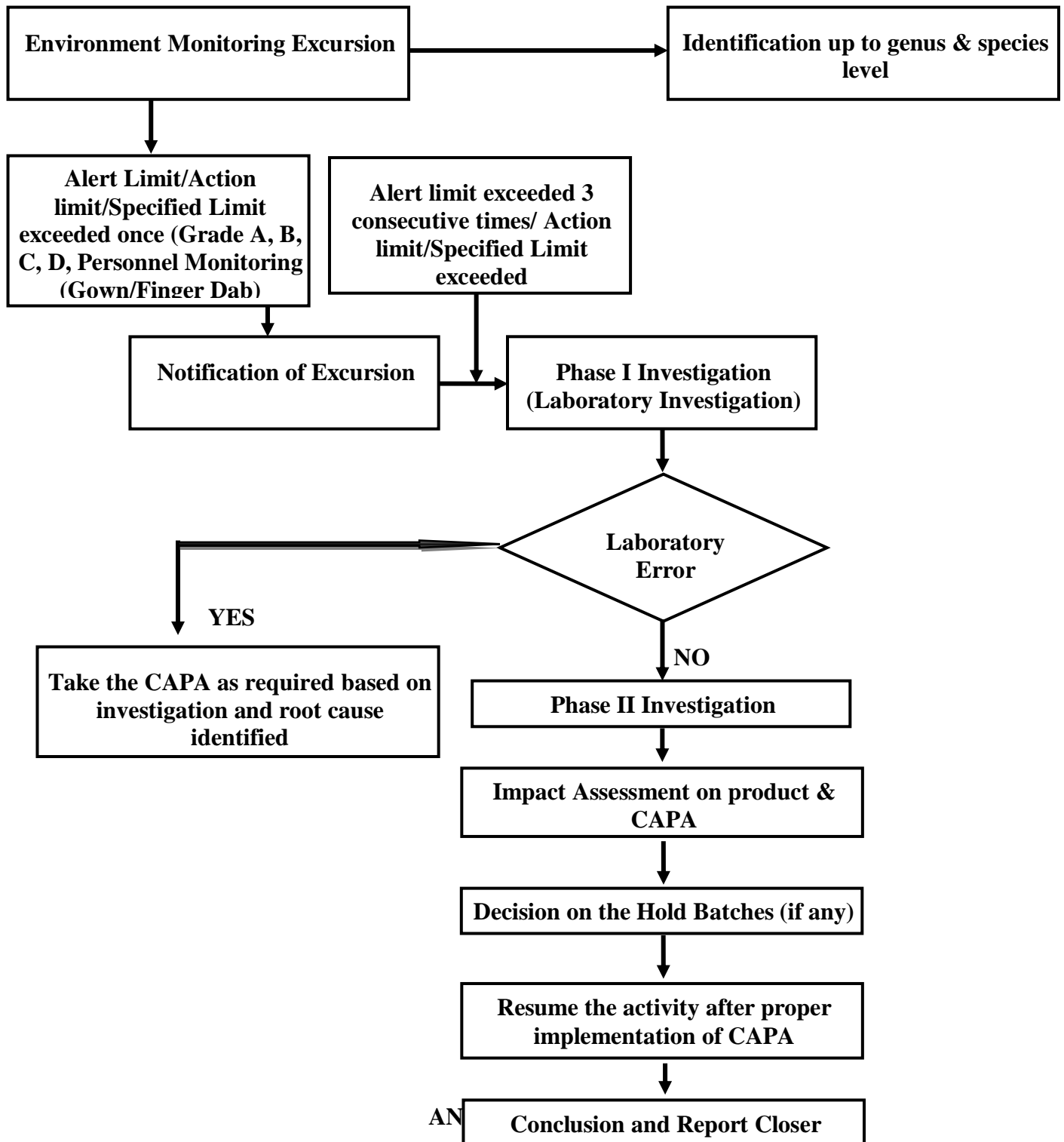


## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE II

#### FLOW CHART FOR INVESTIGATION OF ENVIRONMENT MONITORING EXCURSIONS





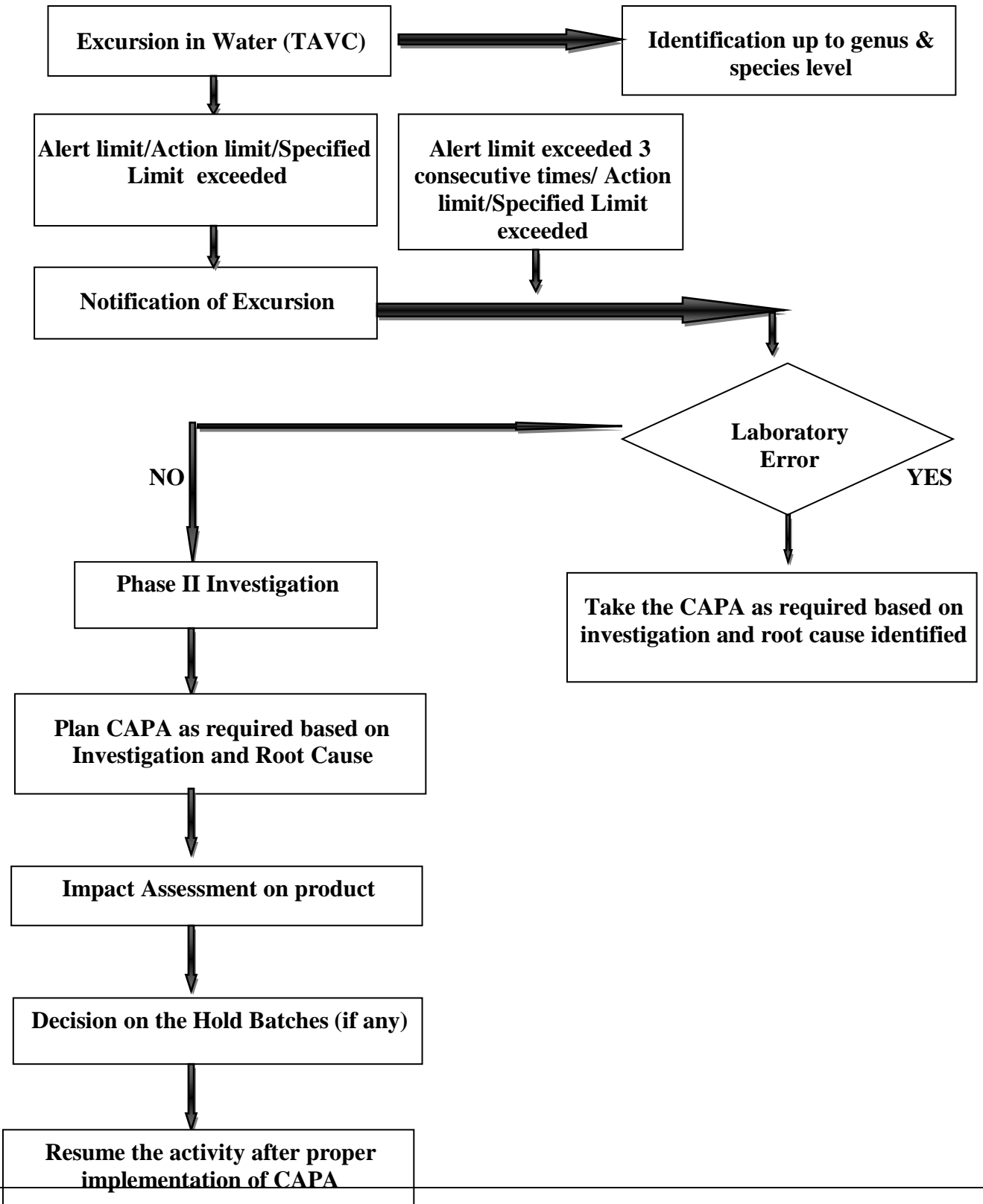
# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

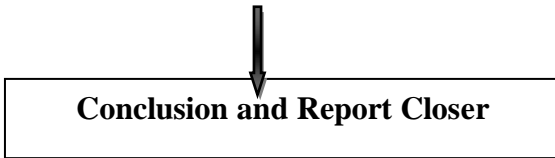
### FLOW CHART FOR INVESTIGATION OF WATER EXCURSION (TAVC)





**STANDARD OPERATING PROCEDURE**

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>



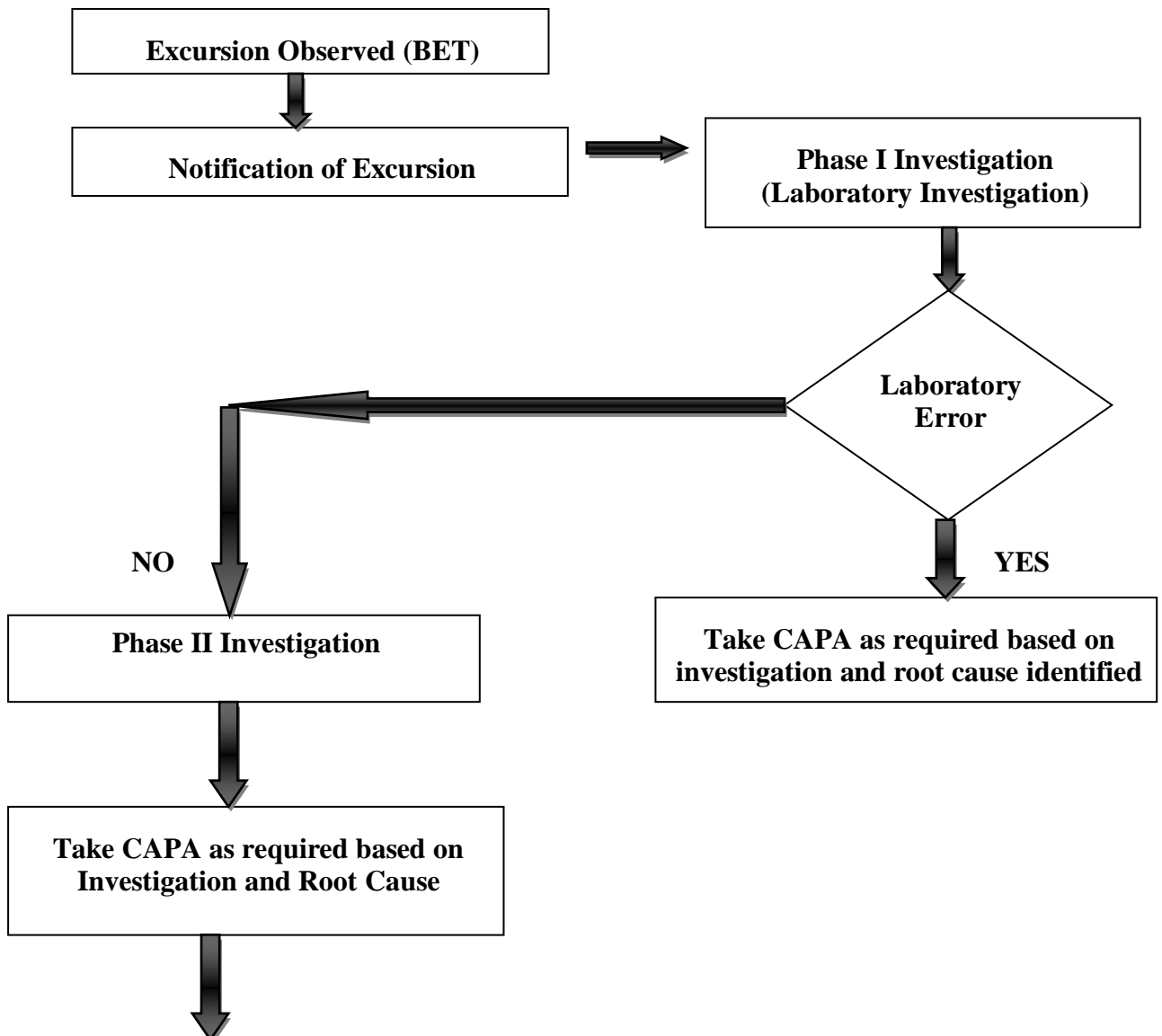
FORMAT No.: HML-023/F03-02

Page X of Y

**ANNEXURE IV**

**PURE & CURE HEALTHCARE PVT. LTD.**  
HARIDWAR  
MICROBIOLOGY

**FLOW CHART FOR INVESTIGATION WATER EXCURSION IN BET**



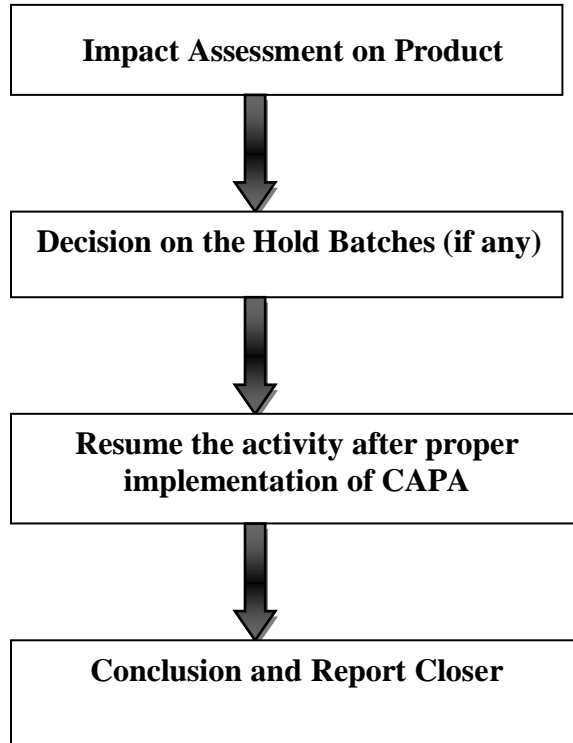


# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>







# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

## ANNEXURE VI NOTIFICATION FOR EXCURSION

From : QC-Microbiology							
Date of Analysis		Type of Excursion		Date of Water Sampling/ Monitoring			
Type of Analysis		Date of Observation		Sample Analysed By: / Monitoring done By: Name/Date		Result Observed By Name./Date	
Details of Excursion:							
(Excursion in Environment Monitoring/ Water Sample)							
S. N.	Area	Sampling Point ID./Location ID.	Lot. No./ A.R. No.	Observations	Alert limit	Action Limit	Specified Limit
(Personnel Monitoring)							
S. N.	Name of the Person	Location	Observations (cfu)	Alert limit	Action Limit	Specification Limit	
Operating Manager- Micro (Sign./Date)			Head Quality Control (Sign./Date)				
Head Quality Assurance (Sign./Date)			Head Production (Sign./Date)				





# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

**Department:** Microbiology

**SOP No.:**

**Title:** Handling of Microbial Excursion in Water and Environment

**Effective Date:**

**Supersedes:** Nil

**Review Date:**

**Issue Date:**

**Page No.:**

Notification No.			



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

## ANNEXURE VII IDENTIFICATION OF MICROORGANISM

<b>Notification No.</b>		
<b>Production Facility/Area</b>		
<b>Method of Identification</b>		
<b>Name of Organism Identified (Attach report):</b>		
<b>Probable Source of identified organism (Attach literature Reference, (if any):</b>		
<b>Prepared By:</b> Microbiologist	<b>Verified By :</b> Operating Manager-Micro	<b>Approved By:</b> Head-QC



## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE VIII INVESTIGATION OF MICROBIAL EXCURSION IN WATER / ENVIRONMENT

#### PHASE I MICROBIOLOGY LABORATORY INVESTIGATION

##### 1. Investigation report for Excursion from Action Limit in PW/WFI/PSG/Raw Water

Notification No.:

Name of facility	Type of Water Sampling	Sampling Point/ Location	
Lot. No./ A.R. No.	Date of Sampling	Date of Testing	
Date of observation	Alert Limit	Action Limit	
Analysed By:	Count Observed By	Sampled By (Name)	

##### A. Investigation for water Excursion in TVAC/ Pathogen : Applicable/ Not Applicable

Dehydrated Media Lot. No. & Expiry		Media GPT	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Autoclave cycle no. of media used for testing eg. R2A/ SCDA		Autoclave cycle no. of liquid media used for testing eg. SCDM/Peptone Water	
Nature of prepared media, Physical appearance of solid/ liquid medium such as <ul style="list-style-type: none"> <li>• Cracked containers or lids</li> <li>•</li> </ul>	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Pre Incubation Condition (if applicable)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Nature of contamination if any in pre incubated plates		Observation of any contaminations in the plates (same media lot) used for other samples of same day and/ or other days.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any unusual observation during preparation of media (in dehydrated, upon reconstitution & dissolution, pH) storage and usage.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Negative Control of SCDM/R2A/SCDA/Dilutions	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Growth promotion test results of used media	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	pH of Media	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
0.45μ membrane negative control on agar media.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Was there any crack, improper closures observed in the sampling containers?	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

Environment Monitoring of LAF (Used for analyzing the samples under investigation) settle plate results and active air sampling results (3 days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Environment Monitoring of associated and background environment (Used for analyzing the samples under investigation) - Settle plates and Active air sampling results (3 days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Trend analysis of environment monitoring of the LAF and background area	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Results of TVAC/Pathogen 3 days earlier	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Power failure during testing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Preparation and sterilization of accessories	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Analyst Training (Microbiologist)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Verification of Sterilization load	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Analyst Qualification	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review of periodic cleaning of pre filter	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any previous history of the sample under investigation, analyst involved in testing	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Ensure the samplings done as per SOP.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Sampling bottles sterilization	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Qualification/Validation of sterilization process	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Qualification/Validation of LAF	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	SOP and standard testing procedure adopted for the testing of samples under investigation	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any unusual observation during sampling (to be verified by means of an interview with the analyst, who has done the sampling)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Other observation(if any)	
Interview of person for potential cause (attach report if required)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable		
Investigation Evaluation Summary:			



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### B. Investigation for water Excursion in BET: Applicable/ Not Applicable

Heating Block/Plate temperature	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	BET Incubator/ calibration done on	
BET Incubator/ next calibration due on		Analyst qualification record done as on date	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Verification sterilization parameter	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Interview of person for potential cause (attach report if required)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Depyrogenation of the glassware used in the preparation of samples and reagents	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Evaluation of Product Positive Control and Product Negative Control etc.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Evaluation of the validity of reagents	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Confirm whether Limulus Amoebocyte Lysate(LAL)/ Control Standard Endotoxin/LAL Reagent Water was stored at correct temperature	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Confirm whether dry heat sterilizer (DHS) has been Calibrated/ Qualified and its temperature monitoring on routine basis	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Confirm whether reconstituted Limulus Amoebocyte Lysate(LAL)/ Control Standard Endotoxin/LAL Reagent Water was used with in their shelf life.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Confirm whether test for confirmation of labeled lysate sensitivity of LAL reagent was within Acceptance criteria.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any other parameters (if any)			
Investigation Evaluation Summary			

### 2. Investigation for Environment Monitoring: Applicable/ Not Applicable

Steam Sterilizer (Instrument ID)		Steam Sterilizer Validation done on	
Result of steam sterilizer	<input type="checkbox"/> Complies	Steam Sterilizer validation	



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

validation	<input type="checkbox"/> Not Complies	due on	
Deviation if any (To be compare with previous case)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Media name & Lot No. used for environment monitoring	
Validity period of sterilized media		Date of media sterilization	
Sterilization cycle no.		Media plate prepared by (Name)	
Status of Negative control	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the sterilization cycle parameters	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the result of media GPT	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Lot No./ used before of pre sterilized petriplates.	
Pre-incubation of media plates completed (Date)		Review of training records of concern person/Microbiologist	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Preincubation of media plates started (date)		Preincubation of plate status (any contamination found)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review of microbial monitoring result of media preparation room is within the alert limit on the day of media prepared.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Name and concentration of sanitizing/cleaning agent used.	
Area cleaning & sanitization done as per SOP	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the area qualification record	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Interview of person for potential cause (attach report if required)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Ensure the samplings done as per SOP.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the Environment condition plate preparation room (Temp., RH & DP)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	disinfectants used	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the viable microbial monitoring trends of microbiology laboratory (Two Months).	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review of Non viable count if required	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Verify the entry exit procedure for microbiology area weather the entry made correctly.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the procedure adopted to perform the test was correct or not	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

Review the isolate and their source and there occurrence with other type of tests such as bio-burden, microbial limit test, sterility test and water analysis.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check the any similar observation occurred previously, their investigation and corrective action taken.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Review the cleaning & sanitization status of transportation containers.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Sterilization date of peptone water bottle	
Container sterilization cycle no./ sterilization done		Sterilization date of air sampler sieve	
air sampler sieve sterilization cycle no.		Sterilization cycle parameter (Container/Air sampler sieve)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Microbiology department HVAC validation due on		Result of HVAC validation	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Deviation in HVAC Validation (if any)	<input type="checkbox"/> Yes <input type="checkbox"/> No	To check microbiologist qualification record	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
To check environmental reports other than the failure report for previous excursion (if any).	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check the sterilization status of the materials used for test was correct eg. Media, filter paper, water, swab, saline etc.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the history of data	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review of isolated organism Obtained with previous history	
Review report of the laminar flow lab and the other testing reports of microbiology lab.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review for occurrence of any particular intervention in microbiology lab	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Investigate whether performance of any equipment or training of personnel or use of apparatus have not affected the results of the tests performed at that time.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Any other cause/points for excursion	
Corrective action and preventive action (Mentioned CAPA taken,			



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

in brief also mention CAPA reference No.			
Assignable cause found/not found initiate the second phase investigation.			
Investigation Evaluation Summary:			
Conclusion:			
Microbiologist (Sign./Date)	Operating Manager-Micro (Sign./Date)	Head-QC (Sign./Date)	Head-QA (Sign./Date)





## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE IX

## INVESTIGATION OF MICROBIAL EXCURSION IN WATER (PW/WFI/PSG/RAW) (PHASE-II INVESTIGATION)

### PHASE- II PRODUCTION AREA INVESTIGATION

Notification No.:

#### 1. Potable Water Treatment : Applicable/ Not Applicable

Check the chlorination/ disinfection treatment	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check the SMBS dosing	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the Hardness of water	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Verify the Ion exchange parameters	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the effectiveness of filtration	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Cleaning frequency of raw water storage tank	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any other parameters if required (As per water treatment system)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Any unusual observation incidence occurs	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training record of Concern person	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable		

#### 2. Purified water Generation, Storage and Distribution System: Applicable/ Not Applicable

Last sanitization done on		Check the online conductivity for any abnormal trend in purified water/WFI.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for any leakage in Purified water/WFI Generation system.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for calibration status of temperature, conductivity from the set limit for last 7 days of storage tank.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the trend of TVAC return loop water	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check the change in conductivity from the set limit for last 7 days of storage tank	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for the change in conductivity from the set limit for last 7 days of return loop	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the change in velocity from the set limit for last 7 days	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for UV parameters as per limit	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the decrease in water limit below the limit for last 7 days.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for the last vent filter integrity done on	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies	Check for any maintenance work done/date	



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

& test results	<input type="checkbox"/> Not Applicable		
Check for any leakage in distribution system	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Values of critical parameters of RO system are as per the set limit	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any other Parameters		Any unusual observation incidence Occurs	
Interview of operator for potential cause (Report attached if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Training Record of Concern person	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable

### 3. WFI Generation, Storage and Distribution System: Applicable/ Not Applicable

Check for any abnormal trend of distillate conductivity	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for any critical alarm	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for any maintenance work done	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for leakage if any	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Last sanitization done on		Check for the operation as per defined set parameter	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for any abnormal trend of distillate temperature	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the change in temperature from the set limit for last 5 days of storage tank	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the decrease in water limit below the limit for last 7 days	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the last vent filter integrity done on & test results	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for calibration status of temperature, conductivity & pressure sensors	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the change in conductivity from the set limit for last 7 days of return loop.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for the change in velocity from set limit for last 7 days.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for any leakage in distribution system.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for the change in conductivity from the set limit for last 7 days of storage tank	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the change in temperature from the set limit for last 5 days of return loop	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Any maintenance work done/date		Any Other Parameter	
Any unusual observation incidence occurs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interview of operator for potential cause (Report attached if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training record of	<input type="checkbox"/> Complies		



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

concern person	<input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable		
----------------	--	--	--

### Investigation Evaluation Summary:

#### 4. Pure Steam Generation System: Applicable/ Not Applicable

Check for any abnormal trend of distillate conductivity	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for any abnormal trend of distillate temperature	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for any critical alarm	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for the operation as per defined set parameters	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for any Maintainace work done	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for leakage if any	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check for the results of online TOC	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check for calibration status of temperature, conductivity & pressure sensors	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Interview of operator for potential cause (Report attached if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Investigation Evaluation Summary:

#### Findings of investigation and final conclusion

#### Investigation details (provide details in chronology order. Attach all supporting documents and details of isolates identified, if applicable):

Root cause/Probable root cause:			
Impact Assessment			
Corrective action and preventive action (Mentioned CAPA taken, in brief also mention CAPA reference No.			
Final conclusion			
Head- QC/Micro (Sign./Date)	Head- Engineering (Sign./Date)	Head- Production (Sign./Date)	Head- QA (Sign./Date)



## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE X INVESTIGATION OF MICROBIAL EXCURSION IN ENVIRONMENT (PHASE-II INVESTIGATION)

Notification No.		Name of Production Facility/Area	
Date of Sampling		Sampling Location	
Type of Sampling		Area Classification	
<b>PHASE II Review &amp; Investigation in Affected Area/Manufacturing Area</b>			
Review microbiological environment monitoring results of adjacent location of affected area	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review microbiological environment monitoring trend (Last 60 Days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the microbial personnel Monitoring results	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the microbial personnel monitoring trend (Last 60 days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the NVPC results	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the NVPC trend (Last 60 days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the temperature, RH & ΔP of area trend (Last 60 days) <input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable		Review the ΔP of UAF/HEPA trend (Last 60 days)	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the no. of persons worked in the aseptic processing area Date & No.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the qualification status of personnel entered in aseptic area	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the nature of activity performed in the room.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the maintenance activity performed in area if any	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the personnel health/hygiene	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Review the usage of sterilized garments within the hold time.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Verify the condition of sterilized garments	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	To review load pattern of sterilization cycles.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Name and concentration of sanitizing agent used		Preparation and expiry dates of disinfectants used.	
Cleaning and sanitization performed by		Review of training records of the personnel.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Items passing to the aseptic processing area done as per SOP.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Power failure if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
Abnormal observation if any	<input type="checkbox"/> Yes	HVAC Validation done on	



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

	<input type="checkbox"/> No		
HVAC Validation due on		Deviation if any results of HVAC Validation	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check entry/Exit records for critical area	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Personnel's entered the area on the day count exceeds alert/action limit, whether the entry/Exit procedure was followed as per SOP.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Review the gowning qualification of the personnel's entered the critical area.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check cleaning and sanitization record and usage of qualification disinfectants and their preparation as applicable.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the personnel qualification record to enter in critical area	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check RH Temperature and Differential pressure	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Evaluate BMR and check the duration of the filling	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check AHU Operation log	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check sterilization details for equipment/garments/accessories used on that particular day	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check water system regeneration/sanitization record i.e. when it was done for the last	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Verify the sanitization and disinfection record	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Check the personnel hygiene of the persons involved	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
HVAC breakdowns occurred during the exposure.	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable	Evaluate filter integrity records of all filters including autoclave vent filter integrity record	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable
Check the validation of AHU, Autoclave, Tunnel, Filter and Sanitizer efficacy	<input type="checkbox"/> Complies <input type="checkbox"/> Not Complies <input type="checkbox"/> Not Applicable		
Interview operators (s) for potential cause:			
<b>Investigation Evaluation Summary:</b>			
Probable Cause for Excursion (based on isolate)			
Impact assessment			



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

Corrective action and preventive action (Mentioned CAPA taken, in brief also mention CAPA reference No.			
Final Conclusion:			
Head-QC/Micro (Sign./Date)	Head-Engineering (Sign./Date)	Head-Production (Sign./Date)	Head-QA (Sign./Date)



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE XI

#### EXTENSION FORM FOR INVESTIGATION OF MICROBIAL EXCURSION IN WATER/ ENVIRONMENT

Notification No.		Date of Intimation	
Due Date		New Completion Date	

Reason for Extension:

Extension Taken By:  
(Sign./Date)

Head- QA:  
(Sign./Date)



# PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

## STANDARD OPERATING PROCEDURE

<b>Department:</b> Microbiology	<b>SOP No.:</b>
<b>Title:</b> Handling of Microbial Excursion in Water and Environment	<b>Effective Date:</b>
<b>Supersedes:</b> Nil	<b>Review Date:</b>
<b>Issue Date:</b>	<b>Page No.:</b>

### ANNEXURE-XII TRENDING OF EXCURSION DATA

Month:

Year:

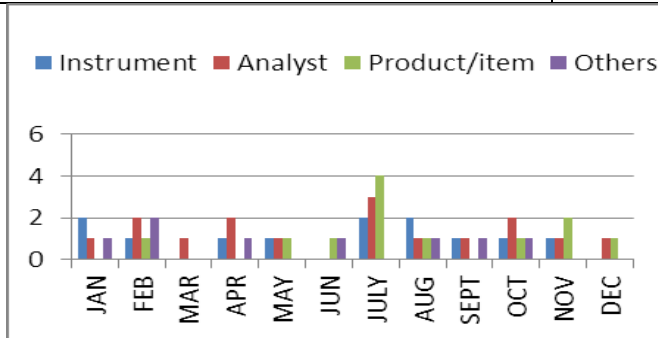
#### Excursion Distribution

S.No.	Month	Total No. of Excursion	Month	Instrument	Microbiologist	Product/item	Others
<b>Total</b>			<b>Total</b>				

Interview of person for potential cause (attach report if required)

- Complies  
 Not Applicable

Not Complies



Review and Comments: .....

Operating Manager QA  
(Sign &Date)

Head QA  
(Sign &Date)