



PERFORMANCE QUALIFICATION PROTOCOL FOR GARMENT STORAGE CABINET

Pre - Execution Approval

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



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1.0 Objective:

- To establish documented evidence which will provide a High degree of assurance and reliability about the performance of the Garment Storage cabinet.
- To determine that the Garment Storage cabinet 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	Garment storage Cabinet
ID Number
Location	Change 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				
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Annexure - I
Checklist for Performance Verification

S.No.	Test		Acceptance Criteria	Actual Result	Remarks	Verification Done by
1.	HEPA Filter Integrity (% Penetration)		0.001 % penetration			
2.	Average Air Velocity (fpm)	At supply	90 ± 10 %			
	Average Air Velocity (fpm)	At exhaust	Not applicable			
3.	Pressure Drop (mm of WC)	Across Supply HEPA Filter	10 to 20 mm of WC			
	Pressure Drop (mm of WC)	Within Work area	Not applicable			
4.	Particle Count (Cum. # of particles / cu.m of air) (If applicable)		> 0.5 µm	3520	1. _____	
					2. _____	
					3. _____	
			> 5.0 µm	29	1. _____	
					2. _____	
					3. _____	



PHARMA DEVILS

MICROBIOLOGY DEPARTMENT

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S.No.	Test	Acceptance Criteria	Actual Result	Remarks	Verification Done by
5.	Passive Air Sampling (Settle Plate Exposure) (Grade A)	1 (cfu/4 hrs)	1 st Day _____		
			2 nd Day _____		
			3 rd Day _____		
6.	Active Air Sampling (Grade A)	1 (cfu/m ³)	1 st Day _____		
			2 nd Day _____		
			3 rd Day _____		

Note:

Remarks: Performance Verification of Garment Storage Cabinet - 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: