

PROTOCOL No.:

EQUIPMENT ID. No.		
LOCATION	Washing Room	
DATE OF QUALIFICATION		
SUPERSEDES REPORT No.	Nil	



PROTOCOL No.:

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1.	0	REPORT PRE-APPROVAL:	,
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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)			



PROTOCOL No.:

#### 2.0 **OBJECTIVE:**

- To provide documented evidence that the Equipment 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**:

- The scope of this report is limited for Qualification of Bottle Washing machine installed in Bottle Washing Room Liquid Line.
- This report provides all the relevant information of the performance qualification activity, In-process 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 Report:

DEPARTMENTS		RESPONSIBILITIES
<b>Quality Assurance</b>	•	Preparation, Review Authorized and Compilation of the Performance
		Qualification Report.
	•	Co-ordination with Quality Control, Production and Engineering to
		carryout Performance Qualification Activity.
	•	Monitoring of Performance Qualification.
Production	•	Review & Approval of Performance Qualification Report.
	•	To co-ordinate and support Performance Re-Qualification Activity.
	•	Post Approval of Performance qualification Report after execution.
<b>Quality Control</b>	•	Analytical Support (Microbiological Testing/Analysis)
Engineering	•	Reviewing of qualification protocol for correctness, completeness and
		technical excellence
	•	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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<b>Equipment Name</b>	Bottle Washing machine
Equipment	
Manufacturer's Name	
Model	
Supplier's Name	
<b>Location of Installation</b>	Washing Room Liquid Line

#### 6.0 PRE – QUALIFICATION REQUIREMENTS:

The below mentioned activities should be completed prior to commencing the performance qualification activity:

• Training of Performance Qualification Activity as Per Protocol.



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7.0	TESTS	AND	CHECKS	١.
/.U	15313	AND	CHECKS	٠.

<b>7.1</b>	Chloride	<b>Test</b>	for 1	$5  \mathrm{ml}$	glass	bottle

Bottle Size	15 ml Glass Bottle
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01	Trial-02		Trial-03		
Bottle No.	QC Result	Bottle No.	QC Result	Bottle No.	QC Result	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		

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



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7	.2	<b>Chloride</b>	Toot	for	15 ml	DET	hattle.
/	.4	Chioriae	1 est	m	12 mi	PLI	notue:

Bottle Size	15 ml PET bottle
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01	Trial-02		Trial-03		
Bottle No.	QC Result	Bottle No.	QC Result	Bottle No.	QC Result	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		

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



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	7.3	Chloride	Test	<b>for 30</b>	ml PET	bottle
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Bottle Size	30 ml PET bottle
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01		Trial-02	Trial-03		
Bottle No.	QC Result	Bottle No.	QC Result	Bottle No.	QC Result	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		

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	Reviewed By Manager QA Sign/Date:



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7.	4	Chloride	Test fo	or 60 m	l Glass	bottle:

Bottle Size	60 ml Glass bottle
Date of Test	
Compressed Air Pressure	
<b>Purified Water Pressure</b>	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01		Trial-02	Trial-03		
Bottle No.	QC Result	Bottle No.	QC Result	Bottle No.	QC Result	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		

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



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7.5	(÷lass	<b>Particle</b>	Test at	: 15 ml	(Flass	bottles

Bottle Size	15 ml Glass bottle
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

Trial-01			Trial-02	Trial-03		
Bottle No.	Visual Observation	Bottle No.	Visual Observation	Bottle No.	Visual Observation	
1.		1.		1.		
2.		2.		2.		
3.		3.		3.		
4.		4.		4.		
5.		5.		5.		
6.		6.		6.		

Checked By	Verified By
Production	<b>Quality Assurance</b>
Sign/Date:	Sign/Date:
Inference:	
	Reviewed By
	Manager QA
	Sign/Date:



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7.6 Glass Particle Test at 15 ml PET	.6	Glass Particle	Test at	15 ml	PET	bottle:
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Bottle Size	15 PET bottle ml
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01		Trial-02		Trial-03
Bottle No.	Visual Observation	Bottle No.	Visual Observation	Bottle No.	Visual Observation
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	

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



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7.7	Close	Particle	Toot of	20 ml	DLTT	hattla
	(TIASS	i ai ucie	i est at	20 IIII	$\mathbf{L}$	DOLLIE

Bottle Size	30 PET bottle ml
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

	Trial-01		Trial-02		Trial-03
Bottle No.	Visual Observation	Bottle No.	Visual Observation	Bottle No.	Visual Observation
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	

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



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7	Q	Cloce	<b>Particle</b>	Toct of	$60  \mathrm{ml}$	Close	hottle.
1	٠٥.	CTIASS	Particle	i est at	ov mi	CTIASS	notue:

Bottle Size	60 ml Glass bottle
Date of Test	
Compressed Air Pressure	
Purified Water Pressure	
Circulated Water Pressure	
Hot Water Pressure	

Trial-01		Trial-02		Trial-03	
Bottle No.	Visual Observation	Bottle No.	Visual Observation	Bottle No.	Visual Observation
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	

Checked By	Verified By
Production	<b>Quality Assurance</b>
Sign/Date:	Sign/Date:
Inference:	
	Reviewed By
	Manager QA
	Sign/Date:



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#### 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.

	Tests or checks	Executed (Yes/No)	Remarks	Verified by (QA) sign/date
Verifi	cation for Chloride Content Test			
Verifi	cation of glass particle Test			
Infere	nce:			
•••••				
			Reviewed I Manager ( Sign/Date:	
9.0	DOCUMENTS TO BE ATTACHED	:		
	• Executed Raw Data.			
	• Any Other Relevant Documents.			
10.0	NON COMPLIANCE:			
11.0	DEVIATION FROM PREDEFINED	SPECIFICATION I	F, ANY:	
		•••••	• • • • • • • • • • • • • • • • • • • •	
		•••••	•••••	



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



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#### **16.0 ABBREVIATIONS:**

Asst. : Assistant

CFR : Code of Federal Regulations

cGMP : Current Good Manufacturing Practices

DQ : Design Qualification

EU : European Union

FDA : Food and Drug Administration

IQ : Installation Qualification

Kg : Kilogram

Ltd. : Limited

mm : Millimetre

No. : Number

OQ : Operational Qualification

PQ : Performance Qualification

QA : Quality Assurance

SOP : Standard Operating Procedure

WHO : World Health Organization



PROTOCOL
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#### 17.0 REPORT 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)			