



**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

|                              |   |
|------------------------------|---|
| <b>EQUIPMENT ID. No.</b>     |   |
| <b>LOCATION</b>              | <b>Washing &amp; Sterilization Area</b> |
| <b>DATE OF QUALIFICATION</b> |   |
| <b>SUPERSEDES REPORT No.</b> | <b>NIL</b>                              |



**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

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**1.0 REPORT PRE – APPROVAL:**

**PREPARED BY:**

| <b>DESIGNATION</b>                               | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|--|-------------|------------------|-------------|
| <b>OFFICER/EXECUTIVE<br/>(QUALITY ASSURANCE)</b> |             |                  |             |

**REVIEWED BY:**

| <b>DESIGNATION</b>                               | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|--|-------------|------------------|-------------|
| <b>OPERATING MANAGER<br/>(QUALITY ASSURANCE)</b> |             |                  |             |
| <b>HEAD<br/>(ENGINEERING)</b>                    |             |                  |             |

**APPROVED BY:**

| <b>DESIGNATION</b>           | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|------------------------------|-------------|------------------|-------------|
| <b>HEAD<br/>(PRODUCTION)</b> |             |                  |             |



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**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 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 Report covers all aspects of Performance Qualification for the **Garment Washing Machine (Make: LG (Capacity- 7.0 Kg)** installed in Washing & Sterilization.
- The Report provides all the relevant information of Performance Qualification Activity for Garment Washing Machine 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 Performance Qualification Report.

| <b>DEPARTMENTS</b>       | <b>RESPONSIBILITIES</b>   |
|--------------------------|---|
| <b>Quality Assurance</b> | <ul style="list-style-type: none"><li>• Preparation, Review, Authorization and Compilation of the Performance Qualification Report.</li><li>• Co-ordination with Quality Control, Production and Engineering to carryout Performance Qualification Activity.</li><li>• Monitoring of Performance Qualification Activity.</li><li>• Post Approval of Performance Qualification Report after Execution.</li></ul> |
| <b>Production</b>        | <ul style="list-style-type: none"><li>• Review &amp; Pre Approval of Performance Qualification Report.</li><li>• To co-ordinate and support Performance Qualification Activity.</li><li>• Post Approval of Performance Qualification Report after Execution.</li></ul>  |
| <b>Quality Control</b>   | <ul style="list-style-type: none"><li>• Analytical Support (Testing/Analysis)</li></ul>   |
| <b>Engineering</b>       | <ul style="list-style-type: none"><li>• Review &amp; Pre Approval of Performance Qualification Report for correctness, completeness and technical excellence.</li><li>• Responsible for trouble shooting (if occurred during execution).</li><li>• Maintenance &amp; preventive maintenance as per schedule.</li><li>• Post Approval of Performance Qualification Report after Execution.</li></ul>             |



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**PROTOCOL No.:**

**5.0 EQUIPMENT DETAILS:**

|                                 |   |
|---------------------------------|---|
| <b>Equipment Name</b>           | Garment Washing Machine                           |
| <b>Equipment ID.</b>            |   |
| <b>Manufacturer's Name</b>      | LG Electronics Inc.                               |
| <b>Supplier's Name</b>          | LG  |
| <b>Capacity</b>                 | 7 Kg.   |
| <b>Model</b>                    |   |
| <b>Sr.No.</b>                   |   |
| <b>Location of Installation</b> | Washing & Sterilization Area , FFS Line 'I' Block |

**6.0 PRE - QUALIFICATION REQUIREMENTS:**

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

- Design Qualification.
- Installation Qualification.
- Operational Qualification.
- Approved Performance Qualification Protocol



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**PROTOCOL No.:**

**7.0 TESTS AND CHECKS:**

**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 (PRODUCTION) SIGN/DATE | VERIFIED BY(QA) 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 Garment Washing Machine.  |                   |                    |                                   |                           |
| 6.    | SOP for Preventive Maintenance of Garment Washing Machine |                   |                    |                                   |                           |

**Inference:**

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**Reviewed By  
(Manager QA)  
Sign & Date: .....**



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**PERFORMANCE QUALIFICATION  
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FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**7.2 PARTICULATE MATTER & PHYSICAL CHECK, TOC & FOAMING TEST (LOAD - I):**

**7.2.1 Cycle - 01:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF WASHED GARMENTS**

| <b>Head Gear<br/>(In Nos.)</b> | <b>Observation</b> | <b>Boiler Suit<br/>(in Nos.)</b> | <b>Observation</b> | <b>Socks<br/>(In<br/>Pair)</b> | <b>Observation</b> | <b>Acceptance<br/>Criteria</b>  |
|--------------------------------|--------------------|----------------------------------|--------------------|--------------------------------|--------------------|---|
| 1                              |                    | 1                                |                    | 1                              |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| 2                              |                    | 2                                |                    | 2                              |                    |   |
| 3                              |                    | 3                                |                    | 3                              |                    |   |
| 4                              |                    | 4                                |                    | 4                              |                    |   |
| 5                              |                    | 5                                |                    | 5                              |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date:.....**

**Verified By  
(Quality Assurance)  
Sign/Date:.....**

**Inference:**

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.....

**Reviewed By  
(Manager QA)  
Sign & Date:.....**





**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**7.2.2 Cycle - 02:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF WASHED GARMENTS**

| <b>Head Gear<br/>(In Nos.)</b> | <b>Observation</b> | <b>Boiler Suit<br/>(in Nos.)</b> | <b>Observation</b> | <b>Socks<br/>( In<br/>Pair)</b> | <b>Observation</b> | <b>Acceptance<br/>Criteria</b>  |
|--------------------------------|--------------------|----------------------------------|--------------------|---------------------------------|--------------------|---|
| 1                              |                    | 1                                |                    | 1                               |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| 2                              |                    | 2                                |                    | 2                               |                    |   |
| 3                              |                    | 3                                |                    | 3                               |                    |   |
| 4                              |                    | 4                                |                    | 4                               |                    |   |
| 5                              |                    | 5                                |                    | 5                               |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date:.....**

**Verified By  
(Quality Assurance)  
Sign/Date:.....**

**Inference:**

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**Reviewed By  
(Manager QA)  
Sign & Date:.....**



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**PROTOCOL No.:**

**7.2.3 Cycle - 03:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF WASHED GARMENTS**

| <b>Head Gear<br/>(In Nos.)</b> | <b>Observation</b> | <b>Boiler Suit<br/>(in Nos.)</b> | <b>Observation</b> | <b>Socks<br/>( In<br/>Pair)</b> | <b>Observation</b> | <b>Acceptance<br/>Criteria</b>  |
|--------------------------------|--------------------|----------------------------------|--------------------|---------------------------------|--------------------|---|
| <b>1</b>                       |                    | <b>1</b>                         |                    | <b>1</b>                        |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| <b>2</b>                       |                    | <b>2</b>                         |                    | <b>2</b>                        |                    |   |
| <b>3</b>                       |                    | <b>3</b>                         |                    | <b>3</b>                        |                    |   |
| <b>4</b>                       |                    | <b>4</b>                         |                    | <b>4</b>                        |                    |   |
| <b>5</b>                       |                    | <b>5</b>                         |                    | <b>5</b>                        |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date: .....**

**Verified By  
(Quality Assurance)  
Sign/Date: .....**

**Inference:**

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.....

**Reviewed By  
(Manager QA)  
Sign & Date:.....**



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**PERFORMANCE QUALIFICATION  
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FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**7.3 PARTICULATE MATTER & PHYSICAL CHECK FOAMING TEST & TOC (LOAD - II):**

**7.3.1 Cycle - 01:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF BOOTIES**

| <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Acceptance Criteria</b>  |
|--------------------------|--------------------|--------------------------|--------------------|---|
| 1                        |                    | 6                        |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| 2                        |                    | 7                        |                    |   |
| 3                        |                    | 8                        |                    |   |
| 4                        |                    | 9                        |                    |   |
| 5                        |                    | 10                       |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date: .....**

**Verified By  
(Quality Assurance)  
Sign/Date: .....**

**Inference:**

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**Reviewed By  
(Manager QA)  
Sign & Date:.....**



**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
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**PROTOCOL No.:**

**7.3.2 Cycle - 02:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF BOOTIES**

| <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Acceptance Criteria</b>  |
|--------------------------|--------------------|--------------------------|--------------------|---|
| 1                        |                    | 6                        |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| 2                        |                    | 7                        |                    |   |
| 3                        |                    | 8                        |                    |   |
| 4                        |                    | 9                        |                    |   |
| 5                        |                    | 10                       |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By**  
**(Production)**  
**Sign/Date: .....**

**Verified By**  
**(Quality Assurance)**  
**Sign/Date:.....**

**Inference:**

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.....

**Reviewed By**  
**(Manager QA)**  
**Sign & Date:.....**



**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**7.3.3 Cycle - 03:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF BOOTIES**

| <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Booties (in Pair)</b> | <b>Observation</b> | <b>Acceptance</b>   |
|--------------------------|--------------------|--------------------------|--------------------|---|
| 1                        |                    | 6                        |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| 2                        |                    | 7                        |                    |   |
| 3                        |                    | 8                        |                    |   |
| 4                        |                    | 9                        |                    |   |
| 5                        |                    | 10                       |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date:.....**

**Verified By  
(Quality Assurance)  
Sign/Date:.....**

**Inference:**

.....  
.....  
.....

**Reviewed By  
(Manager QA)  
Sign & Date:.....**



**PHARMA DEVILS**

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**PROTOCOL No.:**

**7.4 PARTICULATE MATTER & PHYSICAL CHECK ,TOC & FOAMING TEST (LOAD - III):**

**7.4.1 Cycle - 01:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF LINT FREE DUSTER (MOPPING PAD)**

| <b>Pad No.</b> | <b>Observation</b> | <b>Pad No.</b> | <b>Observation</b> | <b>Acceptance Criteria</b>   |
|----------------|--------------------|----------------|--------------------|--|
| 1              |                    | 6              |                    | physical appearance like<br>no retained the color, no<br>damage and tear,<br>complete dryness. |
| 2              |                    | 7              |                    |  |
| 3              |                    | 8              |                    |  |
| 4              |                    | 9              |                    |  |
| 5              |                    | 10             |                    |  |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date: .....**

**Verified By  
(Quality Assurance)  
Sign/Date: .....**

**Inference:**

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.....

**Reviewed By  
(Manager QA)  
Sign & Date:.....**



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**PROTOCOL No.:**

**7.4.2 Cycle - 02:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF LINT FREE DUSTER (MOPPING PAD)**

| <b>Pad No.</b> | <b>Observation</b> | <b>Pad No.</b> | <b>Observation</b> | <b>Acceptance Criteria</b>   |
|----------------|--------------------|----------------|--------------------|--|
| 1              |                    | 6              |                    | physical appearance like<br>no retained the color, no<br>damage and tear,<br>complete dryness. |
| 2              |                    | 7              |                    |  |
| 3              |                    | 8              |                    |  |
| 4              |                    | 9              |                    |  |
| 5              |                    | 10             |                    |  |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By**  
**(Production)**  
**Sign/Date:.....**

**Verified By**  
**(Quality Assurance)**  
**Sign/Date:.....**

**Inference:**

.....  
.....  
.....

**Reviewed By**  
**(Manager QA)**  
**Sign & Date:.....**



**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
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GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**7.4.3 Cycle - 03:**

|                         |  |                        |  |
|-------------------------|--|------------------------|--|
| <b>Date of Test</b>     |  | <b>Washing Program</b> |  |
| <b>Cycle Start Time</b> |  | <b>Cycle End Time</b>  |  |
| <b>Washing Time</b>     |  | <b>Load / Cycle</b>    |  |

**PHYSICAL CHECK RECORD OF LINT FREE DUSTER (MOPPING PAD)**

| <b>Pad No.</b> | <b>Observation</b> | <b>Pad No.</b> | <b>Observation</b> | <b>Acceptance Criteria</b>  |
|----------------|--------------------|----------------|--------------------|---|
| <b>1</b>       |                    | <b>6</b>       |                    | physical appearance like no retained the color, no damage and tear, complete dryness. |
| <b>2</b>       |                    | <b>7</b>       |                    |   |
| <b>3</b>       |                    | <b>8</b>       |                    |   |
| <b>4</b>       |                    | <b>9</b>       |                    |   |
| <b>5</b>       |                    | <b>10</b>      |                    |   |

**PARTICULATE MATTER TEST**

|                                 |   |
|---------------------------------|---|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>                      |
|                                 | Garments should be free from any foreign matter |

**FOAMING TEST RESULT**

|                                 |                                 |
|---------------------------------|---------------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b>      |
|                                 | No White colored layer observed |

**TOC TEST RESULT**

|                                 |                            |
|---------------------------------|----------------------------|
| <b>Rinse Sample observation</b> | <b>Acceptance Criteria</b> |
|                                 | NMT 500 ppb                |

**Checked By  
(Production)  
Sign/Date:.....**

**Verified By  
(Quality Assurance)  
Sign/Date:.....**

**Inference:**

.....  
.....  
.....

**Reviewed By  
(Manager QA)  
Sign & Date:.....**





**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**8.0 CHECKLIST OF ALL TESTS & CHECKS:**

This checklist is provided to ensure that all tests or checks required for this Report have been executed.

| Tests or Checks                                   | Executed (Yes/No) | Remarks |
|---|-------------------|---------|
| Verification of DQ, IQ & OQ & other documents.    |                   |         |
| Verification of Performance by Physical Check     |                   |         |
| Verification of Performance by Particulate Matter |                   |         |
| Verification of Performance by foaming test       |                   |         |
| Verification of TOC Test Report by QC             |                   |         |

**Checked By  
(Production)  
Sign/Date: .....**

**Verified By  
(Quality Assurance)  
Sign/Date: .....**

**Inference:**  
.....  
.....  
.....  
.....  
.....

**Reviewed By  
(Manager QA)  
Sign & Date: .....**







**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**16.0 ABBREVIATIONS:**

|      |   |                                      |
|------|---|--------------------------------------|
| cGMP | : | Current Good Manufacturing Practices |
| DQ   | : | Design Qualification                 |
| FFS  | : | Form Fill & Seal                     |
| GWM  | : | Garment Washing Machine              |
| IQ   | : | Installation Qualification           |
| Kg   | : | Kilogram                             |
| OQ   | : | Operational Qualification            |
| SOP  | : | Standard Operating Procedure         |
| TOC  | : | Total Organic Carbon                 |



**PHARMA DEVILS**

**PERFORMANCE QUALIFICATION  
REPORT  
FOR  
GARMENT WASHING MACHINE**

**PROTOCOL No.:**

**17.0 REPORT POST- APPROVAL:**

**PREPARED BY:**

| <b>DESIGNATION</b>                               | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|--|-------------|------------------|-------------|
| <b>OFFICER/EXECUTIVE<br/>(QUALITY ASSURANCE)</b> |             |                  |             |

**REVIEWED BY:**

| <b>DESIGNATION</b>                               | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|--|-------------|------------------|-------------|
| <b>OPERATING MANAGER<br/>(QUALITY ASSURANCE)</b> |             |                  |             |
| <b>HEAD<br/>(ENGINEERING)</b>                    |             |                  |             |

**APPROVED BY:**

| <b>DESIGNATION</b>           | <b>NAME</b> | <b>SIGNATURE</b> | <b>DATE</b> |
|------------------------------|-------------|------------------|-------------|
| <b>HEAD<br/>(PRODUCTION)</b> |             |                  |             |