



**PHARMA DEVILS**

PRODUCTION DEPARTMENT

**USER REQUIREMENT SPECIFICATION**

**NAME OF ITEM: FRIABILATOR**

**PROTOCOL No.....**

**FUNCTIONAL AREA: PRODUCTION**

**Page No.: 1 of 9**

**USER REQUIREMENT  
SPECIFICATION**

<b>EQUIPMENT NAME</b>	AUTOMATED FRIABILATOR
<b>USER DEPARTMENT</b>	EXHIBIT BATCH AREA



# PHARMA DEVILS

PRODUCTION DEPARTMENT

## USER REQUIREMENT SPECIFICATION

NAME OF ITEM: FRIABILATOR

PROTOCOL No.....

FUNCTIONAL AREA: PRODUCTION

Page No.: 2 of 9

## TABLE OF CONTENTS

S.No.	Title	Page Nos.
A	PROCESS/PRODUCT REQUIREMENTS	2-3
B	OPERATIONAL REQUIREMENTS	3-4
C	GMP REQUIREMENTS	5
D	DOCUMENTATION REQUIREMENTS	5
E	SAFETY REQUIREMENTS	6
F	ABBREVIATIONS	6
G	DISCUSSION / REVIEW & COMMENTS	7
H	APPROVAL OF USER REQUIREMENT SPECIFICATION	7



## USER REQUIREMENT SPECIFICATION

**NAME OF ITEM: FRIABILATOR**

**PROTOCOL No.....**

**FUNCTIONAL AREA: PRODUCTION**

**Page No.: 3 of 9**

### (A) **PROCESS/PRODUCT REQUIREMENTS**

#### **1.0 Name/Description of the equipment**

Automated Tablet Friabilator with 2 drums.

#### **2.0 Purpose of the equipment**

To determine percentage friability loss of tablets

#### **3.0 Number Of equipments Required**

Two

#### **4.0 Tentative Process schematic flow diagram**

NA

#### **5.0 Product Dosage type for which to be used**

Tablet

#### **6.0 Suggested capacity and model with suppliers name**

Model which is designed to comply friability test apparatus specifications of tablets according to pharmacopoeias like IP, BP, USP-NF, Ph.Eur. etc.  
Suggested Model: EF-1W

#### **7.0 Suggested Supplier**

Electrolab, INDIA.

#### **8.0 Requirements for any power failure backup's**

It is attached with UPS all the time.

#### **9.0 Any other specific requirements**

Tilting facility according to the requirement of USP-NF



**USER REQUIREMENT SPECIFICATION**

**NAME OF ITEM: FRIABILATOR**

**PROTOCOL No.....**

**FUNCTIONAL AREA: PRODUCTION**

**Page No.: 4 of 9**

**(B) OPERATIONAL REQUIREMENTS**

**(1) Production stage**

Compression

**(2) Material inputs into the equipment**

Core tablets during compression

**(3) Desired out come from the equipment**

Equipment must comply the operational parameters as designed in Pharmacopoeias.

Speed of the drum must be 25 RPM accurately.

**(4) Charge size / lot size**

According to the test of compendia.

**(5) Method for loading material into the equipment**

Manually

**(6) Method for unloading material from the equipment**

After completion of the set resolution/time tablets will be discharged into their individual trays.

**(7) Expected running time per day**

Total 3 shifts in a day running continuously/intermittently according to the need of the product.

**(8) Method of cleaning**

Manually with lint free cloth (If Require) with Tissue paper.

**(9) Recommended solvent for cleaning with its chemical nature**



## USER REQUIREMENT SPECIFICATION

**NAME OF ITEM: FRIABILATOR**

**PROTOCOL No.....**

**FUNCTIONAL AREA: PRODUCTION**

**Page No.: 5 of 9**

Purified water

**(10) Utilities required**

UPS-230V AC, 50Hz, 1Ø Power

**(11) Instrumentation**

According to the design of Instrument

**(12) Process control requirements**

RPM of the friabilator must be accurate and validated as per the compendial requirement.

**(13) Change over parts requirements**

NA

**(14) Available size of the room for installation**

According to the Layout of Exhibit Batch Area  
(Compression Area Room No.:FN58)  
**Size: 3.8M×5.6M**

**(15) Online attachments with other equipments**

Online attached with analytical balance and printer to get printout of % friability loss.

**(16) Any other specific requirements**

Model should be compact  
Adjustable height & angle  
Instrument should operate on either Time set or revolution set mode.  
LED Display.



**USER REQUIREMENT SPECIFICATION**

**NAME OF ITEM: FRIABILATOR**

**PROTOCOL No.....**

**FUNCTIONAL AREA: PRODUCTION**

**Page No.: 6 of 9**

**(C) GMP REQUIREMENTS**

**(1) Material of construction specifications**

Material used according to compendial requirements.

**(2) Working area environment requirement**

Instrument will be kept in class 'D' area.

**(3) GMP requirements**

Easy to clean

**(D) DOCUMENTATION REQUIREMENTS:**

**(1) Specify the drawings/certificates/manual required**

GA Drawing  
Operating Manual & maintenance Manual  
List of Standard Recommended spares  
Electrical control circuit diagram  
Test certificate for bought out item  
Certificates for motor and starter  
DQ, IQ& OQ Certificate.

**(2) Any other specific requirements**

NA

**(E) SAFETY REQUIREMENTS:**

**(1) Information related to safety**

NA



# PHARMA DEVILS

PRODUCTION DEPARTMENT

## USER REQUIREMENT SPECIFICATION

**NAME OF ITEM:** FRIABILATOR

**PROTOCOL No.....**

**FUNCTIONAL AREA:** PRODUCTION

**Page No.: 7 of 9**

**(2) Process Control Alarms**

Buzzer to inform end of process.

Indicator stating time elapsed and number of revolution passed

**(3) Safety Interlocks**

NA.

**(4) Password protection (In case of PLC systems)**

NA.

**(5) Any other specific requirement**

NA.



# PHARMA DEVILS

PRODUCTION DEPARTMENT

## USER REQUIREMENT SPECIFICATION

NAME OF ITEM: FRIABILATOR

PROTOCOL No.....

FUNCTIONAL AREA: PRODUCTION

Page No.: 8 of 9

### (F) ABBREVIATION:

Abbreviation	Full Form
EBA	Exhibit Batch Area
URS	User Requirement Specification
NA	Not Applicable
IP	Indian Pharmacopoeia
BP	British Pharmacopoeia
USP-NF	United State Pharmacopoeia-National Formulary
Ph.Eur.	European Pharmacopoeia
UPS	Uninterrupted Power Supply
RPM	Revolution Per Minute
IPA	Iso Propyl Alcohol
V	Volt
AC	Alternate Current
Hz	Hertz
Ø	Phase
M	Meter
LED	Liquid Electronics Diode
GA	General Arrangement
DQ	Design Qualification
IQ	Installation Qualification
OQ	Operational Qualification
SS	Stainless Steel
MOC	Material of Construction
PLC	Programmable Logic Control
STA	Senior Technical Assistant





# PHARMA DEVILS

PRODUCTION DEPARTMENT

## USER REQUIREMENT SPECIFICATION

**NAME OF ITEM:** FRIABILATOR

**PROTOCOL No.....**

**FUNCTIONAL AREA:** PRODUCTION

**Page No.: 9 of 9**

### (G) DISCUSSION/REVIEW/COMMENTS:


### (H) USER REQUIREMENT SPECIFICATION APPROVAL:

#### PREPARED BY

Name & Designation	Sign & Date

#### CHECKED BY

Name & Designation	Sign & Date

#### APPROVED BY

Name & Designation	Sign & Date