



**INSTALLATION QUALIFICATION PROTOCOL FOR VERTICAL LAMINAR AIR FLOW**

**Pre - Execution Approval**

	<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>
Prepared By				
Reviewed By				
Reviewed By				
Reviewed By				
Approved By				

**1.0 Objective:**

- To establish documented evidence which will provide a High degree of assurance and reliability about the performance of the Vertical Laminar flow unit.
- To determine that the Vertical Laminar flow unit 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**

<b>Equipment / System Name</b>	<b>Vertical Laminar Flow Unit</b>
<b>ID Number</b>	.....
<b>Location</b>	<b>Cooling Zone</b>



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### **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:**

### **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



**PHARMA DEVILS**  
MICROBIOLOGY DEPARTMENT

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**Post execution approval:**

	<b>Name</b>	<b>Designation</b>	<b>Signature</b>	<b>Date</b>
Compiled By				
Reviewed By				
Reviewed By				
Reviewed By				
Approved 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	I <sup>st</sup> Location		
			2 <sup>nd</sup> Location		
			3 <sup>rd</sup> Location		
			4 <sup>th</sup> Location		
2a.	Average Air Velocity (fpm) (At supply)	90 ± 10 %	I <sup>st</sup> Location		
			2 <sup>nd</sup> Location		
			3 <sup>rd</sup> Location		
			4 <sup>th</sup> Location		
2b.	Average Air Velocity (fpm) (At exhaust)	Not applicable	I <sup>st</sup> Location		
			2 <sup>nd</sup> Location		
			3 <sup>rd</sup> Location		
			4 <sup>th</sup> Location		



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S.No.	Test		Acceptance Criteria	Actual Result	Remarks	Verification Done by
3a.	Pressure Drop (mm of WC) (Across Supply HEPA Filter)	I <sup>st</sup>	10 to 20 mm of WC			
		2 <sup>nd</sup>				
		3 <sup>rd</sup>				
		4 <sup>th</sup>				
3b.	Pressure Drop (mm of WC) (Within Work area)	I <sup>st</sup>	Not applicable			
		2 <sup>nd</sup>				
		3 <sup>rd</sup>				
		4 <sup>th</sup>				
4a.	Particle Count (Cum. # of particles / cu.m of air) (If applicable) (I <sup>st</sup> Location)	> 0.5 µm	3520	1. _____		
				2. _____		
				3. _____		
		> 5.0 µm	29	1. _____		
				2. _____		
				3. _____		



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S.No.	Test	Acceptance Criteria	Actual Result	Remarks	Verification Done by	
4b.	Particle Count (Cum. # of particles / cu.m of air) (If applicable) <b>(2<sup>nd</sup> Location)</b>	> 0.5 $\mu\text{m}$	3520	1. _____		
				2. _____		
				3. _____		
	> 5.0 $\mu\text{m}$	29	1. _____			
			2. _____			
			3. _____			
4c.	Particle Count (Cum. # of particles / cu.m of air) (If applicable) <b>(3<sup>rd</sup> Location)</b>	> 0.5 $\mu\text{m}$	3520	1. _____		
				2. _____		
				3. _____		
	> 5.0 $\mu\text{m}$	29	1. _____			
			2. _____			
			3. _____			
4d.	Particle Count (Cum. # of particles / cu.m of air) (If applicable) <b>(4<sup>th</sup> Location)</b>	> 0.5 $\mu\text{m}$	3520	1. _____		
				2. _____		
				3. _____		



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S.No.	Test		Acceptance Criteria	Actual Result	Remarks	Verification Done by
4d.	Particle Count (Cum. # of particles / cu.m of air) (If applicable) <b>(4<sup>th</sup> Location)</b>	> 5.0 $\mu\text{m}$	29	1. _____		
				2. _____		
				3. _____		
5.	Passive Air Sampling (Settle Plate Exposure) (Grade A)		1 (cfu/4 hrs)	1 <sup>st</sup> Day _____		
				2 <sup>nd</sup> Day _____		
				3 <sup>rd</sup> Day _____		
6.	Active Air Sampling (Grade A)		1 (cfu/m <sup>3</sup> )	1 <sup>st</sup> Day _____		
				2 <sup>nd</sup> Day _____		
				3 <sup>rd</sup> Day _____		

**Note:**

**Remarks:** Performance Verification of Dynamic Pass Box - Complies / Does not comply.



**INSTALLATION QUALIFICATION PROTOCOL FOR VERTICAL LAMINAR AIR FLOW**

**Annexure - II**

**List of Changes / Deviations**

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

**Verified By:**

**Approved By:**