PHARMA DEVILS



MICROBIOLOGY DEPARTMENT

PERFORMANCE QUALIFICATION PROTOCOL FOR BOD INCUBATOR

Pre - Execution Approval

	Name	Designation	Signature	Date
Prepared By				
Reviewed By				
Reviewed By				
Reviewed By				
Approved By				



PERFORMANCE QUALIFICATION PROTOCOL FOR BOD INCUBATOR

1.0 Objective:

- To establish documented evidence which will provide a High degree of assurance and reliability about the performance of the BOD Incubator.
- To determine that the BOD Incubator performs as intended by repeatedly running the system on its intended schedules and recording all relevant information and data. Results must demonstrate that performance consistently meets predefined specifications under normal conditions and where appropriate for worst case situations.

2.0 Scope:

Scope is limited to the following

Equipment / System Name	BOD Incubator
ID Number	
Location	Incubation Room

3.0 Performance Verification Checklist:

Verify the performance of all the critical process/functions as per their respective procedure. Refer Performance Verification Checklist as per Annexure - I.

4.0 Any Changes/Deviations identified during operating checks:

Refer Annexure – II.

5.0 Recommendations and Conclusions:

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6.0 References:

Design Qualification Installation Qualification Operational Qualification

Standard Operating Procedure

7.0 Annexure

Annexure - I	:	Performance Verification Checklist
Annexure - II	:	List of Changes / Deviation.
Annexure - III	:	Performance Qualification Report.

8.0 Abbreviations:

SOP : Standard Operating Procedure

Post execution approval:

	Name	Designation	Signature	Date
Compiled By				
Reviewed By				
Reviewed By				
Reviewed By				
Approved By				



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Annexure - I

Checklist for Performance Verification

Temperature Mapping of BOD Incubator				
Acceptance Criteria	Temperature Mapping Result	Remarks	Verification Done By	
	Acceptance	Acceptance Temperature	Acceptance Temperature Remarks	

Note:

Remarks: Performance Verification of BOD Incubator - Complies / Does not comply.



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Annexure - II

List of Changes / Deviations

S.No.	Description of Change / Deviations	Justification based on impact analysis

Verified By:

Approved By: