

INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

| EQUIPMENT ID. No. | |
|------------------------|----------------|
| LOCATION | RECEIVING AREA |
| DATE OF QUALIFICATION | |
| SUPERSEDE PROTOCOL No. | NIL |



QUALITY ASSURANCE DEPARTMENT

INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

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INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

1.0 PROTOCOL PRE – APPROVAL:

PREPARED BY:

| DESIGNATION | NAME | SIGNATURE | DATE |
|--|------|-----------|------|
| OFFICER/EXECUTIVE (QUALITY ASSURANCE) | | | |

REVIEWED BY:

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

APPROVED BY:

| DESIGNATION | NAME | SIGNATURE | DATE |
|-----------------------------|------|-----------|------|
| HEAD (QUALITY ASSURANCE) | | | |



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2.0 **OBJECTIVE:**

- To provide documented evidence for the Installation Qualification of Label Counter Machine i.
- 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 Label Counter Machine to be installed at Receiving Area.
- This document provides all the relevant information related to specification, installation checks and acceptance criteria to be required to perform installation qualification activity of Label Counter 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 | | |
|-------------------|--|--|--|
| | • Preparation, Review, Compilation and approval of the Installation | | |
| | Qualification Protocol cum Report. | | |
| Quality Assurance | Co-ordination with Warehouse and Engineering to carryout Installation | | |
| Quality Assurance | Qualification. | | |
| | Monitoring of Installation Qualification Activity. | | |
| | • Post Approval of Qualification Protocol cum Report after Execution. | | |
| | Review of Installation Qualification Protocol cum Report. | | |
| | • To Co-ordinate and support for Execution of Qualification study as per | | |
| Warehouse | Protocol. | | |
| | Post Approval of Installation Qualification Protocol Cum Report after | | |
| | Execution. | | |
| | Review of Installation Qualification Protocol cum Report. | | |
| | Co-ordination, Execution and technical support in Installation | | |
| Engineering | Qualification Activity. | | |
| Engineering | • Responsible for Trouble Shooting (if occurs during execution). | | |
| | • Post Approval of Installation Qualification Protocol cum report after | | |
| | Execution. | | |



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5.0 EQUIPMENT DETAILS:

| Equipment Name | Label Counter Machine |
|--------------------------|-----------------------|
| Equipment ID. | |
| Manufacturer's Name | |
| Modal | |
| S.No. | |
| Location of Installation | Receiving Area |

6.0 SYSTEM DESCRIPTION:

The equipment is an automated means to count label with help of gap sensor it suitable for different Size of labels.

Fix the label roll on primary winding plate follow steps by show in schematic diagram. Once the Machine is started; the labels are passed throughout gap sensor and rewinding in secondary winding Plate.

- Pressing Roller: To Rewind label perfectly on another side
- **Counter:** To count label length
- **Main Drive:** Main drive unit is consisting of electric motor and Worm reduction gearboxes to drive rewinding unite.
- Finish: All parts are Matt finishing
- **Operator Panel:** SS 304

7.0 **PRE – QUALIFICATION REQUIREMENTS:**

7.1 Verification of Documents:

The results of any tests should meet the limits and acceptance criteria specified in the test

Documents. Any deviations or issues should be rectified and documented prior to IQ commencing.

| S.No. | Document Name | Document/SOP No. | Completed (Yes/No) | Checked By (Engineering) Sign/Date |
|-------|------------------------|------------------|-----------------------|--|
| 1. | DQ Protocol Cum Report | | | |



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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.

7.1.2 Acceptance Criteria:

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

8.0 CRITICAL VARIABLES TO BE MET:

8.1 Installation Qualification Checklist:

| INSTALLATION CHECKS | ACCEPTANCE CRITERIA | OBSERVATION (CO8MPLIES /NOT COMPLIES) | OBSERVED BY (ENGINEERING) SIGN/DATE |
|--------------------------------------|----------------------------|---|---|
| Working: | Machine identified the | | |
| Working of Label | personnel through the | | |
| Counter Machine | Label Counting | | |
| | identification & Show the | | |
| | reading on PLC Screen | | |
| | and Operate the machine | | |
| | of Start/Stop Button. | | |
| Horizontal leveling of the equipment | Perfect Horizontal | | |
| | Aligned vertically | | |
| Positioning of the equipment | straight with sufficient | | |
| equipment | space for maintenance | | |
| | Floor should be perfectly | | |
| Balancing of the floor | balanced with no | | |
| | vibrations. | | |
| | Electrical wiring should | | |
| | be well insulted and | | |
| General Method of | there should be no | | |
| electrical wiring | hanging cables It should | | |
| | be located at a safe place | | |
| | protected from water | | |



| INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE | | | |
|---|------------------------|--|---|
| INSTALLATION CHECKS | ACCEPTANCE CRITERIA | OBSERVATION (CO8MPLIES /NOT COMPLIES) | OBSERVED BY (ENGINEERING) SIGN/DATE |
| | seepage and also at | | |
| | convenient place for | | |
| | operator convenience. | | |
| Checked By Engineering Sign/Date: | | Verified By Quality Assurance Sign/Date: | |
| Inference: | | | |
| ••••• | | | |
| ••••• | | | •••••• |
| | | | |
| | | | iewed By |
| | | | nager QA n/Date: |



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INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

8.2 VERIFICATION OF UTILITIY REQUIREMENTS:

| CRITICAL VARIABLES | ACCEPTANCE CRITERIA | OBSERVATION (COMPLIES /NOT COMPLIES) | VARIFICATION SOURCE | OBSERVED BY (ENGINEERING) SIGN/DATE |
|-----------------------|-----------------------------------|---|------------------------|---|
| Utility connection | ons should be available as per | the manufacturer's sp | pecification. | |
| Volt | 230 V | | | |
| Phase | 1 Phase | | | |
| Frequency | 50 Hz | | | |
| KW | 0.18 | | | |
| Room | Should be able to meet the | | | |
| Condition | requirement of clean environment. | | | |

| Inference: | Checked By Engineering Sign/Date: | Verified By Quality Assurance Sign/Date: |
|----------------|---|--|
| Manager QA | Inference: | |
| Manager QA | | |
| Manager QA | | |
| Manager QA | | Deviewed Dev |
| | | · · · · |
| | | Sign/Date: |



INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

8.3 TECHNICAL SPECIFICATIONS/KEY DESIGN FEATURES:

| CRITICAL VARIABLES | ACCEPTANCE CRITERIA | OBSERVATION (COMPLIES /NOT COMPLIES) | VERIFICATION SOURCE | OBSERVED BY (ENGINEERING) SIGN/DATE |
|-----------------------|------------------------------|---|------------------------|---|
| Modal No. | HMLC-150 | | | |
| SR. No. | HMLC-150/20-21 | | | |
| Dimension | 750 mm x 500 mm x 1200 mm | | | |
| MOC | SS-304 | | | |

| Checked By Engineering Sign/Date: | Verified By Quality Assurance Sign/Date: |
|---|--|
| Inference: | |
| | |
| | |
| | Reviewed By Manager QA |

Sign/Date:



INSTALLATION QUALIFICATION PROTOCOL CUM REPORT FOR LABEL COUNTER MACHINE

8.4 Verification of Basic Installation Specifications:

8.6.2 Major Component Verification

| S. No. | Component description | Specification | Method of inspection / Measurement | Observation | Compiles / Not Complies | Observed By (Engineering) Sign/Date |
|-----------|--------------------------|--|--|-------------|-------------------------------|---|
| 1 | Machine Motor | Make: Bonvario | Certificate attached & Check visually | | | |
| 2 | Machine Gearbox | Make: Bonvario | Certificate attached & Check visually | | | |
| 3 | VFD | Make: Delta Modal:VFD004 L21A Sr.No.: 19500205 | Certificate attached & Check visually | | | |
| 4 | Gap Sensor | Make: luize Modal:GS61/6 Sr.No.: 32009006553 | Certificate attached & Check visually | | | |
| 5 | Selector Switch | Make : Salzer | Certificate attached & Check visually | | | |
| 6 | Emergency Button | Make : Salzer | Certificate attached & Check visually | | | |
| 7 | PLC | Make : Delta Modal:DVP12SA 211T Sr.No.: 19350045 | & Check visually | | | |
| 8 | HMI | Make: Delta Modal:DOP- 103BQ Sr.No.19300682 | Certificate attached & Check visually | | | |

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| S. No. | Component description | Specification | Method of inspection / Measurement | Observation | Compiles / Not Complies | Observed By (Engineering) Sign/Date |
|-----------|--------------------------|--|--|-------------|-------------------------------|---|
| 9 | SMPS | Modal: LRS-50- 24 Sr.No.: MW01 | Certificate attached & Check visually | | | |
| 10 | Encoder | Modal: E50S8- 2500-3T-1 Sr.No.: TE16CR | Certificate attached & Check visually | | | |

Checked By Engineering Sign/Date: Verified By Quality Assurance Sign/Date:

Inference:

> Reviewed By Manager QA Sign/Date:



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8.5 SAFETY FEATURE & ALARM :

| Critical Variables | Acceptance Criteria | OBSERVATION (Complies /Not Complies) | OBSERVED BY (ENGINEERING) SIGN/DATE |
|------------------------|--|--|---|
| Leveling and balancing | Label Counter Machine should be properly balanced | | |
| outanoning | & leveled | | |
| Electrical wiring | Electrical wiring should be | | |
| | proper | | |

| Checked By | | |
|-------------|--|--|
| Engineering | | |
| Sign/Date: | | |

Verified By Quality Assurance Sign/Date:

Inference:

| | |
|------|------|
| | |
| | |

Reviewed By Manager QA Sign/Date:



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9.0 **REFERENCES:**

- Design Qualification
- Vender Documents

10.0 DOCUMENTS TO BE ATTACHED:

• Any other relevant documents.

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:



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15.0 RECOMMENDATION:

| |
|------|
| |
| |
| |

16.0 ABBREVIATIONS:

| cGMP | : | Current Good Manufacturing Practice |
|------|---|-------------------------------------|
| DQ | : | Design Qualification |
| IQ | : | Installation Qualification |
| Ltd. | : | Limited |
| QA | : | Quality Assurance |
| mm | : | Millimeter |
| LCM | : | Label Counter Machine |
| AC | : | Alternate Current |
| HP | : | Horse Power |
| KW | : | Kilo Watt |
| V | : | Volts |
| SS | : | Stainless Steel |
| | | |



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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) | | | |
| HEAD (WAREHOUSE) | | | |

APPROVED BY:

| DESIGNATION | NAME | SIGNATURE | DATE |
|-----------------------------|------|-----------|------|
| HEAD (QUALITY ASSURANCE) | | | |