

## INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR MEASURING CUP PLACEMENT MACHINE

PROTOCOL No.:

# INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR STICKER LABELLING MACHINE

EQUIPMENT ID. No.	
LOCATION	Packing Hall
DATE OF QUALIFICATION	
SUPERSEDE PROTOCOL No.	NIL



# INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR MEASURING CUP PLACEMENT MACHINE

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### MEASURING CUP PLACEMENT MACHINE

1.0 <b>PROT</b> (	COL	PRE – A	APPRO'	VAL:
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### PREPARED BY:

DESIGNATION	NAME	SIGNATURE	DATE
OFFICER/EXECUTIVE (QUALITY ASSURANCE)			

#### **REVIEWED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
OPERATING MANAGER (QUALITY ASSURANCE)			
HEAD (ENGINEERING)			

### **APPROVED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (PRODUCTION)			



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#### 2.0 **OBJECTIVE**:

- To provide documented evidence for the Installation Qualification of Measuring Cup Placement Machine Liquid Line.
- To confirm that the equipment and its components are installed as per the Specifications mentioned in the design qualification document and other requirements given by supplier.

#### 3.0 SCOPE:

- The scope of this installation qualification protocol cum report is limited to qualification of Measuring Cup Placement Machine to be installed in packing hall, Liquid Line.
- This document provides all the relevant information related to specification, installation checks and acceptance criteria to be required to perform installation qualification activity of Measuring Cup Placement Machine



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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	<ul> <li>Preparation, Review, Authorization and Compilation of the Installation         Qualification Protocol cum Report.</li> <li>Co-ordination with Production and Engineering to carryout Installation         Qualification.</li> <li>Monitoring of Installation Qualification Activity.</li> </ul>
	<ul> <li>Post approval of Installation qualification Protocol cum Report after execution.</li> </ul>
Production	<ul> <li>Review &amp; Pre Approval of Installation Qualification Protocol cum Report.</li> <li>To Co-ordinate and support for Execution of Qualification study as per Protocol.</li> <li>Post Approval of Installation Qualification Protocol cum Report after Execution.</li> </ul>
Engineering	<ul> <li>Review &amp; Pre Approval of Installation Qualification Protocol cum Report.</li> <li>Co-ordination, Execution and technical support in Installation Qualification Activity.</li> <li>Responsible for Trouble Shooting (if occurs during execution).</li> <li>Post Approval of Installation Qualification Protocol cum Report after Execution.</li> </ul>



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### **5.0 EQUIPMENT DETAILS:**

<b>Equipment Name</b>	Measuring Cup Placement Machine
<b>Equipment ID.</b>	
Manufacturer's Name	
Machine No.	
Model No.	
Capacity	80 bottle per Minute
Supplier's Name	
<b>Location of Installation</b>	Packing Hall

#### **6.0 SYSTEM DESCRIPTION:**

Automatic Measuring Cup Placement Machine Model: HMPL/MCP for measuring cup Placement on the neck of bottle for specific size and shape bottles. The equipment shall be used to linear gripper belt, cup feeder & Cup Placing cylinder on specified size and shape of Bottles. Machine equipped with cup feeder system for continue trouble free cup feeding.

Main Assembly divides in to following section

- 1. Structure
- 2. Conveyer Unit
- 3. Feeder assembly.
- 4. Vibratory Bowl
- 5. Cup Placing Cylinder.
- 6. Control Panel



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### 7.0 PRE – QUALIFICATION REQUIREMENTS:

#### **7.1** Verification of Documents:

- Executed and approved design qualification document.
- Technical specification of equipment.
- MOC Certificate of components.

#### 7.1.1 Procedure:

- Verify the above mentioned documents for availability, completeness and approval status
- If any deviation is observed the same has to be recorded giving reasons for deviation and approved.

  Deviation should be approved by Authorized person.
- Approved Drawings and supporting documents would form a part of the IQ Protocol cum Report.

### 7.1.2 Acceptance Criteria:

• All the documents should be available, complete and approved by respective authorities.



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### 8.0 CRITICAL VARIABLES TO BE MET:

	8.1	Installation	Qualification	<b>Checklist:</b>
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INSTALLATION CHECKS	ACCEPTANCE CRITERIA	OBSERVATION	OBSERVED BY (ENGINEERING) SIGN/DATE
Grouting and	Should be properly grouted		
Mounting	and mounted.		
Leveling	Should be properly balanced and leveled.		
Edges of parts	Metal parts should be properly ground without any sharp edges.		
Welding of Joints	Welding of joints should be without any welding burrs.		
Place of Installation	Packing Hall Liquid Line		
<b>Room Condition</b>	General Room Conditions.		
Illumination	NLT 300 Lux		
Working space around the Equipment.	Should be sufficient for easy operation, cleaning, sanitation and maintenance.		

Equipment.	sanitation and maintenance.	
Checked By Production Sign/Date:		Verified By Quality Assurance Sign/Date:
Inference:		
		Reviewed By Manager QA Sign/Date:



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### 8.2 Technical Specification:

Critical variables	Acceptance criteria	Observation	Checked By Engineering Sign / Date
Make	Harikrushna Machinary Pvt. Ltd.		
Model	HMPL/MCP		
Sr. No.			
Dimensions	1525 x 660 x 1470 mm		
Working Height	850 ± 5 mm		
Speed	80 bottles/minute		
Design	Left → Right		
	Make: Rotomotive		
	Type : Squarrel cage Induction		
Conveyer Motor	Motor		
	RPM : 1380		
	Sr. No.: M02174528		
Conveyer Gear Box	Make: Rotomotive		
	Model: Box 030		
	PAM: 63B14		
	Sr. No.: G03170846		
Feeder Motor	Make: Rotomotive		
	Type: Squarrel cage Induction		
	Motor		
	RPM : 1380		
	Sr. No.: M02177400		
Feeder gear Box	Make: Rotomotive		
	Model: Box 040		
	PAM: 71B14		
	Sr. No.: G02170822		



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Critical variables	Acceptance criteria	Observation	Checked By Engineering Sign / Date
VFD	Make : Delta		
	Model:		
	Kw/Hp: 0.18/0.5		
	Sr. No.:		
	Qty : 02 Nos.		
Contactor	Make : Telemacaneque		
	Model: LC1D093		
Vibrator Card	Make : Harikrushna		
Vibrator Card	Model :		
Delevi	Make : Pla		
Relay	Type : MPC-2C, 240A-5		
	Make : Schneider		
MCB	Model: HPL		
	Rating: C10A		
	Make : Emtech		
Timer	Model: EPT2400		
	Type : Dual Timer		
CMDC	Make : Del		
SMPS	Model: ME-50W		
	Make : Leuze Electronics		
No cup Sensor	Model: D-7327 & LV461.1/P2		
	Sr. No. : 50118398		
Emanganay Cyvitah	Make : Schneider		
Emergency Switch	Model: ZBE-102N		
Push Button	Make : Schneider		
I usii Duttoii	Model: Green, Yellow, Red		
Calagram Cavidal	Make : Schneider		
Selector Switch	Qty : 04 Nos.		
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Critical variables	Acceptance criteria	Observation	Checked By Engineering Sign / Date
Indication Light	Make: Jigo Model: AD18-22D/S Qty: 01 Nos.		
Variable Pot	Make : Pankaj Model : RW-3		
FRL Coil & Valve Set	Make : Genetics  Make : Genetics		
Cup Pressing Cylinder	Make: Genetics Model: A810200250 Max. Pr.: 10 Bar		

Checked By Production Sign/Date:		By Assurance e:
Inference:		
	Reviewed Manager Sign/Date	



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### **8.3** MATERIAL OF CONSTRUCTION:

S.No.	PARTS NAME	MATERIAL OF CONSTRUCTION	OBSERVATION	CHECKED BY ENGINEERING SIGN/DATE
Main B	ody & Product Co	onveyor		
1.	Main Body & Top plate	SS304		
2.	Conveyer	SS304		
3.	Conveyor slide chain	SS304		
4.	Sprockets	EN 24 Duly Hardened		
5.	Fixing Space	SS304		
6.	General Nut & Bolt	SS/MS, Duly Chrome Pleated		
7.	Guide Bracket	SS304/ Aluminum /Nylon		
8.	Cup bowl	SS304		

Production Sign/Date:	Verified By Quality Assurance Sign/Date:
Inference:	
	Reviewed By Manager QA Sign/Date:



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### 8.4 Safety Feature:

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CRITICAL VARIABLES	ACCEPTANCE CRITERIA	OBSERVATION	OBSERVED BY (ENGINEERING) SIGN/DATE
Joints	Welding of joints without any		
	welding burrs.		
Metal Parts	All the metal parts should be properly		
	grounded without any sharp		
	Edges.		
Leveling and	Equipment should be properly		
Balancing	balanced & leveled.		
Earthing	Proper Earthing should be provided.		
Emergency Switch	For Immediately Stop the machine		
No Cup	No cup available in Chute Machine		
Sensor	should Stop		
Rotating Parts	Covered with SS cover		
Checked By Production Sign/Date:			By Assurance
Inference:			
•••••			
		Reviewed	
		(Manager Sign/Date	



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#### 9.0 REFERENCES:

- Validation Master Plan
- Design Qualification Documents
- P & ID, Utility, and GA Drawing
- WHO Essential Drugs and Medicines Policy, QA of Pharmaceuticals, Vol-2-Good Manufacturing Practices and Inspection.

#### 10.0 DOCUMENTS TO BE ATTACHED:

- Certificate of MOC.
- Any other Relevant Document

11.0	DEVIATION FROM PRE-DEFINED SPECIFICATION, IF ANY:				
12.0	CHANGE CONTROL, IF ANY:				
13.0	REVIEW (INCLUSIVE OF FOLLOW UP ACTION, IF ANY):				
14.0	CONCLUSION:				



### INSTALLATION QUALIFICATION

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PHARM	IA DEVILS		PROTOCOL CUM REPORT FOR MEASURING CUP PLACEMENT MACHINE	
	RECOMM	<b>IENDAT</b>	ION:	
16.0	ABBREVI	IATIONS	<b>:</b>	
	cGMP	:	Current Good Manufacturing Practice	
	CI.	:	Cast Iron	
	MMI	:	Man Machine Interface	
	MOC	:	Material of Construction	
	MS	:	Mild Steel	
	No	:	Number	
	RPM	:	Revolution per minute	
	SS	:	Stainless steel	
	VFD	:	Variable Frequency Drive	
	WHO	:	World Health Organization	



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### 17.0 PROTOCOL POST -APPROVAL:

#### PREPARED BY:

DESIGNATION	NAME	SIGNATURE	DATE
OFFICER/EXECUTIVE (QUALITY ASSURANCE)			

#### **REVIEWED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
OPERATING MANAGER (QUALITY ASSURANCE)			
HEAD (ENGINEERING)			

### **APPROVED BY:**

DESIGNATION	NAME	SIGNATURE	DATE
HEAD (PRODUCTION)			